The Amhara Region
Government of Ethiopia

THE AMHARA REGIONAL BEHAVIOR CHANGE STRATEGY

TO ACHIEVE AT SCALE SAFE WATER, HYGIENE, & SANITATION IMPROVEMENT[1]

USAID FROM THE AMERICAN PEOPLE | HIP HYGIENE IMPROVEMENT PROJECT

30 years wsp water and sanitation program

[1] Developed for the Amhara WASH Steering Committee by the USAID Hygiene Improvement Project in close consultation with the Water and Sanitation Program/World Bank, the Amhara Bureau of Health, and the Ministry of Health, Environmental Health Department. This draft reflects the October 2007 review of the strategy by the WASH Steering Committee. For additional information contact the Hygiene Improvement Project visit www.hip.wastsan.net

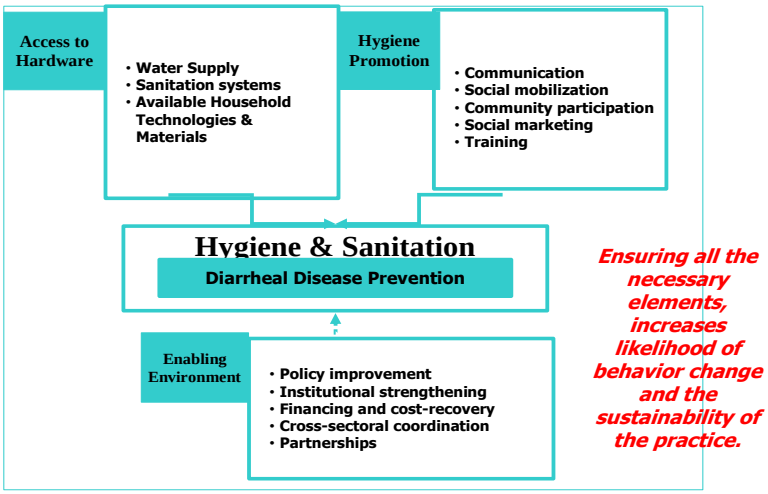
THE AMHARA REGIONAL BEHAVIOR CHANGE STRATEGY TO ACHIEVE AT SCALE SAFE WATER, HYGIENE, & SANITATION IMPROVEMENT

The Hygiene Improvement Framework, represented as the Three Pillars of Hygiene and Sanitation Improvement in the National Protocol for Hygiene and On Site Sanitation, elaborates how the consistent and correct application of three key practices depends upon three "pillars":

- Necessary supply and equipment like water for washing, SanPlats (sanitation platforms) for improved pit latrines, and soap or a substitute for hand washing
- A supportive political and organizational environment
- Hygiene promotion including social marketing, communication, and social mobilization

These Three Pillars for Hygiene and Sanitation Improvement serve as the overall framework for the Amhara Behavior Change Strategy.

The Three "Pillars" for H&S Improvement
reflected in the National Strategy



This strategy is not being developed in a vacuum. The strategy intends to activate an appropriate functioning of systems and programs that ensure needed advocacy, policy, organizational capacity, supplies and equipment, and promotion at regional, *woreda* (district), *kebele* (village), and *gott* (household cluster) levels. The logical chain of effect behind this basic strategic approach is that consistent and correct practice of three hygiene and sanitation behaviors will lead to dramatic reductions in diarrheal disease and to related health, social, and economic improvements:

- Hand washing with soap
- Safe handling and treatment of household water[2]

[2] Improving access to safe water is vital to hygiene and sanitation improvement and to achieving social and economic development. This strategy accompanies the National Hygiene and Sanitation Strategy and Implementation Protocol, which considers increased access to improved water sources a national goal and essential for social and economic development. However, the strategy does not directly address strategies for increasing access to improved water sources.

- Safe disposal of excreta, particularly the feces of young children

This document offers the first draft of a behavior change strategy, outlining key elements, approaches, and strategic components. It then proposes specific techniques, tools, and frameworks for systematically elaborating focused activities based on additional behavioral analysis of the key hygiene and sanitation behaviors.

USAID and many development partners have been actively sponsoring a range of hygiene and sanitation promotion and improvement programs and activities. As this comprehensive Regional Behavior Change Strategy is further developed, and additional behavioral analysis identifies the most appropriate activities and tactics to bring about behavior change, these ongoing partner activities and programs will be included and acknowledged as a vital part of the strategy.

As stated, the Amhara Hygiene and Sanitation Behavior Change Strategy uses the Three Pillars of the National Hygiene and Sanitation Strategy

> … and considers the national and regional investment made to develop the Health Extension Programme and to train HEW [health extension workers], *woreda* level personnel in PHAST…
>
> … as well as the Common Action Agenda developed and endorsed in the October 2006 "Whole System in the Room (WSR) Multi-Stakeholder meeting," which included the areas of Advocacy, Media and School Promotion of WASH as priority.

Approach to Developing the Behavior Change Strategy

Taking this into account, the Regional Behavior Change Strategy is built around the approaches laid out in the documents/methodologies mentioned above. The strategy will be a practical strategy, taking local context, resources, and realities into account.

To fully develop the Regional Behavior Change Strategy, we will need to conduct some additional behavioral analyses. Each of the three practices will be analyzed for public health risk and feasibility to consistently and correctly perform the behavior that leads to personal and public health improvement, taking into account:

- Available resources
- The complexity of the behavior (how often does it need to be done, are there many steps, is it currently part of a regular routine, is it compatible with daily routines and social custom?)
- Identified barriers to performing the behavior

The Behavior Change Strategy will identify a short list of "small, doable actions" to be promoted. These may not be ideal behaviors, but because they are considered feasible within the local context, they are more likely to be adopted by a broader number of households. Their consistent and correct practice will lead to reduction in diarrheal disease (as well as other health, social, and economic outcomes).

To develop the small doable actions that will be promoted through carrying out the Regional Behavior Change Strategy, the "Learning by Doing" partners will need to examine each behavior, using the three pillars analysis. The current situation was generally examined and documented in the

report prepared for the October 2006 WSR Meeting, "Mapping the Context Water Quality, Sanitation and Hygiene (WASH): Resources and Gaps in the Amhara Region." Much of this analysis, as well as other information available in the region, will provide essential information related to strategy development.

Key Elements

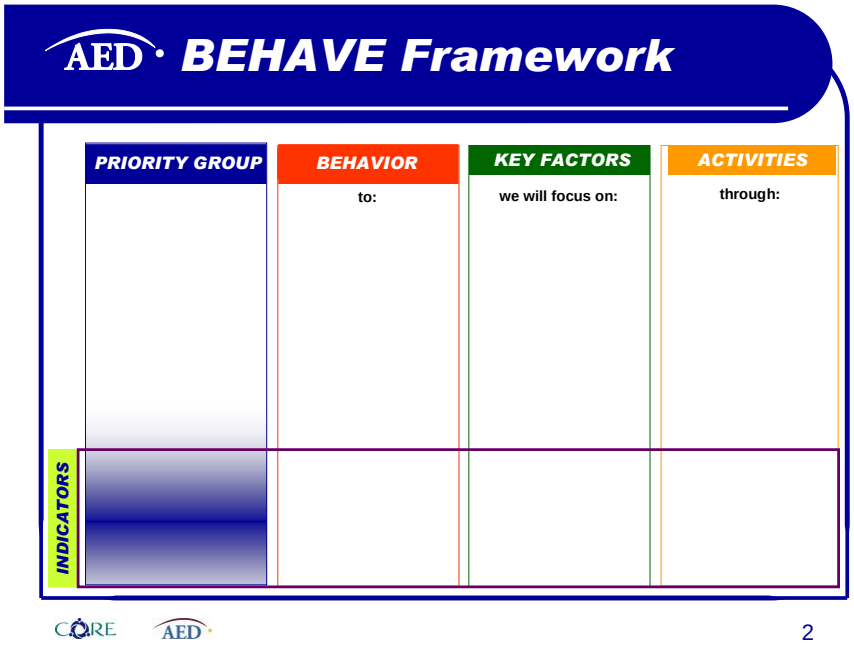
The key elements of our strategy include[3]:

- Engaging commitment and support for hygiene and sanitation improvement from leaders and influential people at the regional, *woreda*, *kebele,* and community levels
- Focusing on behaviors rather than messages or hardware targets, and focusing on a few key "feasible" behaviors rather than a large number of "ideal" behaviors
- Catalyzing "the multiples" to achieve behavior change:
    - Using a multi-level (regional, zonal, *woreda*, *kebele,* and community),
    - multi-sectoral (health, education, water, youth, women, private commercial),
    - multi-communication channel (face-to-face, community events, religious institutions, school curriculum, mass media, advocacy, IEC, etc.)
- Emphasizing the role of paid and voluntary community promoters making regular household visits to ensure communitywide participation and action
- Basing interventions on the local context (existing beliefs, norms, and practices)
- Promoting consistent and correct practice of the key behaviors through a focus on benefits beyond health benefits (honor, beauty, God-liness, privacy)
- Supporting the expansion of small, private sector provision of key supplies
- Developing and implementing a behavior-based monitoring and improvement system for refining the intervention

Identifying Appropriate Strategies and Activities for Hygiene and Sanitation Improvement

To develop these plans, we'll fill in the simple BEHAVE Framework, which leads planners through a series of "decisions" in order to identify effective intervention strategies. The decision-making follows this simple line of "filling in the blanks":

[3] These key elements were developed and expanded from those outlined in the Hygiene Education and Sanitation Promotion Strategy drafted for the World Bank–assisted Rural Water Supply, Sanitation and Hygiene Program.



The identification of the small doables is part of answering the first three key decisions of the BEHAVE Framework. The framework identifies who does what (priority actors and behavioral objective) and addresses the key factors most influential in practicing or blocking the behavior.

Through identifying the small doables, it's possible to understand the benefits people see from the practice of the behaviors (often NOT the health benefits that we public health professionals see…), such as "hands smell pretty," don't have to touch feces when clearing the fields, etc.

A Multi-Level, Multi-Sectoral Strategy

Through use of the BEHAVE Framework, tactics for achieving behavior change are identified. Both strategy and tactics must address the three pillars and be elaborated at (at least) two levels:

- Regional
- Community–*woreda*, *kebele*

These tactics will require the participation of a number of sectors—health, education, water resources, youth, women's affairs, community-based organizations (CBOs), and the commercial private sector, at a minimum.

As gaps are identified, the Learning by Doing Steering Committee will work to identify the technical and financial resources to fill those gaps, always building on existing platforms for economy, efficiency, and sustainability.

Audience A specific population segment	**Behavior** Do a specific action with a positive health outcome	**Key factors** Those most influencing the behavior	**Interventions** Specific activities to address those key factors
In order to help Decision 1: [*priority audience segment*]	***To do*** Decision 2: [*a small doable action*] Translate behavioral objective into smaller steps or doable actions; these may not be the ideal behaviors but a negotiated version of feasible yet effective behaviors	***We'll address/focus on*** Decision 3: [*a few key facilitating factors MOST influential in the performance or nonperformance of a practice*] Those known and those identified through additional formative research To identify these, we consider a list of "behavioral determinants," powerful factors influencing the performance or nonperformance of a behavior, as well as motivating factors: ♦ Access to needed products and services (financial and geographic) ♦ Specific knowledge—even clear water can cause disease; a latrine must be vented to avoid flies and smell ♦ Skills—how to build a SanPlat, tippy tap, treat water, dip without contaminating ♦ Perception of risk—infant feces isn't really, doesn't present much health risk ♦ Self-efficacy—there are specific actions I can take to reduce my baby's diarrhea ♦ Cultural norms and practices—what do influentials like mother-in-laws or imams think I should do	***Through*** Decision 4: [*specific tactics or activities that directly address those facilitating factors*] These are strategically matched to address the factors most influential in changing the target behaviors. They are "the right tool for the job." Those at each level (individual, household, community, institutional, etc.) … and keeping in mind the three pillars

HYPOTHETICAL EXAMPLE OF USING BEHAVE FRAMEWORK FOR WASH			
Audience A specific population segment	**Behavior** Do a specific action with a positive health outcome	**Key factors** Those most influencing the behavior	**Interventions** Specific activities to address those key factors
In order to help Decision 1: [*a specific segment of the population identified as at risk and ready for change*] Families in rural Amhara without running water on site	***To do*** Decision 2: *[a small doable action]* Wash hands at four critical times	***We'll address/focus on*** Decision 3: *[a few key facilitating factors MOST influential in the performance or nonperformance of a practice]* Increasing **SPECIFIC knowledge** (not just general awareness): ♦ Understanding that hands carry the germs that cause diarrhea ♦ You can't see germs, but if you could, you'd see them all over ♦ Washing hands with soap or substitutes gets rid of those germs ♦ Soap or a substitute like ash are necessary to make the washing process effective ♦ Specific, simple technologies exist to make it easier to wash your hands, even when water is scarce **Increasing access/presence of tippy taps** near latrines and cooking areas *(are two tippy taps in the home feasible, or do we need to find ONE convenient spot?)* **Increasing proximity of soap** to washing area **Increasing the social norm** to wash after defecation, changing baby, before cooking, before eating	***Through*** Decision 4: *[specific tactics or activities that directly address those facilitating factors]* These are strategically matched to address the factors most influential in changing the target behaviors. They are "the right tool for the job." **Home visits** (HEW, NGOs) to introduce new knowledge and facilitate tippy tap hand washing station **Community activities** to introduce new knowledge and facilitate tippy tap hand washing station **School curriculum** (supplementary reading materials) and child club activities around community assessment and community promotion of tippy taps **Model hand washing stations** installed at schools, market places, religious gathering points **Incentives** (through donation from Rotary, NGOs/allocation of funds) for tippy tap

HYPOTHETICAL EXAMPLE OF USING BEHAVE FRAMEWORK FOR WASH			
Audience A specific population segment	**Behavior** Do a specific action with a positive health outcome	**Key factors** Those most influencing the behavior	**Interventions** Specific activities to address those key factors
		[examples of increasing social norms around hand washing: you don't dare walk back from defecation without shaking wet hands in the air; people pause to wash before eating…]	containers that could be distributed at schools through classroom activities or school clubs; through home and community sessions Materials **available** to support named tactics: ♦ WASH counseling cards ♦ WASH motivator cards ♦ Family health cards ♦ More Materials **needed** to support named tactics: The strategy will be strengthened by developing a visible sign/banner of PARTNERS IN WASH or PARTNERS IN A FECES-FREE COMMUNITY. Additionally, introduction of two color flags/banners signaling commitment and achievement of positive WASH behaviors (e.g., one for commitment and another when the household [or community] has been "certified" feces-free by the HEW).

woreda

The Regional Behavior Change Strategy

Based on the evidence base, behavioral analysis, and regional experience, the strategy is composed of several cross-cutting strategic components:

- Promoting multi-level advocacy
- Strengthening household outreach
- Igniting community-based approaches to change
- Providing media support
- Increasing the availability and affordability of hygiene and sanitation products through private commercial and NGO sector initiatives
- Promoting school hygiene and sanitation
- Providing demonstration latrines and hand washing stations

Strategic Component 1:
Multi-Level Advocacy

Advocacy activities will be multi-level. Local and regional authorities will be targeted to promote hygiene and sanitation improvement, acknowledging some and inviting others for specific actions, programs, support, and enforcement. Officials at all appropriate levels will be guided to understand the role they can play in achieving the National Goals of Universal Access for Sanitation by 2012 and other WASH improvements.

Examples of regional policy and advocacy:

- Signing the regional MOU
- Forming the Regional WASH Steering Committee and Program Coordination Committee, Regional WASH Technical Team
- Activating working groups from the Common Action Agenda agreed upon at the Multi-Stakeholder Whole System in the Room (e.g., media promotion of WASH)
- Recognizing leadership
  - Launching ceremony
  - Presentation before the regional council
- Training journalists

Strategic Component 2:
Strengthening Household and Community Outreach

Community mobilization and household visits are essential for household-level change. This will be achieved by coordinated and independent activities of government and NGO partners. The health extension worker and community health volunteers are to be the primary promoters of the small doable actions.

Sanitarians, WASH volunteers, community-based reproductive health agents, agricultural agents, and NGO home-visitors will expand household and community reach.

The strategic approach will break the didactic techniques and encourage participatory negotiation of improved practice. Home visitors and WASH promoters and volunteers will be supported by the *woreda* WASH technical team (health, education, water NGOs), and agriculture desk and health centers to "negotiate" the consistent and correct practice of these small doable actions.

Capacity building activities (offered through cascade training) and support materials are available to specifically support this participatory negotiation approach to reduce risk and adopt feasible behaviors.

A key approach used to bring about change at the household and community levels will be the Negotiation of Improved Practices intervention/training approach, or MIKIKIR. The MIKIKIR Technique directs health extension workers or community promoters to first identify and then negotiate a range of improved practices related to target behaviors, rather than educate or promote fixed ideal practices that are often not feasible from the householder's point of view. Household visits or group sessions focus on identifying feasible and effective practices; promoters work with households to help solve problems and reduce any barriers to the consistent and correct practice of hygiene, safe water, and sanitation behaviors at the household level.

These feasible and effective actions identified by this MIKIKIR Technique are termed small doable actions to reflect that while not necessarily the complete and ideal set of behaviors leading to maximum public health outcomes, they reduce risk and move towards the ideal.

The Negotiation of Improved Practices or MIKIKIR Technique is an innovative strategy that combines counseling and behavior change promotion techniques. The MIKIKIR Technique builds on existing practices, beliefs, customs, and available resources to "negotiate" with householders to identify and adopt effective and feasible practices for feces disposal, hand washing, and water handling and treatment practices to prevent contamination and reduce disease-causing agents in the household environment.

The MIKIKIR Technique is driven by a strong behavior change component that, instead of promoting only one ideal practice or approach, focuses on instituting a process of interchange and negotiation between the HEW (or community promoters) and households. This process allows households to select the most appropriate options for their situations and also permits households to work with the community promoters to confront and solve other problems they face in incorporating new practices. With this community support, and because actions are selected by the households themselves, the MIKIKIR approach makes rapid integration of new behaviors possible.

To practice the MIKIKIR Technique, HEW and other community promoters must be armed with a range of feasible WASH options for various contexts (water availability and sources, seasonality, place on the sanitation ladder, available containers). They must be able to practice counseling techniques that identify problems, possible solutions, and get commitment to try a new, effective practice that brings the household closer to consistent and correct practice of water treatment, safe water handling, sanitation, and general hygiene.

To do this, previous research must identify common options, problems, and solutions under a range of household conditions. Outreach workers are then trained to implement the range of options and solutions.

Igniting Community-Based Approaches to Change

Various approaches have been effectively harnessed to realize hygiene improvement and specifically increase use of latrines and hand washing; some of these focusing more at the community level and others at the household level. The Amhara Behavior Change Strategy will engage both types of approaches to bring about desired changes.

In general, the community approaches to be 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 to pressure community members to engage in the desired behaviors. Some of these community approaches use sanctions or fines for NOT engaging in the desired behaviors, while other communities have received financial or material incentives and rewards for meeting the goals.

One community approach attributed with rapid increases in latrine construction and use is referred to as community-led total sanitation.

Community-led total sanitation (CLTS) involves facilitating a process to inspire and empower rural communities to stop open defecation and to build and use latrines, without offering external subsidies to purchase hardware such as sanitation platforms, superstructures, or pipes. Through the use of participatory methods, community members analyze their own sanitation profile including the extent of open defecation and the spread of fecal-oral contamination that detrimentally affects every one of them. The CLTS approach ignites a sense of disgust and shame amongst the community. They collectively realize the terrible impact of open defecation: that they quite literally will be ingesting one another's feces so long as open defecation continues. This realization mobilizes them into initiating collective local action to improve the sanitation situation in the community.

The CLTS approach was first pioneered in 1999 by Kamal Kar working with the Village Education Resource Centre[4]and supported by Water Aid, in a small community of Rajshahi district in Bangladesh. Since then the approach has continued to spread within Bangladesh and has been introduced in a number of other countries in Asia and in Africa. Interest among different institutions is growing, particularly as it becomes apparent that CLTS has the potential to contribute towards meeting the Millennium Development Goals, both directly on water and sanitation (Goal 7) and indirectly through the knock-on effects of improved sanitation on combating major diseases, particularly diarrhea (Goal 6), improving maternal health (Goal 5), and reducing child mortality (Goal 4).

The Amhara Behavior Change Strategy will include a nonbranded approach to total sanitation, engaging communities in collective analysis using PHAST–type techniques, problem solving, and community actions such as "walks of shame," which mobilize community representatives to patrol areas commonly used for open defecation and call out or "shame" community members found still defecating in the open.

Woredas will also be encouraged to include other purportedly effective community approaches already used in Amhara but on a smaller scale. Flags have been used to mark community or neighborhood accomplishments towards total sanitation goals, for example a white flag is awarded when a village commits to become feces free, a red flag when it attains 50 percent coverage and use, and a green flag when the village is certified as "feces free."

The feasibility of financial or material awards for attaining particular hygiene and sanitation goals will be further explored at the regional and *woreda* levels, and the strategy modified if incentives are to be offered for achievement.

[4] The background to the approach, the methodology, and details of early experience were documented in "Subsidy or Self-Respect: Participatory Total Community Sanitation in Bangladesh" (IDS Working Paper 184: http://www.ids.ac.uk/ids/bookshop).

Strategic Component 3:
Media Support

While listening to radios is by no means universal or equally accessible to all family members, a radio is the best medium for wide reach into communities and households. Various programming, from public announcements to radio dramas/theater to games and contests can provide credibility, popularity, and support to more intensive community and household behavior change efforts. They magnify impact and increase the number of contacts with householders, a factor known to catalyze change. (Behavior theory suggests there is often a threshold number of contacts needed to catalyze change, and radio helps to reach this threshold.)

As a subcomponent of the Behavior Change Strategy, a specific communication strategy will be developed, which outlines specific messaging that will be convincing and will take into account perceived benefits and barriers to practicing WASH behaviors. These benefits and barriers are often nonhealth related. The Communication and Messaging Strategy will make practicing WASH behaviors seem fun, easy, and popular and promise benefits that are appreciated by most households.

Strategic Component 4:
Increasing Availability and Affordability of Hygiene and Sanitation Products through Private Commercial and NGO Sector Initiative

The Behavior Change Strategy embraces a national and regional policy for sustainable hygiene, safe water, and sanitation improvement. This means NO subsidies of home latrines (including no subsidy of SanPlats) or subsidy or giveaways of other products.

This implies that the regional strategy must not only build demand for products but support the private sector provision (supply) of affordable quality products. As gaps in key products are identified through regional, *woreda*, and household analysis, the Behavior Change Strategy responds by identifying or, if necessary, by building public and private sector networks to provide affordable access.

One element of this strategic access, then, could be to provide small grants or revolving funds to enhance affordable access, such as artisan workshops for local production of SanPlats or tippy taps, tools or molds for SanPlat production, etc.

Related Products
Hand washing ♦ Hand washing stations: tippy tap, soap or ash containers; hygienic dipper (ladles) when no tippy tap is in place ***Sanitation*** ♦ Sanitation platforms (SanPlats) ♦ Potties (for collection and transfer of excreta of infants and the infirmed (e.g., disabilities, AIDS) ***Water treatment and safe storage*** ♦ Treatment products (hypochlorite solution, filters, wood for boiling, plastic bottles for solar disinfection) ♦ Storage containers ♦ Lids ♦ Dippers ♦ Nails and string for hanging dippers (to keep them off dirty floors)

The types of activities that have been demonstrated globally to stimulate the availability of affordable products include:

- Artisan workshops (to train a cadre of local artisans to produce and market products; water source and latrine construction and maintenance)
- Focused subsidy to suppliers (e.g., supplying SanPlat molds to facilitate market entry)
- Credit schemes, revolving funds, and microfinance: to allow householders to purchase needed supplies on credit for reasonable interest rates (e.g., use of *idirs* [burial clubs] as credit institutions)

Strategic Component 5:
School Hygiene and Sanitation

UNICEF succinctly summarizes that: "providing quality education also implies the provision of an enabling learning environment in which children can perform to the best of their ability. Nonetheless, in Ethiopia, as in most developing countries, the sanitary and hygienic conditions at schools are appalling, characterized by the absence of properly functioning water supply, sanitation, and hand washing facilities. In such an environment, children must resort to open defecation around or even at the school compound." Lack of dedicated girls' latrines, together with their gender-specific responsibility for water collection, are the major reasons for nonattendance of girls in school.

Hygiene, sanitation, and water in schools projects can create an enabling learning environment that contributes to children's improved health, welfare, and learning performance. In addition, school initiatives can prepare children to serve as agents of change in their households and communities.

The School Sanitation and Hygiene Education Strategic Component will apply a teacher-to-child, child-to child, child-to-community, and school-to-community approach. This approach brings out-of-school youth into child-focused initiatives as well.

School Sanitation and Hygiene Promotion Program Elements

- Preparing supplementary curricular and support materials
- Training teachers
- Integrating WASH themes into existing youth clubs, and where none are organized, organizing WASH clubs in schools
- Strengthening existing (and when necessary, organizing) parent associations
- Strengthening (and when needed, organizing) "mini-media" and educational media broadcasts to communities and schools
- Assessing compliance with minimum water and sanitation requirements for schools including development of assessment tool
- Developing/disseminating cost effective technical designs for school latrines, hand washing stations, and water treatment systems

Strategic Component 6:
Demonstration Latrines, Hand Washing Stations, and Other Hygiene-Related Products

Creating model showrooms of hygiene and sanitation products allows people to see, touch, and try hygiene, safe water, and sanitation products. They can actually try various options and understand the related costs, benefits, and upkeep. Building on behavioral theory, demonstration sites allow people to "try" before committing to adopt or "buy" a new product or behavior. Demonstration sites also build the social norm that these products and related behaviors are desirable, acceptable, and already practiced by role models in their communities.

This component crosses with some of the other components (such as schools and households). In World Bank and African Development Bank–supported *woreda*, there are plans and budgets for demonstration sites in each participating *kebele*.

This Behavior Change Strategy is a living, dynamic document. As additional behavioral analyses are completed, and small doable actions are further explored and prioritized, Regional Behavior Change Strategy and strategic components will be revised or further elaborated.

To ensure implementation, zonal workshops will specifically address *woreda* level planning, finance and human resource needs. A Regional Coordinated Action Plan and *woreda* action plans ensure strategic implementation.

Cascade training (training of trainers) will be used to introduce or strengthen key competencies needed to carry out this strategy.

Collaboration of development partners is essential. The components reflect existing priorities of most development partners. Partners are invited to adopt a component to contribute to the overall strategy.

Additional tools are available as supplementary support to developing the Behavior Change Strategy:

Behavior Change Planning Tool 1: Formative Research
Using Trial of Improved Practices (TIPs) to Identify Small Doable Actions Related to WASH

Behavior Change Planning Tool 2:
Using the AED BEHAVE Framework for WASH Program Planning

Behavior Change Planning Tool 3: Negotiating Improved Practices
A House-to-House Intervention Approach

Behavior Change Planning Tool 4: Training Manual and Supplementary Materials to Ignite Improved Hygiene and Sanitation: Participants and Facilitators Versions

Annex

Minimum Quality Standards for Latrine Construction

- Given the limited economic resources of the average Ethiopian family, hardware for sanitation and hygiene must be selected with a focus on "intermediate appropriate technologies that are locally sustainable and have impacts on protecting health."

- The generally accepted definition of "sanitation coverage" requires that a household have access to a sealed, used, cleaned, and maintained latrine. "Sealed" means that there are covers for the hole in the slab and that any ventilation pipe is screened. This is a minimum standard for a pit latrine.

- Improved traditional pit latrines meet these minimum standards and may be the most appropriate design in many settings.

- Sanitation systems may not be constructed that contaminate ground or surface water or otherwise compromise human health or environmental quality. The construction of systems that dispose of raw sewage into a surface water source or into groundwater are not permitted.

- All latrines, be they household or institutional, must have access to hand washing hardware that can be simply supplied with sufficient water for multiple hand washings.

- Appropriate low cost hardware for hand washing that consumes very little water is present in Ethiopia and can be manufactured locally. All latrine projects must introduce these simple "controlled drip receptacle" technologies and ensure that the receptacles are located and maintained in appropriate locations (latrines and eating areas).

- Institutional latrines and toilets that see high usage (compared to the household latrine) must maintain minimum standards for a pit latrine, but must also have a slab that is easily covered and easily cleaned—concrete SanPlats are a lower-cost and reasonable technology. Urinals can also be required.

- The use of local materials to build slabs and superstructures is to be encouraged as a strategy to reduce or eliminate external subsidies.

Adverse conditions for construction of pit latrines—i.e., high groundwater tables, soils that cannot be excavated (rock, etc.), soils that easily collapse during excavation, and high population densities that limit space—will limit low-cost options for sanitation and may require subsidy to provide an adequate option for feces disposal.