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Learning by Doing: Working toward At-Scale Hygiene and Sanitation Improvement in Amhara

In the Amhara town of Debre Berhan, over 100 key stakeholders joined together in October 2006, and committed to reaching the ambitious goal of 100 percent sanitized communities by 2012.

The Bureau of Health of Amhara Regional State, in collaboration with the Water and Sanitation Program-Africa (WSP-AF) and the USAID Hygiene Improvement Project (USAID/HIP), has embarked on a brand new approach to address the appalling hygiene and sanitation situation of the 20 million plus inhabitants of Amhara Region. This at-scale implementation of hygiene and sanitation strategy will be achieved through an approach called learning by doing. ... I call upon you, the intrepid leadership of Amhara Region, and praise you in coming together to seize this tremendous opportunity we have to coordinate our actions and change the face of our great region together, forever.

—Asrat Genet Amnie, MD, Head of the Bureau of Health, Amhara National Regional State

What was different about this stakeholders' meeting is explained by its name—the Whole System in the Room (WSR) Multi-Stakeholder Forum—which brought together both likely and uncommon partners. A total of 19 different stakeholder groups—the whole system—all committed to a common action agenda, which they agreed would lead to the goal of At-Scale Hygiene and Sanitation Improvement in Amhara.

The strong outpouring of commitment would never have been possible without tremendous effort at the federal and regional level leading up to the meeting. Since December 2004, Ethiopia's Ministry of Health has been actively engaged in addressing the issues of hygiene, sanitation, and water by officially endorsing a National Hygiene and Sanitation Strategy, key principles for achieving 100 percent coverage, a National Hygiene and Onsite Sanitation Protocol, and a national tri-partied memorandum of understanding (MOU) on hygiene and sanitation among the three key ministries of Health, Education, and Water Resources.

The Amhara Region has embraced the National Hygiene and Sanitation Strategy and is in the process of implementing it throughout the region. Amhara has taken a "hybrid" approach that combines best practices and lessons learned from ambitious

initiatives throughout the world, then customized them to fit the Ethiopian system and context. In the Amhara Region, sanitation coverage has been benchmarked as a performance indicator for elected *woreda* and *kebele* administrators. The administrators have, in turn, dedicated themselves to achieving minimum coverage by a given time that would lead to 100 percent sanitation coverage by 2012. In addition, the Amhara Regional bureaus of Health, Education, and Water Resources have joined forces and adapted the national MOU to

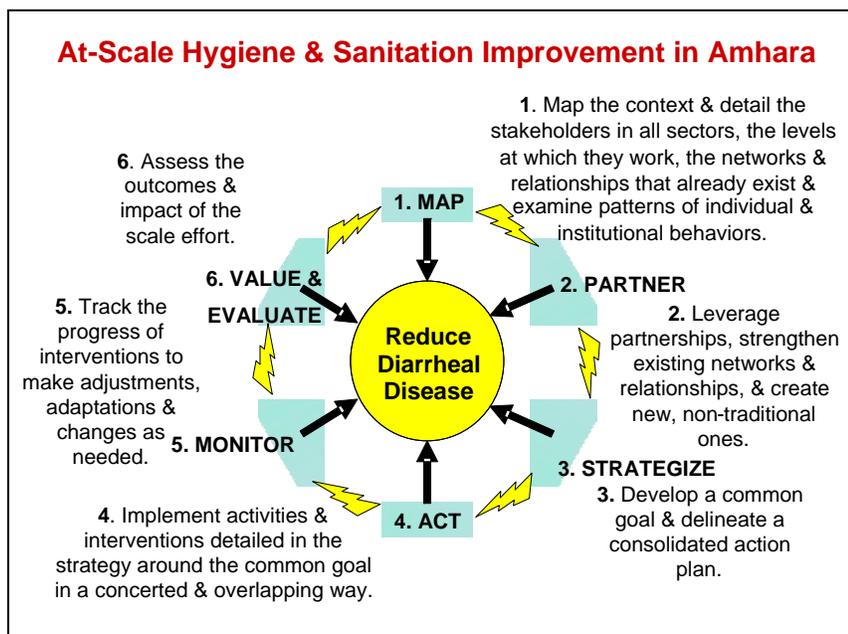
National & Regional Achievements

- Water Supply and Sanitation Sector Review (2006)
- Multi-Stakeholder Forum aide memoire
- Assessment of Investment & Financing Needs to Achieve Universal Access to H&S by 2012 (draft)
- Amhara regional MOU
- Influx of financial resources into WatSan
- Governmental commitment to health extension worker program (HEW) with extensive capacity building
- Multi-sectoral resources in Amhara
- NGOs addressing a wide range of hygiene and sanitation challenges individually and collectively

their regional context and signed a regional memorandum of understanding. The at-scale process involves a series of steps to realize the goals of the national strategy and universal access, including mapping the context, catalyzing partnerships, developing strategic solutions and implementing them, and monitoring and evaluation.

The “Learning by Doing” process being pioneered in the Amhara Region represents a new approach to At-Scale Hygiene and Sanitation Improvement. Through the Whole System in the Room, the wide range of stakeholders developed a common action agenda and coordinated plan. Once a detailed action plan was finalized, training, planning, and implementation proceeded at the woreda and kebele levels. Progress is tracked and monitored to make adjustments as needed, and improvements in key hygiene and sanitation behaviors are assessed. A unique feature is the programmatic nature of this government-led initiative. All major existing hygiene and sanitation programs financed by the World Bank, DFID, the African Development Bank, UNICEF, the Finnish International Development Agency, local and international NGOs, civil society organizations, and other development partners are used to provide the necessary resources for at-scale and harmonized implementation of the initiative. Initial success stories are then used to leverage further financing.

Mobilizing the whole system does not stop at the regional level. WSR stakeholder meetings are organized at the woreda level to further mobilize stakeholders and development partners in each woreda. While the overall approach nurtures the participation of the whole system, including schools, religious institutions, and the private sector, changing century-old practices requires intensive activity at the household and community levels. The



Health Extension Program of Ethiopia serves as the backbone of the outreach effort into households and communities, enhancing the capacity of the 5,000-plus health extension workers (HEWs) assigned in the Amhara Region to “ignite” their communities to end open defecation. The HEWs also encourage behavior change through the MIKIKIR process—negotiation of improved hygiene and sanitation practices. In general, the community approaches (based on principles of community-led total sanitation) used in Amhara engage community members, including formal and informal leaders, to take part in collective problem diagnosis, problem-solving, and action for change. Often, community approaches include harnessing peer pressure and strong emotional tactics like shame and

disgust to compel community members to engage in the desired collective behavior change. HEWs and development agents receive intensive training and are then sent out to ignite at the kebele and gott levels.

In the last four months, 10 woredas have been “ignited” for total behavior change in hygiene and sanitation; an estimated 600,000 people have already reached the goal of no open defecation and total hygiene behavior change. The vision is to reach the entire regional population of 20 million by 2012.

The at-scale initiative is documented in the “Woreda Resource Book for Community-Led Total Behavior Change in Hygiene and Sanitation,” and practical training manuals have been developed for use in Amhara, and for adoption and replication in other regions of the country.

Amhara offers key lessons for an integrated scale approach with a national hygiene and sanitation strategy, multi-sectoral collaboration facilitated by the signing of a memorandum of understanding by three line ministries (Health, Water, and Education), multiple implementation partners, and a comprehensive and strategic approach with training and tools for working in households and communities.



Some Elements of Successful At-Scale Total Behavior Change in Hygiene and Sanitation

- **Build on the health extension program**
Ensure all health extension workers have the skills, tools, and the support to facilitate at-scale behavior change for improved and sustainable hygiene and sanitation leading to *100 percent clean and healthy villages*.
- **Nurture extensive stakeholder participation, collaboration, and partnership**
Zonal health staff working with the woreda health office facilitates the involvement and full commitment of political leaders, the woreda desks (Water, Environmental Health, Education, Agriculture, and Rural Development).
Different levels ensure the participation of indigenous, bilateral, and multilateral NGOs working on hygiene and sanitation (FINNIDA, CONCERN, CARE, ORDA, etc.) or other related activities (ESHE, Pathfinder, etc.), which can be considered options for **partnership** and collaboration.
- **Build consensus and cascading advocacy** (with key actors and influential people): region to zone; zone to woreda; woreda to kebele; kebele to gott/village.
- **Provide capacity building** for existing local level government staff with direct or indirect WASH-related roles, such as health extension workers, development agents, and frontline health workers.
- **Use sanitation and hygiene improvement as performance indicators** for regional, zonal, woreda, and kebele government employees and politicians, as is the case in the results-based management system.
- **Establish a cascading monitoring and evaluation** mechanism, including record keeping and reporting systems among all levels and active participation of all key stakeholders.

For additional information, contact the USAID Hygiene Improvement Project at hip@aed.org.