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ጽዱ- ኢትዮጵያ(TSEDU-Ethiopia)

TSEDU-Total Sanitation to End open Defecation and Urination

Clean Ethiopia for Healthy Life with Dignity

NATIONAL ODF CAMPAIGN2024

ጽዱ- ኢትዮጵያ (TSEDU-Ethiopia)

Campaign Framework Document (2019/20 – 2023/24)

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EXECUTIVE SUMMARY

Background and Objectives

Over the last 80 years, since the first report of the League of Nations Health Organization on Water Supply and Sewage Treatment in 1936, various steps have been taken to transform the global water supply and sanitation status. The most recent ones are the effort to achieve the Millennium Development Goals (MDGs) and formation of the Sustainable Development Goals (SDGs) led by the United Nations in 2015. By 2015, 181 countries had achieved at least 75% basic water supply coverage while only 154 countries achieved the same percentage in sanitation coverage. In absolute figures, the global population without basic water supply and basic sanitation services was 2.1 million and 2.3 billion (70% in rural areas) respectively by 2015, showing that the sanitation gap is nearly 2.5 times greater than that of water supply. One of the indicators that shows the absence of basic sanitation services is open defecation.

According to the Joint Monitoring Program 2019 report, 9% of the global population, or 673 million people, still practice open defecation. Central and Southern Asia and Sub-Saharan Africa, of which Ethiopia is part, have the highest proportion of the population who openly defecate with 30% and 25% respectively. Ending open defecation is one of the SDG targets, with SDG6.2 stating: *"By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations"*. Such a target is set to curb the impact of lack of basic sanitation on the health of the population and economic development of communities.

The Government of the Federal Democratic of Ethiopia has carried out a number of initiatives to improve the Water, Sanitation and Hygiene (WASH) sector, particularly the sanitation component both in the MDG and SDG period. Through these efforts, Ethiopia substantially reduced the proportion of the population practicing open defecation from 79% in 2000 to 22% in 2017 according to the Joint Monitoring Program 2019. This is a tremendous achievement that was also confirmed by the 2015/16 Community Led Total Sanitation and Hygiene (CLTSH) program survey by UNICEF which found 32% of the population practice OD. This reduction in open defecation has contributed significantly to the improvement of the health of under-five children. In the same period, under-five mortality reduced from 166 per 1,000 live births to 67

Though the JMP 2019 report states the proportion of population practicing OD in Ethiopia is 22% it includes higher percentage OD while considering two aspects of OD : in terms of households (33%) and considering people living in cluster of communities where at least one household practice OD (90%). Moreover, the regional level percentages show significant disparity significant regional level percentages show significant disparity. The regional percentages of OD population, considering rural population which is over 80% of the total population, ranges from less than 1% in Benishangul-Gumuz to 88% in Afar region.

This shows inconsistent performance and requires extensive action, especially in Afar and Gambela regions. The problems encountered while implementing the various sanitation programs are mainly related to inconsistency of performance, substandard infrastructure, lack of progress in institutional WASH, data inconsistency and lack of institutional coordination and integration.

While Ethiopia has made significant progress in reducing open defecation, 23 million people still defecate in the open and the country remains one of the lowest performing countries in terms of access to basic sanitation. This is because the toilets constructed to reduce open defecation are of poor quality and do not meet the higher standards for basic sanitation contained in the SDGs compared with the MDGs. Only 7.1% of the Ethiopian population has access to basic sanitation which, following the SDGs, is access to flush or pour-flush toilets, ventilated improved pit latrines, pit latrines with slab or composting toilets not shared with other households.

The availability of WASH services is also inadequate in health and education institutions. For instance, the Services Availability and Readiness Assessment (SARA), carried out by the Ethiopian Public Health Institute (EPHI) in 2018, shows that on average only 61% of health facilities have improved sanitation services and 34% have improved water respectively. UNICEF's 2018 sanitation micro-plans shows lower figures with only 47% of health facilities nationally have access to an improved toilet and only 12% have improved water supply services, with variation between regions.

Regarding schools, a 2019 Ministry of Education report showed that 62% of schools had water supply and 86% had sanitation facilities although only 39% had basic sanitation. UNICEF's microplanning data revealed that the proportion of schools with access to an improved water supply is 22% and access to an improved toilet is lower at 28%. Again, access varies substantially across regions as shown in the graphs below drawn from the microplanning data.

These poor sanitation service levels have adverse health, economic and environmental impacts. The recent Health Sector Transformation Plan (HSTP) and the 2008/9 and 2009/10 Health and Health related Indicators indicated that diarrhea is the second biggest killer for under five children next to acute respiratory infection, responsible for 13% of under-five deaths equivalent to close to 40,000 deaths. Diarrhea is closely associated with inadequate WASH services. The Economics of Sanitation Initiative Desk Review, conducted by WSP/World Bank in 2013, found that poor sanitation costs Ethiopia Birr 13.5 billion each year, equivalent to 2.1% of national Gross Domestic Product (GDP).

Overall, more action is required to improve the performance of the sanitation sector as illustrated by the following facts:

- The huge achievement in reducing open defecation is overshadowed by the abundance of substandard toilets
- Outcome evaluations of the CLTSH program found that the campaign needs to be reinvigorated with only 25% of triggered kebeles becoming ODF without any guarantee for sustainability.

- Increased focus on demand creation for sanitation products and sustainable defecation norm changes within communities.
- There is a clear lack of coordination among concerned institutions such as the Ministry of Water Irrigation and Energy (MoWIE) and the Ministry of Health (MoH) even in the presence of the ONEWASH National Program (OWNP).

Objective

There is a need for transformative actions to improve sanitation services, behaviours and the health status in a sustainable manner. The vision of the National ODF Campaign Ethiopia 2024 is to see **"**TSEDU-Ethiopia" – a "Clean-Ethiopia" where citizens enjoy a prosperous life with dignity. The overall campaign objective is to eliminate open defecation by creating sustainable behavioral change and provision of at least basic sanitation, and declare all woredas and Ethiopia ODF by the end of 2024. The specific objectives of the campaign are to:

- Achieve at at least sustained basic sanitation infrastructure and hygiene behavior to declare kebeles, woredas, regions and the nation as a whole open defecation free (ODF) and sustain ODF status over time.
- Achieve sustainable behavioral change that would ensure utilization of basic sanitation and in time transform to safely managed toilets.
- Achieve post ODF sustainability

Scope

The scope of the campaign includes, but is not limited to:

- Sanitation which refers to human excreta disposal and sanitary and hygiene infrastructures like latrines, and menstrual hygiene management (MHM) facilities; material needed for the proper operation and use of the structures (e.g. water, soap); fecal sludge management services; and the human behaviours and attitudes relating to excreta and its disposal.
- Rural areas including both sedentary households and pastoral settlements; public institutions like educational and health facilities; administrative offices; community centers; religious institutions; worship places; and private institutions
- Urban areas including residential households, public facilities such as offices, schools, health facilities, parks, sport centers, cinemas, religious institutions and commercial areas
- Tourist attractions, both historical and natural
- Transport hubs like bus stations, train stations and regional highways

Key Tasks

- Create ODF baseline database by woreda
- Mobilize stakeholders to one national campaign to eliminate open defecation
- Mobilize and utilize sufficient fund and other resources
- Carry out capacity building that could ensure the fulfillment of the national target of ODF
- Carry out and measure sustained behavioral change campaign through champions, media, peer-to-peer)

- Ensure sustainable provision of sanitation products and services (free for extremely vulnerable and through market creation for the rest)
- Strengthen the enabling environment through provision of conducive implementation arrangements and allowing for active participation of the private sector and civil society in the provision of sanitation services and infrastructure
- Monitor and evaluate performance of kebeles towards ODF
- Strengthen research and development of the WASH sector

Strengthening Enabling environment

Issues related to sanitation are directly or indirectly reflected in different documents including the Ethiopian Constitution, sector policies, proclamations, strategies, plans and programs. However, there is no comprehensive sanitation policy to date, and there are ambiguous responsibilities and absence of sanitation budget lines. In Public Health Proclamation (March 9, 2000) the supervisory and standards setting role in some aspects of sanitation like water quality and waste disposal restrictions are given to MoH. Recently, a regulation that established the Water Development Commission has clearly given the responsibility of coordinating and implementing water supply and sanitation programs and projects to the Commission. Overall, there is a need for a conducive enabling environment and strong integration among relevant institutions, stakeholders and the community at large to achieve the "TSEDU-Ethiopia" vision by 2024 using the OWNP platform.

Sustainable Behavior Change Campaign

Effective and sustainable behavior change (SBC) and communication that is designed based on evidence, and implemented through existing mechanisms, is key to the success of the sanitation campaign. The sustainable behavior change components of the campaign will primarily focus on sanitation and hygiene behaviors including sustainable adoption and use of improved toilets, handwashing with soap, and safe handling and treatment of water at point of use.

Five key tasks will be carried out to achieve the objectives of the behavior change campaign which include: conducting formative research, designing comprehensive behavior change intervention package, setting implementation arrangements, preparing modalities of implementation and monitoring and evaluating the intervention including through knowledge, attitude and practice surveys.

The formative research will be conducted to understand the behavioral determinants, motivational drivers, barriers, touch points, willingness/ability to pay, social/cultural power relations/norms, and institutional structures and capacities for implementation. Based on the findings of the formative research, behavior change intervention packages that consider key motivational drivers, current barriers and social norms will be designed by a multi-disciplinary team. Participatory activities such as triggering using status and disgust motives, public pledging events, and emotional demonstrations to challenge barriers and embed social practices will be included in the package. SBC intervention packages will be developed for different targets at different levels, and pre-tested and customized for implementation at scale. Different modalities will be used to implement the sustainable behavior change packages including six to nine

campaigns to reach a wider group from local to national levels, integration with relevant sector programs and mainstreaming with ongoing water supply and sanitation initiatives. The ongoing CLTSH approach will be significantly modified through inclusion of elements that trigger emotions to practice the desired behaviors, enhance informed choices of appropriate sanitation technologies, and promote the required social desires and norms.

Relevant capacity building trainings shall be designed and delivered for all actors at implementation and verification stages. Functional coordination mechanisms consisting of a relevant team of experts will be in place at woreda/town, regional and national levels to ensure proper implementation of the SBC campaign. There will be outcome and process monitoring and evaluation activities.

Sanitation Products and Services

Availability of appropriate sanitation products and services that suit various socio-economic and physical settings is key to the creation of an ODF community. There is a need to ensure adoption and use of safely managed sanitation facilities and services that are inclusive, effectively prevent human contact with feces and ensure environmental protection and sustainability. Sanitation products and services must take into account the local context which includes settlement type and population density, physical conditions and socio-economic situations. Accordingly, the intervention areas will be divided into three broad categories as rural, urban and disaster-prone areas, each with further sub-divisions.

The low level of sanitation infrastructure and services in Ethiopia shall be improved to meet and sustain the vision of the ODF campaign. To this end, various directions that focus on sanitation technologies, supply chain strengthening, financing, capacity building and research and development have been proposed. The proposal for sanitation technologies covers aspects related to household toilet options, public and institutional toilets, toilet technology selection frameworks, upgrading existing toilets, fecal sludge management, pit emptying services, hygiene infrastructure and preparation of guidance manuals.

There should be an effective and efficient supply chain system that responds to the demand for affordable, desirable and useful sanitation products and services, and at the same time ensures these products are made freely available to the extremely vulnerable (bottom 25%). To this effect, different strategies have been recommended including development and implementation of effective sanitation marketing, service delivery improvement through public-private partnership, preparation of a catalogue of toilet options, design and construction of model toilets, establishment of sanitation market centers, and enhancement of linkages among relevant actors.

The sanitation marketing model shall respond to the needs of customers and entrepreneurs and ensure sustainable adoption and use of sanitation products and services. Feasible public-private partnership models that offer sanitation services at scale should be identified and implemented. There is a need for preparing an illustrated catalogue that contains adequate information on different improved latrine options to support informed choices by customers. Design and construction of demonstration toilets in accessible areas like public institutions, model

households, and market places will also be encouraged. Efforts shall be exerted to promote widespread use of improved toilets following the SDG sanitation ladder.

Establishment of functional sanitary market centers has been proposed to improve access to and adoption of sanitation hardware. These establishments create job opportunities for unemployed youth, medium sized enterprises (MSEs) and others. The sanitation market centers should have a formal agreement with the local implementing agency that is responsible for facilitating financial support and ensuring the quality of products.

Innovative financing options that target both customers and business enterprises shall be identified and used. Through concerted efforts, financial resources can be mobilized from formal, semi-formal and informal institutions such as banks, micro-finance institutions, saving and credit cooperatives, iqqub and idir. Households are encouraged to procure and use sanitation products and services through self-finance. For poor households, alternative financing options that do not distort the market shall be identified and used.

Building the capacities of key supply chain actors through trainings, experience sharing and supporting applied research can greatly contribute to the successful adoption and use of sanitation products and services. Tailor-made training packages that address different topics such as the importance of good sanitation and hygiene, business management, financial management, sales and promotions and technical skills on the production and installation of toilet and hygiene hardware will be designed and delivered. Higher learning institutions, research centers, development partners and the private sector should also be encouraged to engage in problem-solving research that aims to identify existing situations and demands related to sanitation products and services.

Fund mobilization

The Ethiopia Government and international development partners are expected to cover 40% of this budget each and the remaining 20% will be covered by the community.

Improved sanitation provides several socio-economic and environmental benefits to citizens and the nation through the protection of public and environmental health. Committed financial and technical supports are therefore expected from different stakeholders. Federal and regional governments shall allocate adequate budget for the success of the campaign and create the relevant enabling environment. Major financial and technical supports are also expected from development partners and non-government organizations (NGOs). The success of the campaign also counts on the active involvement of different community groups such as households, schools, healthcare establishments, financial institutions, business enterprises, community-based organizations, the media, and influential figures.

Monitoring and Evaluation and Implementation Arrangement

A four-step monitoring and evaluation system will be implemented to evaluate the success of the ODF campaign. Declaration and verification of ODF areas will be done following the protocol developed by the Ministry of Health. Results and key lessons associated with the campaign shall

be properly documented and disseminated. Activities that ensure the sustainability of the initiative and its alignment with the SDGs will also be carried out. Relevant units equipped with the necessary resources shall be established at different levels to implement the ODF campaign. The campaign will have a national ODF coordination unit under the OWNP with a high-level steering committee co-chaired by MoWIE and MoH, which in turn will be accountable to the ODF Desk at the Prime Minister's Office. Dynamic tracking of coverage shall be developed as part of the monitoring and evaluation system.

Budget and Financing

The total estimated cost of the campaign from initiation to completion is Birr 27,700,595,000.00 (US$923 million) over five years. Of this 76.6 % the implementation cost will be for sanitation products and services, 20.1% for resource mobilization, advocacy and behavior change campaign and 3.3% for capacity building activities. The government and international development partners are expected to cover 40% of this budget and the remaining 60% will be covered by the community.

ABBREVIATIONS

CBO	Community Based Organizations
CLTS	Community Led Total Sanitation
CLTSH	Community Led Total Sanitation and Hygiene
CSA	Central Statistical Authority
CSO	Civil Society Organization
DP	Donor Partners
EDHS	Ethiopian Demographic and Health Survey
EPHI	Ethiopian Public Health Institute
EWRMP	Ethiopian Water Resources Management Policy
GDP	Gross Domestic Product
GTP	Growth and Transformation Plan
IEC	Information, Education and Communication
IUSHS	Integrated Urban Sanitation and Hygiene Strategy
JMP	Joint Monitoring Program
LDC	Least Developed Countries
MDG	Millennium Development Goals
ME	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
MoE	Ministry of Education
MoFED	Ministry of Finance and Economic Development
MoH	Ministry of Health
MoUDH	Ministry of Urban Development and Housing
MoWIE	Ministry of Water, Irrigation and Energy
NGO	Non-Governmental Organizations
OCHA	Office for the Coordination of Humanitarian Affairs
OD	Open Defecation
ODF	Open Defecation Free
PHU	Public Health Unit
RSM/PC	Rural Sanitary Markets and production Centers
SBC	Sustainable Behaviour Change
SBCC	Sustainable Behaviour Change Campaign
SDG	Sustainable Development Goals
TSEDU	Total Sanitation to End open Defecation and Urination
UAP	Universal Access Plan
UWWM	Urban Water and Wastewater Management
VIP	Ventilated Improved Pit Latrine
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSP	Water and Sanitation Program
WSS	Water and Sanitation Strategy

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1 BACKGROUND

Since the foundation of the League of Nations, the international community has implemented numerous interventions to improve the health status of populations and ensure sustained economic growth and productive communities. Since the first report of the League of Nations Health Organization on Water Supply and Sewage Treatment in 1936, various steps have been taken to transform the status of global water supply and sanitation.

In 1948 the World Health Organization (WHO) established a committee on Environmental Sanitation to promote the improvement of environmental hygiene, including sanitation, and minimize the burden of water-associated ill-health. In the 1950s, the WHO and UNICEF conducted pilot projects focusing on rural sanitation in order to reduce disease through the introduction of safe water technologies and demonstration of excreta disposal methods.

Over the next two decades – the 1960s and 1970s – the focus was mainly on water supply. The Community Water Supply Program was established in the 1960s to provide water of adequate quantity and quality for human consumption, agriculture and industries. The 1977 United Nations Conference on Water adopted a program with realistic standards in water quantity and quality, to provide water for urban and rural areas by 1990. The 1980s was declared as the International Drinking Water Supply and Sanitation Decade which gave priority to poor, less privileged and water scarce areas.

The various efforts that were carried out to improve the global water supply and sanitation status since the 1930s were mainly focused on improving the water supply status, and were only taken as a sectoral agenda and handled by various sectors in a scattered manner. However in 2000, Water Supply, Sanitation and Hygiene (WASH) became a development agenda and the United Nations adopted the Millennium Development Goals (MDG) taking 1990 as a base year and spanning for 25 years until 2015.

1.1 Global Water, Sanitation and Hygiene Status

The MDG 7 targeted to halve the population without water supply and sanitation by 2015, taking 1990 as a base year. The performance in water supply was better than that of sanitation. The final report revealed that the water supply target was achieved in Ethiopia while that of sanitation required substantial effort. Hygiene behaviour change was not part of the MDG 7 target directly. By 2015, 181 countries achieved at least 75% basic water supply coverage while only 154 countries achieved the same percentage in basic sanitation coverage. In absolute figures, the population without basic water supply and basic sanitation services was 844 million and 2.3 billion people (70% in rural areas) respectively by 2015. This shows that the sanitation gap is nearly 2.5 times more than that of water supply.

There are disparities in coverage of basic water supply and sanitation between regions. The lowest proportion of population with access to both water supply and sanitation service is registered in Sub-Saharan Africa, in both cases being less than 50% (WHO and UNICEF, 2017a). One of the indicators that show the absence of basic sanitation services is open

defecation. By 2015, nearly 900 million people globally practiced open defecation. This is one of the targets of the recent Sustainable Development Goals (SDGs).

The Sustainable Development Goals (SDG) 6 focuses on the WASH sector. The goal of SDG 6 is to "ensure availability and sustainable management of water and sanitation for all" by 2030. It has two targets related to WASH: the first target (6.1) to "achieve access to safe and affordable drinking water" and the second target (6.2) to "achieve access to sanitation and hygiene and end open defecation". The second target emphasizes the hygiene and behaviour change components as part of the SDG.

To achieve these targets, the SDG 6 sets global ladders for water supply, sanitation and hygiene as shown in Tables 1.1, 1.2 and 1.3. Remarks on each ladder status by end of 2015 when the SDGs began are included for comparison purpose. The data clearly shows there is big difference in the access to water supply, sanitation and hygiene.

Table 1-1: Updated service ladder for global monitoring of drinking water supply and status 2015

Service Level	Definition	Baseline Status (2015)
Safely managed	Drinking water from an improved water source that is located on premises, available when needed and free from fecal and priority chemical contamination	5.2 billion people
Basic	Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing	127 million people
Limited	Drinking water from an improved source for which collection time exceeds 30 minutes for a round trip, including queuing	263 million
Unimproved	Drinking water from an unprotected dug well or unprotected spring	423 million
Surface water	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal	159 million people collect directly from surface water sources

Table 1-2: Updated service ladder for global monitoring of sanitation and status 2015

Service Level	Definition	Baseline Status (2015)
Safely managed	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite	2.9 billion people (60% in urban/ 40% in rural areas)
Basic	Use of improved facilities that are not shared with other households	2.1 billion people
Limited	Use of improved facilities shared between two or more households	600 million people
Unimproved	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines	856 million
Open Defecation	Disposal of human feces in fields, forests, bushes, open bodies of water, beaches or other open spaces or with solid waste	892 million

As a proxy for hygiene, handwashing facilities with soap and water has been included into the JMP as a global indicator.

Table 1-3: Updated service ladder for global monitoring of hygiene and status 2015

Service Level	Definition	Baseline Status (2015)
Basic	Availability of handwashing facility on premises with soap and water	60
Limited services	Availability of handwashing facility on premises but without water and soap	22
No services	No handwashing facility on premises	18
Note: Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.		

The three tables clearly show there is a difference in the achievement obtained by the end of the MDG period in water supply and sanitation targets. Hence sanitation will be one of the biggest challenges to achieve by 2030 as stipulated in SDG6:

"By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations"

SDG 6.2 aims to eradicate open defecation with a baseline population of nearly 900 million practicing open defecation in 2015. Based on the recent report of WHO and UNICEF (2019), the regional and global status of sanitation as per updated sanitation ladder presented in table 1.2, 9% of the global population practice open defecation and among regions of the world Central and Southern Asia and Sub-Saharan Africa, of which Ethiopia is part, have the highest proportion of the population openly defecating with about 30% and 25% respectively.

In the African context, the Open Defecation reduction performance (JMP, 2019) shows that in some countries OD has increased rather than decreased. This is because sanitation activities are

unable to keep pace with the rate of population growth or some ODF areas slipped back to OD as shown in fig. 1.1.

1.2 Sanitation situation in Ethiopia

Ethiopia, through the core guidance of the constitution, sector policies, strategies and various programs and projects, has implemented a number of national initiatives to improve the water supply and sanitation status of both the rural and urban population. Through these efforts, substantial improvements were achieved in access to sanitation as reported in the JMP 2015. Access to any form of sanitation increased from 8% in 1990 to 71% in 2015 and the open defecation (OD) practicing population decreased from 79% in 1990 to 22% in 2017.

The Growth and Transformation Plan II (GTPII), under the targets of health, has planned to increase the percentage of households having basic sanitation facility from 28% (2015) to 82% (2020). As per the data obtained from the MoH, the performance towards achieving GTP II targets by 2017 for basic and unimproved sanitation was 28% and 40% respectively. Regarding ODF Kebeles, in 2017 27% of households had a basic sanitation facility. This reached 32% in 2018 and is planned to reach 50% by the end of the 2018/19 budget year.

The performance in reducing open defecation in Ethiopia from 2000 to 2016 from 82% to 32% has contributed significantly for the improvement of the health status of under-five children. In the same period, under-five mortality reduced from 166 per 1,000 live births to 67 (MoH, 2017).

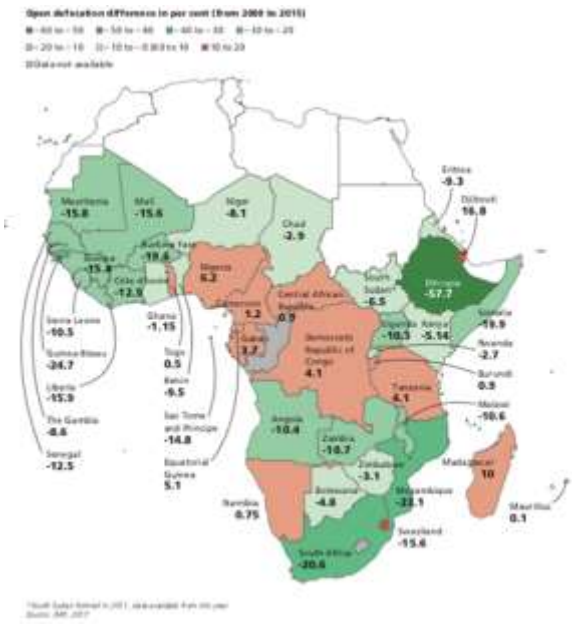


Figure 1.1: Performance of Countries on Open Defecation from 2000 – 2015 (JMP, 2017)

1.2.1 Problems Encountered

The problems encountered while implementing the various sanitation programs are mainly related to inconsistency of performance, substandard infrastructure, lack of progress in institutional WaSH, data inconsistency and lack of institutional coordination and integration.

1.2.1.1 Inconsistent Performance

Though the average ODF status of Ethiopia is 22%, regional level percentages show significant disparity. The regional percentages of OD population, considering rural population which is over 80% of the total population, ranges from less than 1% in Benishangul-Gumuz to 88% in Afar region. As the graph below from the UNICEF CLTSH study in 2016 shows, ODF performance is inconsistent and requires extensive action, especially in Afar and Gambela regions where the OD rate is very high.

1.2.1.2 Poor quality infrastructure

Ethiopia has been praised for bringing the percentage of the population practicing OD from 79% to 22%. However, the quality of most household sanitation infrastructure is traditional, unimproved and of poor quality. Thus, the status of Ethiopia in the JMP sanitation ladder is globally the lowest with only 7.1% of the population fulfilling the requirement for basic sanitation as the latrines are rudimentary and do not protect against the spread of diseases.

1.2.1.3 Data Inconsistency

The data with regards to coverage of sanitation facilities across the JMP report, individual UN agencies and civil society organizations are not matching mainly due to using different standards for key indicators. The data from UNICEF and the Ethiopian Demographic Health Survey (EDHS) are almost identical showing approximately 32% OD, over 60% unimproved including shared and less than 10% improved sanitation. Meanwhile the JMP data shows 22% OD as of 2017.

1.2.1.4 Lack of Coordination

Efforts to improve sanitation are carried out by different ministries and regional bureaus (MoH, MoE, MoWIE and Regional Health, Education and Water Bureaus), agencies, utilities, NGOs, and community-based organsiation. Though there is the unique OneWASH National program, its success is mainly in water supply and not sanitation. Such scattered efforts create a vacuum of responsibility which is endangering the sanitation achievements to date and sustainability of sanitation services.

1.2.1.5 Limited Institutional WaSH

Health Facilities

The availability of WASH services is also inadequate in health institutions. For instance, the Services Availability and Readiness Assessment (SARA), carried out by the Ethiopian Public Health Institute (EPHI) in 2018, shows that on average only 61% of health facilities have improved sanitation services and 34% have improved water respectively. UNICEF's 2018

sanitation microplans shows lower figures with only 47% of health facilities have access to an improved toilet and only 12% have improved water supply services, and it varies by region.

Further detailed assessment of each type of facility shows that the level of service varies greatly between urban and rural facilities and higher health institutions and basic health services like hospitals and health posts. For example, among health posts only 51% have improved sanitation facilities and 15% improved water supply sources. The electrical power access is dismal – only 5% of health posts have power supply and the average value considering the various types of health facilities is 15%.

The available WASH facilities show that the percentage of sanitation facilities is relatively better than access to improved water supply. The evaluation data indicates that health facilities managed by public institutions have less access to both water supply and sanitation services than others which are managed privately and by NGO among others.

Education

Regarding schools, a 2019 Ministry of Education Report presented at World Water Week showed that 62% of schools had water supply and 86% had sanitation facilities although only 39% had basic sanitation. UNICEF's 2018 microplanning data revealed that the proportion of schools with access to an improved water supply is 22% and access to an improved toilet is lower at 28%. Again, access varies substantially across regions as shown in the graphs below drawn from the microplanning data. Such limited access to sanitation facilities has a substantial effect on girl's enrolment particularly given their additional menstrual sanitation needs.

1.2.2 Adverse Impact of Lack of Sanitation

1.2.2.1 Health Impact

The recent Health Sector Transformation Plan (HSTP) and the 2017 and 2018 Health and Health related Indicator also indicated that diarrhea is the second biggest killer for under five children next to acute respiratory infection, responsible for 13% of deaths in children under five or close to 40,000 children. According to the EDHS 2011, the wealth index, under five mortality rate and education are correlated with wealth quintiles. The data indicate that poorer communities are less educated and mortality of under five children also increases with poverty. The costs of poor sanitation are inequitably distributed with the highest economic burden falling disproportionately on the poorest. The richest 20 per cent in sub-Saharan Africa are five times more likely to use improved facilities than the poorest 20 per cent. (Achieving the MDGs with Equity, UNICEF 2015)

A study by the World Bank in 2013 established that malnutrition is not only due to lack of food or food variety but also the result of environment risk factors such as poor sanitation and hygiene. The nutrition status of children in Ethiopia is gradually improving as indicated by the last three years result of the EDHS 2011. However, removal or control of the risk factors is the most important guarantee for sustained child development.

1.2.2.2 Economic Impact

The effect of poor sanitation or its absence in society is not only limited to health but also to economics and welfare. The Economics of Sanitation Initiative (ESI) desk review, conducted by WSP/World Bank in 2013, indicated that poor sanitation costs Ethiopia Birr 13.5 billion each year, **equivalent to about Birr 170 per person per year** or 2.1% of the national GDP. There are also additional costs related to school drop-out, as a result of poor water and sanitation facilities, and lost productivity.

Better sanitation can not only save lives, and money otherwise spend on healthcare, but it is also an important marker of improved infrastructure, attracting tourists and investment from outside.

1.3 Lessons from National and International ODF Experiences

ODF campaigns are being carried out in several different countries including Ethiopia. For example, India started its campaign in 2014 and had a target date of October 2, 2019 for ODF, an initiative by the current Prime Minister to mark the 150th birthday of Mahatma Gandhi and led by the Ministry of Drinking Water and Sanitation. Kenya has a national campaign to be a 100% ODF country by 2020 led by Ministry of Health. Nigeria is carrying out the same to be ODF by 2025 under the leadership of the Ministry of Water Resource. Salient features of each campaign are presented in the following sections.

1.3.1 Ethiopia

Ethiopia started its ODF intervention in 2007 when CLTSH was piloted in SNNPR and rolled out to all regions. From that introduction and use of CLTSH in Ethiopia, 12,190,035 households have self-constructed latrines. The government believes in the promotion of improved sanitation to ensure sustained change in sanitation and hygiene facilities in order to meet national and global commitments. These developments have stimulated partners' involvement and the use of one approach by all, where communities are involved to analyze existing sanitation and hygiene problems and find collective solutions.

For CLTSH and sanitation behavioral programs, Ethiopia developed and used different guidelines and manuals. These are:

- Hygiene and Sanitation/Latrines Communication Guideline
- Sanitation/Latrines Marketing Guideline
- Post triggering and ODF Manual
- Latrine Technology Options Manual
- CLTSH Iimplementation Manual
- CLTSH Training Guideline
- ODF Certification and Verification Protocol
- ODF Verification Team Organization and Follow-up Manual
- CLTSH Integrated Refresher Training Manual for Health Extension Workers

CLTSH has been implemented through existing government structures and experts including health extension workers (HEWs), ensuring efficient resource utilization. Aggressive capacity building, triggering and promotion of CLTSH implementation was conducted in different levels

of health structures and communities. Accordingly, different CLTSH teams were organized that either report the progress or verify and certify ODF attainment.

After the rollout implementation of CLTSH and behavioral tools and approaches, the MoH conducted different outcome and program surveys and studies. The studies showed that significant progress was being made but highlighted challenges and drawbacks of CLTSH implementation and issues related to the approach. Some of the challenges were:

- Quality of CLTSH training
- Quality of triggering
- Post-triggering and post ODF
- Not linking with sanitation marketing
- Quality of latrine
- Technical latrine construction recommendation

1.3.2 Building Clean India by 2019

The Clean India Mission (Swachh Bharat Mission) began in 2014 under the leadership of the Prime Minister promising to have a "clean India" by October 2, 2019, a date which is the birthday of Mahatma Ghandi. By October 2019, all states of India had been declared ODF, with the coverage ranging from 75%-100%. The six pillars of Clean India Mission are:

- Leadership at the highest level
- Behavior change at the heart of the mission
- Time-bound goal: ODF by 2 October 2019
- Focus on quality and sustaining sanitation gains
- Monitoring outcomes and not just outputs
- Sanitation as everyone's business

These pillars are the cornerstones for the success of the Indian Campaign and could be adapted to the context of Ethiopia.

Among these pillars, the first one – leadership at the highest level - is the key. The story of the Swachh Bharat Mission (SBM) in India is one of high-level political leadership, with Prime Minister Modi making it one of his top priorities to make sure government delivers. In one of his first speeches to the nation, he set the vision of an ODF India by 2019. He put experts in key positions in the Ministry who he knew were able to deliver and created a strong team at the federal level with vast sanitation experience.

Moreover, the Indian Government ensured that political prioritization trickled down to states and districts, pushing the agenda and aligning the incentives of those in charge of sanitation. Performance in the SBM became part of indicators that shaped career advancement of civil servants; district officers and village leaders championing SBM were visited by relevant authorities and publicly recognized; rankings according to SBM progress were developed, and the Prime Minister awarded top-performers in national ceremonies. This in turn gave a sense of empowerment at the local level, especially to district level officials, allowing them to innovate in order to find solutions to the practical challenges that emerged, be it resources, technology or

institutional blockages. Districts were also provided with additional human resources for two years.

Furthermore, the Indian Government made a substantial effort to promote sanitation, putting it at the centre of the nation's concerns and using a narrative that presented it as a matter of pride, cleanliness and dignity, linking it to national historical references. SBM makes multiple references to Gandhi, and his glasses are the campaigns' logo, which can be found everywhere in the country, including its banknotes. This narrative, along with wider behaviour change messages, were disseminated via a massive awareness raising campaign, with a two-pronged approach at the national and local level. At the national level, top-level personalities were part of media stunts. This included the Prime Minister sweeping the streets to launch the campaign, and the SBM director emptying a composted latrine pit with his own hands.

Early on the campaign covered 100% of schools with sanitation facilities and focused on the top 100 tourist spots in the country. By modelling sanitation facilities in visible places, the campaign displayed the importance of sanitation. Equally, schools were seen as a key driver in the sense that they could instill hygienic habits in the younger generations. Some challenges emerged regarding continued use (due to the increased water demand), cleanliness and sustainability of the facilities. The education ministry was in charge of school sanitation, with its own budget and monitoring system. Similarly, different ministries were in charge of different areas of sanitation (road and transport for commuting hubs and trains, health for health centres). To ensure multi-sectoral coordination, the Prime Minister's Office took the leadership and ensured different sectors/ministries contributed as per their responsibilities.

SBM had a robust monitoring and information system to support implementation follow up and monitoring and enable course correction. An online portal tracked budget expenditure and progress towards toilet construction targets. Sub-district officers would upload the data (including geo-tagged pictures) after their field visits. Being an open database, anyone could check the SBM numbers, down to the household level. This helped create a sense of transparency and reduce corruption. There were also systems for information sharing and adaptation. This included both formal ones – such as monthly video conferences between the ministry and key state officers – and informal groups such as field visits or WhatsApp groups at multiple levels that enabled information sharing across hierarchy lines. To counter instances of over-reporting, coverage and ODF verification protocols were put in place, albeit with limited success. Over-reporting was one flipside of the unparalleled ambition of the Swachh Bharat Mission.

For the rural Swachh Bharat Mission (2014-2019), the total investment planned was 22 billion USD, 90% of which came from the Indian government budget and the rest from development partners. Of the total investment, 8% was allocated for capacity building and behaviour change. That represents 18 USD per unserved household. Poor, unserved households received 167 USD as a post-construction subsidy.

1.3.3 The National ODF Kenya 2020 Campaign Framework Kenya

The National ODF Kenya 2020 Campaign Framework was developed to achieve ODF by 2020, considering lessons from previous efforts to eradicate open defecation. In economic terms,

Kenya is estimated to lose KES 27 billion annually due to poor sanitation. Open defecation costs Kenya US$ 88 million per year. The Government of Kenya initiated a nationwide CLTS campaign to end open defecation. A clear ODF Rural Kenya Roadmap 2011-2013 was developed to achieve the goal of a 100% ODF Kenya by 2013. This was partly also to accelerate the achievement of MDG 7 (b) which the country has largely missed. However, by the end of the period, out of total of 59,915 villages in the country, a dismal 1,273 (2%) had been ODF certified. Apart from the burden of sickness and death, inadequate sanitation threatens to contaminate Kenya's water sources and undermine human dignity.

The ODF Rural Kenya Roadmap was guided by the National Environmental Sanitation and Hygiene Strategy 2010-2014 and the National Environmental Sanitation and Hygiene policy 2007. The environment within which the campaign was designed however, fundamentally changed in the new context of devolved government after the constitution was revised in 2010. As a result, even though the campaign had an overall aim to eradicate open defecation in rural Kenya by the end of 2013, there has been no significant progress in the implementation of the activities envisaged.

It is believed that the National ODF Kenya 2020 Campaign Framework has taken the lessons learnt from the previous campaign to achieve the ODF Kenya 2020 target by devolving the implementation modality to the county level and utilizing the basic principles CLTSH, and considerable progress is now being made.

1.3.4 Making Nigeria Open Defecation Free by 2025 – A National Road Map

Recognizing the public health risks of open defecation, the National Council on Water Resources at the 2014 council meeting recommended the development of an Open Defecation Free (ODF) Roadmap for Nigeria. The ODF Roadmap clearly articulated the strategies, plans and investments needed to eliminate open defecation by 2025. Achieving an ODF environment implies having access to toilets, not only in the communities, but also within schools, health centers, markets and other public places.

The development of the road map considered the following lessons learnt from past efforts and problems associated with slow progress in sanitation coverage, based on several studies carried out by the Government, UNICEF, Water Aid and others to understand the various aspects of the problem.

- Low political and financial commitments
- Inappropriate technology options to meet the needs of various geo-physical conditions like loose and collapsible soils, high ground water level, flooded area, rocky terrain
- Lack of appropriate tools and methodologies for social mobilization, advocacy, demand generation and behaviour change
- Inadequate skilled facilitators for effective scaling up of CLTS

- Lack of harmonization across many policies, implementation guidelines and tools for sanitation management

The lessons from the implementation of ODF campaigns in India, Kenya, and Nigeria indicate that the following aspects should be seriously considered:

- Leadership from highest level
- Focus on behavioral change
- ODF as an assignment for all
- Institutional coordination
- Introduction of appropriate, affordable and hence sustainable technologies
- Consistent application of CLTSH
- Monitoring and evaluation that focuses on outcome
- Strict post ODF monitoring and supervision

Thus, considering the lessons both from local and international practice of ODF initiatives, this National ODF Ethiopia Campaign 2024 - Campaign Framework Document is developed. The methods and strategies are outlined in the sections ahead.

2 RATIONALES AND OBJECTIVE OF ODF ETHIOPIA 2024

2.1 Rationale

The above sections show mixed realities with regards to the sanitation situation in Ethiopia. Transformative actions should be taken to bring the sanitation sector forward and sustainably improve the behaviours and health status of rural and urban population. Some of the salient features that reflect the paradoxes in the sanitation sector are:

- 22% of the population equivalent to 23 million people still practice open defecation.
- Only 25% of kebeles are certified as ODF
- Though there is an increase in latrine coverage, most are traditional latrines that do not effectively prevent human contact with feces.
- There are challenges and drawbacks in implementation of CLTSH and sustainable behavioral change.
- Less focus on sanitation than water in OWNP
- There is clear lack of coordination between ministries, bureaus and different levels of government
- There is a lack of data and inconsistencies and discrepancies
- Slow progress in basic sanitation achievement, still only 7% of the population have access to improved sanitation

It is clear that basic sanitation interventions to date, expected to be the cornerstone of creating healthy and productive citizens both in rural and urban areas, have suffered problems and require immediate action to accelerate coverage. Otherwise, the progress towards ODF may be reversed in a short period and the benefits of basic sanitation will not be attained. Hence the following vision, mission and objective are proposed for the ODF – 2024 Ethiopia Campaign.

2.2 Vision

The Vision of the National ODF Campaign Ethiopia 2024 is to see "TSEDU-Ethiopia" – "Clean-Ethiopia" – where citizens enjoy a prosperous life with dignity. ***TSEDU – Ethiopia has a double meaning. In Amharic it means "Clean Ethiopia" while in English it represents*** "**T**otal **S**anitation to **E**nd open **D**efecation and **U**rination – **E**thiopia.

2.3 Mission

The Mission of the National ODF Campaign Ethiopia 2024 is to mobilize all stakeholders and required resources from the Government of the Federal Democratic Republic of Ethiopia, regional governments, public and private institutions, civil societies and NGOs, and bilateral and international partners to achieve the Clean Ethiopia vision. This will be achieved by bringing sustainable behavioural change and introduction of at least basic sanitation infrastructure at

household, communal and institutional levels, thereby creating ODF kebeles throughout the nation to ensure a healthy life with dignity for all Ethiopians by 2024.

2.4 Objective

The overall campaign objective is to eliminate open defecation and declare all woredas and Ethiopia ODF by the end of 2024. The specific objectives of the campaign are to:

- Achieve at least sustained basic sanitation infrastructure and hygiene behavior changes to declare kebeles, woredas, regions and the nation as a whole as ODF and sustain ODF status over time.
- Achieve sustainable behavioral change that would ensure utilization of basic sanitation and in time transform to safely managed toilets
- Focus on post ODF sustainability

2.5 Scope

The overall campaign objective is to eliminate open defecation and declare ODF by the end of 2024. The scope of the campaign includes, but is not limited, to:

- Sanitation refers to human excreta disposal and includes sanitary and hygiene infrastructures (e.g. latrines, MHM facilities); material needed for the proper operation and use of the structures (e.g. water, soap); fecal sludge management services and the human behaviour and attitudes relating to excreta and its disposal.
- Rural areas including both agrarian households and pastoralist settlements, public institutions like educational and health facilities, administrative offices, community centers, religious institutions, places of worship and private institutions
- Urban areas including residential households, public facilities such as offices, schools, health facilities, parks, sport centers, cinemas, religious institutions, commercial areas
- Tourist attraction areas both historical and natural
- Transport hubs including bus stations, train stations and regional highways

2.6 Key Tasks

The key tasks that should be accomplished to achieve the general and specific objectives and fulfill the scope of the ODF Ethiopia 2024 campaign are the following:

- Collect baseline data on sanitation, current behaviours, and open defecation status
- Review the enabling environment and make appropriate recommendations to improve this
- Conduct formative research to understand the determinants of behaviours, motivational drivers, and barriers for sanitation behavioural change, and pinpoint the key communication touch points
- Estimate budget and set financing requirements.

- Design an attractive, surprising and innovative behaviour change intervention package to change sanitation and hygiene behaviours and sustain them towards achieving ODF targets
- Mobilize stakeholders to support one national campaign to eliminate open defecation
- Resource mobilization to fund the ODF campaign
- Build the capacity of principal staff stakeholders across all responsible ministries, departments and agencies including academic institutions and vocational technical training centres
- Strengthen the enabling environment to allow for active participation of the private sector and civil society in the provision of sanitation services and infrastructure
- Ensure supply of appropriate sanitation products and services
- Strengthen research and development of the WASH sector. Document and share learnings from nationwide sanitation and hygiene sustainable behaviour change campaign
- Monitor and evaluate performance of kebeles towards ODF and certify and declare if the kebele is ODF through study
- Devise feasible implementation arrangements and sustainability measures such as monitoring and evaluation mechanisms, process documentation and learning and knowledge management

3 ENABLING ENVIRONMENT

Ethiopia has been trying to improve the sanitation situation for more than 100 years. The framework of the WASH sector in Ethiopia is enshrined in the Constitution of the Federal Democratic Republic of Ethiopia and is supported by sector policies, strategies, programs and projects that bring WASH services down to communities in rural and urban areas. There are also a number of proclamations. One of the earliest was that of Emperor Menilik who set out a proclamation that prohibits open defecation on November 5-1905 (Tikemt 25/ 1898 E.C.). The regulation mentioned that anyone who is not using a latrine and open defecating shall pay a fine that will be a salary for those controlling the implementation of this proclamation.

The recent enabling environments, beginning with the Constitution, are presented briefly in the following sections.

- **Constitution:** The Constitution of the Federal Democratic Republic of Ethiopia has set the corner stone with regard to development and environmental issues which includes water supply and sanitation. Development and environmental issues are addressed under articles 43, 44, 90 and 92 of the Constitution. In Article 43 under the Right to Development, sub-article 1, states "The People of Ethiopia have… the right to improved living standards and sustainable development". In article 92, environmental objectives of the Constitution are enumerated in four sub-articles. It is stated that the Ethiopian Government shall ensure that all Ethiopians live in a clean and healthy environment.

- **Policies:** There are a number of policies that address various aspects of WASH. One of the major gaps in the Ethiopian WASH sector is there is no comprehensive sanitation policy. Sanitation is partially addressed in the water resources management, health and urban development policies.

- **Strategies:** The various sector policies have their own strategies to guide the implementation of programs and projects to achieve sector specific goals. The MoWIE and MoH have distinct subsector specific strategies addressing sanitation issues. The National Water Sector Strategy of Ethiopia (MoWR, 2002) and Urban Wastewater Management Strategy (MoWIE, 2017) are the main strategies that address sanitation issues. Similarly, the MoH has the National Hygiene and Environmental Health Strategy (2016) and Integrated Urban Sanitation and Hygiene Strategy (2017). Both ministries address sanitation.

- **Proclamations:** There is no one proclamation that directly gives the power and duties of implementing sanitation programs while also forming executive organs of FDRE. Some of the proclamations that are relevant to sanitation directly or indirectly are:

    - Proclamation no. 691/2010 : Definition of powers and duties of the executive organs of FDRE (Oct. 27/2010)
    - Proclamation No. 200/2000 : Public Health Proclamation (March 9, 2000)

In these proclamations, regarding the sanitation supervision and standard setting role, some aspects of sanitation are given to MoH like water quality and waste disposal restrictions. However neither of the proclamations clearly mentions which ministry – MoWIE or MOH – is responsible for sanitation. Moreover, the absence of a budget item for sanitation in the treasury and banks is the result of the absence of such proclamations. This needs to be addressed to clearly identify the executive organs who have the power and duty of implementing sanitation programs and projects.

- **Regulations:** These are guidance for implementation of proclamations. With the recent reorganization of executive organs, a new commission – Water Development Commission (WDC) – has been given a mandate to facilitate, supervise and implement water supply, sanitation and hygiene programs and projects for both urban and rural areas under - Regulation No. 442/2018: Definition of the Power and Duties of Water Development Commission (Dec. 25/2018). As WDC is accountable to and formed under MoWIE, both MoWIE and MoH should play major roles in the implementation of ODF campaign.

- **Manuals and Guidelines:** For sanitation program implementation, MoH and other sectors have developed different guidelines and manuals for households, community, health work forces, and stakeholders. The following are among the manuals and guidelines developed for Sanitation/Latrines program:

  - Hygiene and Sanitation Communication Guideline
  - Sanitation Marketing Guideline
  - Post Triggering and ODF Manual
  - Latrine Technology Options Manual
  - CLTSH Implementation Manual
  - CLTSH Training Guideline
  - ODF Certification and Verification Protocol
  - ODF Verification Team Organization and Follow-up Manual
  - CLTSH Integrated Refresher Training Manual for Health Extension Workers

- **Plans, Programs and Projects:** There are a number of plans, programs and projects aimed at transforming the WASH sector. These fall under the ONEWASH National Program (OWNP) which includes both urban and rural WASH and is led by the Growth and Transformation Plan (GTPs). The programs and projects within ONEWASH are being implemented by the various ministries that are members of the OWNP steering committee which is chaired by MoWIE. Rural and pastoral WASH, Urban WASH, Climate-Resilient WASH (CR-WASH) and Institutional WASH (focusing on educational and health facilities) are the components of the Phase II OWNP. Moreover, a cross-cutting capacity building component targets filling the human and institutional capacity gaps in the sector including program management. The OWNP Phase II program has an estimated budget of US$6.6 billion, with a budget allocation of the various components as shown in figure 3.1.

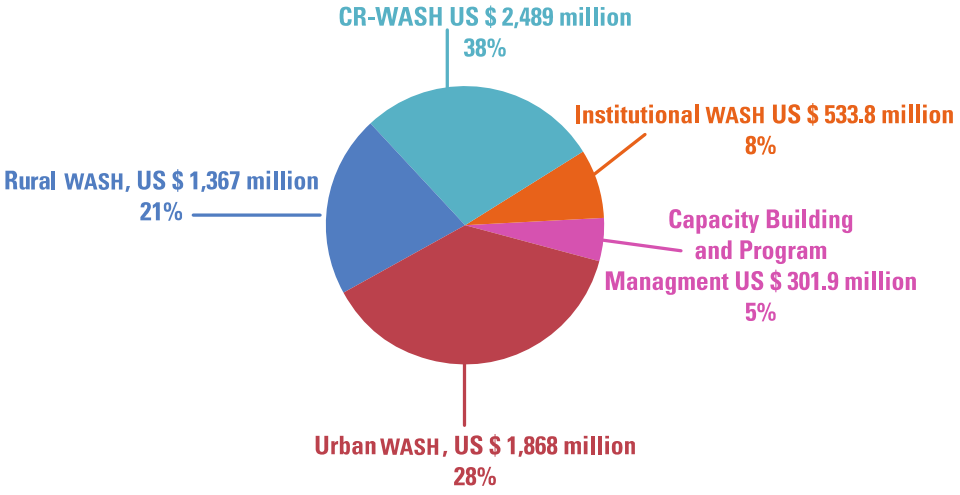


Figure 3.1: OWNP Phase II by WASH component budget distribution (Total US$ 6558.9 million)

The Health Extension Program is one of the pioneer programs that Ethiopia has developed and implemented, and it has achieved remarkable results in the health sector since 2007. For this, MoH has deployed nearly 40,000 health extension workers (HEWs) in rural and urban communities in which each HEW is responsible for 500 households. The program has 18 packages to be implemented within households, communities, schools and youth centers. Out of the 18 packages, 7 packages are part of the hygiene and environmental sanitation program. These are:

- Construction and utilization of latrines
- Healthy housing conditions (separate animal pens, use of smokeless stove)
- Household solid waste management
- Household liquid waste management
- Household water treatment and safe storage practices
- Vector and rodent control
- Household food hygiene and safety

In summary, with regards to the enabling environment for sanitation in general and eliminating OD in particular, there is no one comprehensive sanitation policy, with sanitation issues addressed piecemeal across water and health policies and in a number of proclamations. Recently, specific regulation that established the Water Development Commission has clearly given the responsibility of coordinating and implementing water supply and sanitation programs and projects to the Commission. Otherwise the issue of sanitation is the responsibility of many institutions, which requires strong integration. Thus, to achieve ODF 2024 an integrated intervention that involves all stakeholders down to the community level is required.

4 ODF Ethiopia 2024 Campaign

4.1 General

The proposed National Campaign to Achieve Universal ODF is a national sanitation agenda aimed at creating a clean Ethiopia by the end of 2024. Thus, active participation from all citizens, federal and regional institutions, public and private stakeholders, NGOs, Community Based Organizations (CBOs), media, celebrities and others is required.

Moreover, the campaign should be spearheaded by top political leadership and needs to be a national priority agenda. The lessons from India and other countries noted in section 1.3 are examples that indicate the need for leadership commitment at all levels, bringing in comprehensive behavioural change and active participation of grassroots communities from the beginning.

4.1.1 Inception phase of the campaign

The main purpose of this phase is to create an enabling environment for the upcoming implementation phase of the campaign. The following major activities will be carried out utilizing specified methodologies:

- Baseline assessment and identifying gaps
- Develop a monitoring system
- Identify leading, partner and collaborating stakeholders based on their primary mandates and responsibilities which will lead to the establishment of a steering committee.
- Preparing awareness creation workshops to determine duties and responsibilities of each stakeholder at national, regional, zonal, woreda and kebele level and also at key, influential institutions
- Conduct formative research to understand the determinants, motives, barriers and touch points for key sanitation and hygiene behaviours
- Design a sustainable behaviour change campaign package through a creative process mobilizing a multidisciplinary team including government personnel, subject experts, creatives (artists, designers, social marketing, production, script writing and communications experts) and other relevant stakeholders. The detailed implementation guideline will also be developed during this implementation phase.
- Organize fund raising events through various means from different sources
- Organize key human resource that will supervise and monitor the day to day activities and carry out periodic evaluations

Moreover, during the mobilization phase, standard documents for project implementation, budget plan and detailed strategies will be prepared.

4.1.2 Implementation Phase Components of the Campaign

For the proposed campaign, the following five main components are expected to be undertaken. All the components shall have proper implementation mechanisms with essential budget to ensure sustainability.

- Advocacy

- Sustainable Behaviour Change Campaign
- Sanitation/Latrine Products and Service Provisions
- Capacity Building and
- Resource Mobilization

4.2 Advocacy

Effective advocacy is one of the important components of a successful ODF campaign. It is an interactive, evidence-based, consultative process that uses communication to promote and facilitate behavior change.

Moreover, advocacy is used to raise resources as well as political and social leadership commitment to develop actions and goals. It addresses different audiences at national and regional levels and may include policy makers, program managers, media, opinion leaders, youth, academia, and the private sector.

Evidence-based advocacy communication shall be used to influence key actors including donors and secure support to translate commitments into concrete actions. This can be achieved through different advocacy activities such as one to one meeting, sensitization workshops, field visits, and conferences. Such efforts will also pave the way for public-private partnerships in the sanitation sector.

4.3 Sustainable Behaviour Change Campaign (SBCC)

4.3.1 Description

Changing behaviour requires innovative and novel approaches in the right context, otherwise it can be a difficult and complex undertaking. The commonly known, traditional promotion programmes often focus on educating people about health, germs and disease using leaflets, posters and messaging only. However, such approaches rarely result in positive, sustained behaviour change as they fail to account for the fundamental role of broader structural determinants. These include, cultural or social norms, environmental constraints, such as access to facilities and products, and emotional aspects such as increasing status and ensuring comfort.

There is mounting evidence that shows that research-based behaviour change interventions using emotional triggers such as nurture, status, disgust and, affiliation, and change in behavioural settings (through the placement of visual cues, nudges and behavioural products) are much more successful in improving sanitation behaviours. Ethiopia has also learned that, interventions only focusing on disgust, shame and fear in sanitation promotion, with limited community awareness raising, are unable to deliver improved sanitation and sustain behaviour change.

Global evidence and in-country learnings show that for behaviour change to occur, people need to be motivated, but also need access to various sanitation products such as different sanitation/latrine and handwashing facility options. They also need emotional incentives and rewards for practicing good behaviours to translate these into routine habits. Inspirationally-branded behaviour change campaigns that are designed based on evidence through a creative process, and implemented through an existing mechanism, are better able to reach target

populations multiple times and achieve good progress. This government-led 'ODF by 2024" initiative aims to use global and national experiences to create an evidence-based behaviour change intervention package which will be implemented using novel approaches and modalities at a national scale. The success of the programme will be evaluated at all level.

4.3.2 Objective of SBCC

The overall objective of the behaviour change components of the campaign will be to "achieve sustained and healthy sanitation and hygiene behavior among all communities in Ethiopia by 2024." This will contribute towards achieving the national "Open Defecation Free-ODF" goal in Ethiopia by 2024 and contribute towards achieving improved health and dignity for Ethiopian people.

4.3.3 Focus of SBCC

The sustainable behaviour change (BCC) components of the campaign will primarily focus on sanitation/latrine and hygiene behaviors such as: i) family members building and using a clean toilet, ii) handwashing with soap at critical times, and iii) safe water collection, proper storage and households water treatment. The secondary behaviours will include iv) food hygiene (thorough cooking, re-heating, proper storage and cleanliness of serving utensils) and v) face washing.

4.3.4 Expected Behaviour change:

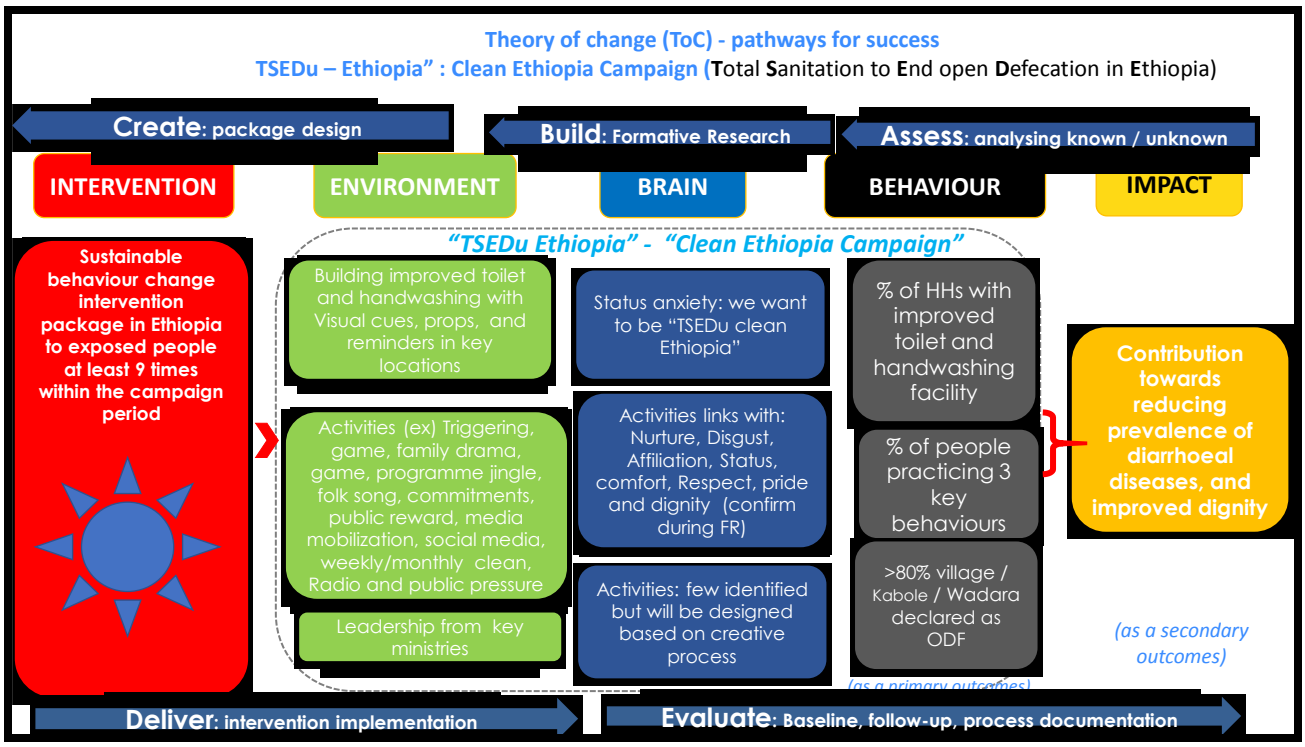
Improved sanitation facilities and hygiene behaviors resulting in sustained ODF over time. This will be achieved through:

- Building improved toilets and handwashing facilities with soap and water in each household, and in public locations
- People using clean toilets (by all family members and in public locations) at all times
- People practicing handwashing with soap and water at critical moments
- People practicing proper water storage using a lid and treating drinking water at the household level

Verification will be done according to expected outcomes before declaring ODF. To be an ODF community, key expected outcomes have to be met.

4.3.5 Pathways to achieve behavior change

The behavior change interventions will be designed through a creative process based on evidence from formative research. The intervention will be implemented to sufficiently reach target populations multiple times during implementation. The intervention will focus on motivating people; changing environments through the placement of facilities with visual cues; nudges and reminders through market-based approaches; and creation of social desire to practice key sanitation and hygiene behaviors. The behavior change campaign will directly contribute to achieving sustained sanitation and hygiene behavior change and achieving the national ODF goal by 2024. It will also contribute towards improving health and enhancing the dignity of Ethiopian people. In order to achieve this, the following scope of work is envisioned:



4.3.6 Scope of the SBCC

The sustainable behavior change campaign will have the following four key component:

- **Task 1- Assess behaviour and conduct of formative research:**

  Review available research and conduct formative research to understand the behavioral determinants, motivational drivers, barriers, touch points, willingness and ability to pay, and social and cultural power relations, norms and traditions relating to focused sanitation and hygiene behaviours. Assess the institutional structures and capacities to deliver behaviour change interventions at various level within different ministries. Findings from the research review and formative research will be used to generate evidence to inform the re-design of the sustainable behaviour change intervention. This stage will take approximately three months.

- **Task 2- Review and re-design of comprehensive yet innovative behaviour change intervention package:**

  A creative process will be commissioned to review and re-design the behaviour change intervention package using formative research findings and existing packages. A multi-disciplinary team comprising of behavior change experts, subject experts, creatives (social marketing experts, artists, designers, and script writers), relevant civil society organizations (CSOs), and representatives from key ministries will be involved. The team will firstly review any existing sanitation and hygiene packages (such as CLTSH package) and use new findings from the formative research to review and re-design the intervention package. This process will make the intervention innovative and surprising, addressing peoples' motivations and challenging barriers for sanitation facilities and key hygiene behaviors. A range of behavior change promotional activities and tools will be re-designed for different target populations in various settings such as households, communities, schools, healthcare settings, public institutions and policy settings. The

intervention package will be designed using emotional motivation to address the current barriers, and will be socially and culturally appropriate so that the intervention will achieve ODF and sustained behavior change at scale.

The intervention package components will include activities, materials and tools in order to change peoples' mindset through motivation. Key motivational drivers such as status, pride, comfort, disgust, and emotions, identified through research and assessments, will be used to introduce new behavioral rules and habits. To make sure there is a supportive environment in place for improving sanitation facilities and products, the various sanitation technological options, including handwashing facilities, will be available for people to choose the most appropriate products. Various visual cues, nudges and reminders will be placed in key locations to reinforce sanitation and hygiene behaviours. Together, the intervention activities and tools create shared inspiration and desire to achieve collective behavior change through public demonstration of good sanitation and hygiene behaviors. They make sanitation and hygiene behaviours part of the new societal norms necessary to achieve "TSEDU-Ethiopia".

This BCC intervention package will include a range of participatory activities like triggering using status and disgust motives, games, competitions, public pledging events, and emotional demonstration activities to embed social practices and challenge cultural barriers. The package will also have some takeaway materials for people in order to reinforce sanitation and hygiene behaviors at home. The intervention package will be branded with its own campaign logo and linked to the central goal of "ጽዱኢትዮጵያ-Clean Ethiopia." The final package will be pre-tested in a few locations and translated into a few key local languages before being produced for implementation at scale. Together with campaign activities, tools and materials, there will be program guideline / session plan to conduct the intervention as designed across Ethiopia maintaining fidelity. SBC intervention package to be developed targeting to household / communities, schools and health care center and public institutions. Alongside the promotional campaign, sanitation marketing will be in placed

- **Task 3- Implementation settings and target group identification:** The sustainable behaviors change (SBC) intervention will be implemented at various settings targeting to the following populations:

  Village/Community: At the community and household level, men, women, children, and people with disabilities will be targeted. This will also include the local Women Development Army. Behavior Change promotion campaign activities (including triggering) will be done at this level. Community self- assessment tools will be developed and practiced.

  Kebele Level: Kebele level targeting to schools (school students, teachers), healthcare facilities (healthcare care staffs), pubic institutions/public administration (government admin staffs, leaders, community managers and market places). Behavior Change promotion campaign activities (including triggering) and verification of ODF, supervision and monitoring will be done at this level. An independent verification body will be created at this level.

Woreda level: Woreda level targeting to Woreda administration and all Kebele. At this level, the verification of ODF, and supervision and monitoring will be done.

Small towns: Town level targeting to people including town administration. Behavior Change promotion campaign activities (including triggering) and verification of ODF, supervision and monitoring will be done at this level..

- **Task 4- Preparation of Implementation modality:** The sustainable behaviour change campaign will be implemented using three key modalities – all-inclusive and all mandatory:

  Campaign modality: SBC will be implemented at national scale focusing on regional, zonal, woreda, kebele and village level (community level) to reach wider target population in a specific timeframe. The campaign will be launched at a specific time, and an intensive mobilization will be done within this specific timeframe from local level to national level using the intervention package. The target population will be exposed multiple times (6-9 times within a year) using different activities but reinforcing the same sanitation and key hygiene behaviours. Specific messaging will be developed for different community groups, especially pastoralist groups.

  Integration modality: Sustainable behaviorur change intervention package will be integrated into ongoing health program (child health, nutrition, immunization, management of childhood illness), education (school program), agriculture program, women development program as well as private sector to ensure sustainable delivery over time. The developed package will be delivered through the ongoing health, nutrition, education and other programming so that it will act as routine delivery mechanism to ensure sustainable results. Integration modality will offer natural touch points to expose target population multiples times and offers a platform to motive people to build sanitation, handwashing facilities and practice key hygiene behaviours.

  Mainstreaming/comprehensive modality: Sustainable behaviour change program will also be delivered through any ongoing water supply and sanitation programs implemented by government (MOWIE, MOH, MoE, MoFED), CSO, donors to maximize the impact. The same package will be implemented by each of the implementing agencies. This will maximise the benefits of current investment on sanitation and water.

- **Campaign Identify - Campaign name (moto) and center inspiration:**
  The campaign will be called as "TSEDU-Ethiopia" Campaign (Clean Ethiopia Campaign) **TSEDU** Means: **T**otal Sanitation to **E**nd open **D**efecation and **U**rination in Ethiopia, "ጽዱኢትዮጵያ"in Amharic means clean-Ethiopia**.** The campaign will have its own identity with separate program logo and color branding.

- **Total number of exposures with SBC intervention by primary target population:** A total of six to nine exposure is expected with the SBC intervention during the campaign period as follows:

Table 4-1: Number of exposures for sustainable behavior change

Behavior Change promotion and initial triggering	Behavior Change promotion after initial triggering	ODF Declaration	Sustainable reinforcement of behavior in post ODF period
At least three times Community events and promotional activities using various promotional tools linked with multiple motives (as designed). The technological options for sanitation and handwashing will also be promoted alongside behavior promotion and triggering. Details will be based on the BCC package. *(Note: in the current CLTSH model one event is happening only using disgust and fear motives.)*	**At least three times** Community events and household visits for continuous behaviour promotion, and market place product placements. Details will be based on BCC package. *(Note: in the current CLTSH model, only one event is happening)*	**One event** A celebration, for public recognition and to affirm social pride in building improved toilets and handwashing facilities and not defecating in the open. Details will be based on package.	**At least two events** Community events and household visits for continuous reinforcement of key behaviors for toilet use, cleanliness and practices. Public pledging and reinforcement will be continued in this period. Monitoring will also be done by an independent body and necessary feedback will be offered at this stage. The sanitation marketing will be positioned alongside the promotion to continuously move families and communities up the sanitation ladder. Details will be based on BCC package. *(Note: in the current CLTSH model, there is no event happening)*

Note: the continuous promotion will be done through the integration and mainstreaming modality after 2024.

4.3.7 Implementation approaches of the SBCC:

The ongoing Community-led total sanitation and hygiene (CLTSH) approach will be significantly modified. The package will be reviewed and re-designed as previously mentioned. The new approach will have elements of community triggering and verification, but will largely focus on behaviour change promotion with added number of exposures at various stages of campaign implementation phase. The shift in the package will be as follows:

Table 4-2: The new approach to sustainable behavior change promotion

Current CLTSH	New approaches: **Sustainable Behavior Change Promotion**
○ One-time community triggering using disgust, shame and fear motives ○ One post triggering follow-up visit	○ **Motivate people using emotions to practice behaviors:** at least three community events using innovative behavior change intervention package linked with 'status appeal, comfort, nurture, affiliation, disgust motives (other motives might come during formative research) to trigger communities. ○ **Change the environment:** The sanitation and handwashing technological options will be in place alongside the triggering and promotion. People will have the choice to buy sanitation technologies according to their budget which help facilitate behaviour change. As part of the campaign, the designed visual cues, nudges and prompts will be placed in key locations like schools and health centres to reinforce actual behaviours and encourage use of materials. ○ **Create social desire and change social norms:** at least three community events and household visits after initial promotion, including triggering and before declaring ODF. This will include announcement of ODF competition, and reinforcement of behaviors. Closely monitored and verified ODF by independent body. One big event will be conducted to declare ODF with social recognition to village/kebele/woreda and individuals. At least three post ODF events and visits will be done to continuously reinforce healthy behaviours and recognize people's efforts. This will be included in post ODF monitoring.

The package will be implemented using three different modalities (as previously descried):

- Campaign modality
- Integration modality
- Mainstreaming/comprehensive modality

The following indicative activities will be taken into account for implementation of the SBCC

1. **SBC Package Activities:**

   The following are indicative activities for different sessions with more to be designed based on formative research and the creative design process:

   - **Activities linked with nurture, status, and comfort motives such as:** storytelling, role play (child life game), drama, status appeal, games, announcement of clean campaign competitions and public reward and praise.
   - **Activities using disgust and fear motives** such as transact walks, mapping, feces calculation, feces flow diagram, glass of water exercise, and action plan.
   - **Peer to peer mobilization and learning** between children, youth as well as religious and community figures.
   - **Mass mobilization using affiliation motives** such a, use of footballers, celebrities, doctors, teachers, traditional and religious leaders.
   - **Mass media mobilization**: Jingle (song), TV advert, TV spots, broadcasts through FM radio, mobilization of social media such as Facebook, WhatsApp, Telegram and Instagram.

- **Involvement of private sector** in promotion of sustainable BCC as well as sanitation marketing.
- **Mobilization of government systems** with bureaucratic leaders promoting sustainable BCC, linked with the status and performance. Also legal reinforcement where necessary (particularly for declaring and maintaining ODF). This has to be locally decided.
- **Promotion of the campaign** using higher academic institutions, military colleges, police colleges, industrial parks and companies through their service delivery mechanisms.

2. **SBC Capacity Building Activities: to build skills as well as to maintain the fidelity of the campaign, the following capacity building initiative will be undertaken:**
   i) Capacity to deliver SBCC at various levels
      - Master Trainers – central / regional level master trainers
      - Training of Trainers
      - Capacity building training to front line workers (behavior change promotors)
   ii) Technical Capacity Building:
      - At national level
      - Regional
      - Zonal

   Capacity building training, using packages for the front-line sustainable behavior change promoters, will be given for all actors at implementation/triggering and verification level as depicted in the following table.

Table 4-3: Sustainable behavior changes implementation and verification levels

Implementers at different levels of the campaign	Verification at different level of the campaign
Implementers **–**This group is also responsible for triggering at Village/ Community: 6-7 people ▪ *Health Extension Workers* ▪ *Agriculture Extension Workers* ▪ *School teachers* ▪ *Women Development Agent* ▪ *Religious Leader* ▪ *WaSHCO* ▪ *Water Sector Workers*	**Verification at Kebele Level** ▪ *CLTSH team (Implementers for triggering)* ▪ *Kebele Cluster health head* ▪ *Kebele Administration head* ▪ *PHU director* ▪ *School Directors* ▪ *Women Coordinator (from Woreda Women Affairs)* ▪ *Water Sector Workers*
Triggering at Town Level ▪ *Urban Health Extension Professional* ▪ *Expert from Town water utility*	**Verification at Wereda/Town Level** ▪ *Woreda Health Head* ▪ *Woreda Water Office Head*

▪ *School (s) WASH club focal person (s)* ▪ *Private Sector representative (s)* ▪ *Kebele representatives within the town* ▪ *Town Women Affairs*	▪ *Woreda Education Head* ▪ *Woreda Women Affair's representative* ▪ *Woreda Administration representative* ▪ *One CSO representative*

3. **Coordination Mechanism:**

National Coordination: The following team composition is required for SBC:

- Behavior Change Technical Team (Representatives from MoWIE, MoH, MoE, CSOs, DP, Communication Affairs office, and Technical Experts) to oversee the following responsibilities.

Responsibility:

- Lead the national BCC campaign, plan formative research, undertake baseline assessments, campaign design, implementation and evaluation components.
- Production of BCC package, oversight on production of package, and supply and capacity building at various level.
- Monitor the ongoing implementation of the BCC

Regional Coordination: Similar sectors in line with the national BCC team

- Capacity building
- Supply and ensuring timely availability of packages

Woreda/Town Level Coordination: Similar to the regional sectors

- Supportive monitoring and evaluation

4.3.8 Monitoring and evaluation

The monitoring and evaluation for sustainable behavior change will take place in two stages (i.e. outcome based and process-based evaluation)

Evaluation of Outcomes: This will take place at baseline and end line stages

- Structured observation: actual behaviours including use of sanitation facilities
- Spot check (supervision checklist): actual availability of sanitation facilities, handwashing facilities with soap and water, and other behavioural products
- Reported: Social norms, level of understanding related to key behaviours

Evaluation of the Process: The continuum of the BCC will be evaluated based on:

- How many people did the campaign reach?
- What factors contributed to the campaign's success and challenges
- What worked well and what didn't work well.

- Where program activities completed on time and on budget?
- Review and revise existing monitoring checklist from different ministries.

Indicators (Outcome level):

- Proportion of households with an improved latrine
- Proportion of households which utilize improved latrines properly
- Proportion of households with handwashing facilities with soap and water.
- Proportion of households with improved latrine and handwashing facilities with soap and water (used for ODF declaration).
- Proportion of people practicing handwashing with soap at critical times.
- Proportion of households practicing safe water handling practices.

Higher level indicator for declaration of ODF:

- Number of villages/communities with improved toilet and handwashing facilities with soap and water in every household
- Number of kebeles with improved toilet and handwashing facilities with soap and water in every household and declared as ODF
- Number of woredas with improved toilet and handwashing facilities with soap and water and declared as ODF
- Number of towns with improved toilet and handwashing facilities with soap and water and declared as ODF
- Number of Kebele, districts, regions and zones with ODF status

4.3.9 Timeline:

- **Inception phase – 1 year** (until Dec. 2020): formative research, sustainable behavior change campaign package design and capacity building;
- **Implementation Phase - 4 years (till Dec 2024**): implementation from Jan 2021, 2022, 2023, Dec 2024 and ongoing monitoring throughout the campaign period.

4.4 Sanitation Products and Services

4.4.1 Introduction

Proper supply and use of sanitation products and services is an important component of the open defecation campaign. This section briefly presents latrines technology options together with factors for their selection, suggestions for supply chain strengthening, financing options, capacity building and research interventions. The proposed interventions contribute to the SDG's safely managed sanitation services and address the complete sanitation service chains. The specific objective is to ensure adoption and use of safely managed and inclusive sanitation facilities and services that effectively prevent human contact with feces and ensure environmental protection and sustainability.

4.4.2 Category of intervention areas

For sanitation products and services to be effective, they must take into account the local context which includes settlement type, population density, physical conditions and socio-economic

situations. The possible intervention areas can be classified into different types based on the settlement density, accessibility and other factors as presented below.

In establishing the strategies for delivery of effective infrastructure and services, the need for detailed contextual analysis cannot be overemphasized. Through the use of such tools as the formative research which is heavily employed in the design of the Social and Behaviour Change Communication (SBCC) component of this roadmap, analysis and profiling of the different communities at the woreda level will be carried out. This analysis will help with profiling and categorization of the communities and based on the categories the most appropriate approaches and options for promoting access to improved access will be determined. Broadly this categorization will follow the OECD classification (https://www.oecd.org/rural/rural-development-conference/documents/New-Rural-Policy.pdf) and as suggested in the Guidance on Rural Sanitation programming jointly produced by WaterAid, UNICEF and Plan International (https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/guidance-on-programming-for-rural-sanitation.pdf) indicates that there are three main typologies of rural communities. The intervention areas can be broadly categorized into rural, urban and difficult areas which in turn have further subdivisions.

Rural areas

In general, rural areas have low population density, inadequate infrastructure and services and depend on agricultural activities for livelihoods and sustenance. As mentioned above they often are categorized into three classes: remote, on road and mixed rural areas.

- **Rural remote**: These are villages that are far from urban settlements and major transport routes with very low population density, primary agricultural livelihood, very low market for sanitation products and services, low affordability and lack of alternative financing options.
- **Rural on road**: These are small communities that are connected to rural centers and have the following key characteristics: accessible by all-weather roads, low population density, agricultural livelihoods, low availability of market for sanitation products and services, low affordability, and limited financing options.
- **Rural mixed**: These are large rural growth centers and peri-urban areas that have paved roads, medium population density, mixed livelihoods, accommodations for rent, medium availability of market for sanitation products and services, low to medium affordability and low options for sanitation financing.

Urban areas

In Ethiopia there are more than 900 urban centers of which the majority are small towns. The urban centers can further be categorized into five classes based on population size: small, medium, large, mega towns and metropolitan city.

- **Small towns:** More than 85% of the urban centers in Ethiopia are small towns with populations less than 20,000. They are too big for rural solutions and too small for conventional urban solutions. Small towns have the following typical features: high level of poverty, accessible with all-weather road, medium population density, mixed livelihoods, medium availability of land and market for sanitation products and services,

low availability of water supply, low to medium affordability and medium financing options.

- **Medium towns:** These are urban centers with a population between 20,000 and 50,000 people and the following typical features: paved roads, medium to high population density, mixed livelihoods, medium rented accommodation, medium availability of water supply, high market reach, medium availability of market for products and services, medium affordability and increased financing options.
- **Large towns:** Large towns with a population in the range of 50,000 to 100,000 represent about 2% of the urban centers in Ethiopia. They have the following typical features: paved roads, high population density, mixed livelihoods, high rented accommodation, medium to high availability of water supply, high market reach, medium availability of market for products and services, medium affordability and better options for financing.
- **Mega towns:** Mega towns with population in the range of 100,000 to 1,000,000 represent about 1% of the urban centers in Ethiopia. Regional capitals and commercial towns are found in this category. They are characterized by availability of connected paved roads, high population density, mixed livelihoods, high rented accommodation, medium to high availability of water supply, high market reach, high market for sanitation products and services, medium affordability and increased options for financial services.
- **Metropolitan cities:** These are cities with population more than 1,000,000 and so far only Addis Ababa falls in this category. The city is characterized by availability of limited waterborne sanitation systems, unplanned old settlements, high settlement density, reach market for sanitation products and services, high options for financial services and skilled labour.

Difficult areas

The following are considered as difficult areas for implementation and will require very nuanced approaches to providing services for:

- Disaster-prone areas and communities: These are areas that need more resilient facilities and may include flood-prone areas, drought-prone areas and landslide affected areas.
- Areas where refugees or internally displaced people are concentrated
- Settlements in difficult to access areas like islands or mountains, or in sensitive areas prone to conflict
- Pastoral areas where people are accustomed to seasonal movements and do not necessarily live in settled communities for a long time. When considering services to cater for this category, it must also be considered that they may spend a significant amount of time living with settled communities that play host to them.
- Areas that are extremely poor: Subsidies will be given to the bottom 25% of the poorest people in the country, while also investigating affordable microfinancing and loan options.

4.4.3 Technology options

A recent survey in 2017 at household level by the Ministry of Health indicated that more than 70% the population depends on traditional pit latrines with or without slabs (Figure 4.1). Use of

improved toilets such as VIP and flush toilets is very low. A lot must be done to eradicate open defecation and improve service levels through the use of hygienic infrastructures.

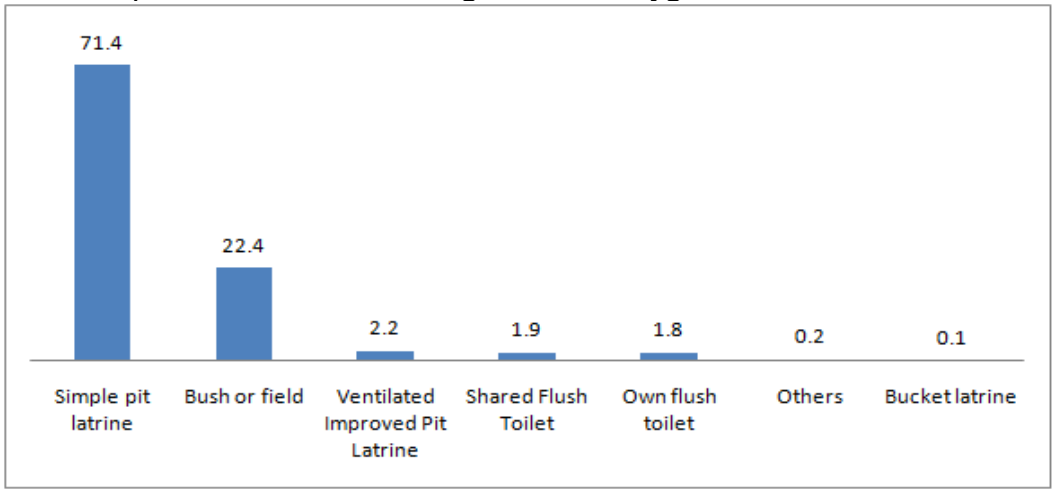


Figure 4.1: Types of latrine facilities in Ethiopia (MoH, 2017)

4.3.3.1. Toilet selection framework

Identification and selection of an appropriate toilet requires the consideration of different factors including affordability, water availability, ground conditions, space availability, social habits and norms, availability of sanitation products and services, ease of transport services and availability of skilled or semi-skilled labour. A brief description of the key factors are presented below.

Affordability: Without compromising the minimum requirements of health and environmental protection and the engineering aspect, the affordability of a toilet should be a priority. To promote low-cost sanitation, local authorities must have a choice regarding material, construction and type of superstructure depending on their financial capacity. It is worth knowing the fraction of income that households may dedicate for sanitation products and services so that feasible technical and financing options will be identified for households to climb up the sanitation ladder.

Aesthetics: The system should be such that it is free from smell, flies and other insects. The superstructure should provide the minimum amount of privacy required through a door and locks, especially for women and girls. The disposal system must be designed so that it does not create any environmental nuisance by way of vector breeding or water logging and bad odors.

Soil and groundwater conditions: On-site sanitation technologies like simple pit latrines, VIP latrines and pour flush toilets with leaching pit require considerations of soil types and characteristics. Soil stability is an important factor for latrines that require deep pits. In unstable soils pits must be lined often to their bases. Soil permeability is also important for these technologies. Consideration of the highest groundwater table is important to determine the appropriate type of toilet and pit depth. While the pit's bottom may be above the water table during the end of rainy season, the pit's liquid contents may seep into the surrounding soil and contaminate the aquifer

Availability of water: Easy access to water is important to consider when selecting a latrine option. Households that select a wet latrine technology option must rely on the continuous supply of running water. If the household has no running water, dry pit latrines are the most appropriate technology options.

Availability of construction materials: Availability of materials like wood, stones and cement for construction of different components of a latrine varies from place to place. Emphasis should be given to the use of locally available materials to make sanitation products and services cost effective. This is highly encouraged in remote rural areas where there is problem of accessibility.

Social customs and habits: Cultural habits and norms influence the type of sanitation products and practices used. Many cultures consider human excreta as a dangerous and unpleasant waste product and do not handle it even when it is fully decomposed. In this instance a final disposal system like a pit latrine would be suitable while ecosan technologies like composting and urine diverting toilets may not be appropriate. Most Ethiopians are not accustomed to the use of biologically degraded fecal matter as a soil conditioner and fertilizer, and people may not feel comfortable touching compost. There are people that prefer a squatting pan rather than a sitting type.

The following chart indicates different toilet technology options together with the different factors. It can be used as a framework to the select the appropriate toilet technology especially in the rural areas.

Factor / Technology	Rural	Peri-urban	Urban	Rocky/hard to dig soil	Loose soil	Low permeability soil	Groundwater level < 2m	Flood-prone area	Low water availability	Limited space availability	Low cost	Ease of construction/maintenance
Arborloo	✓	✓		✓	✓[a]		✓	✓	✓		✓	✓
Fossa-Alterna	✓	✓			✓[a]		✓		✓	✓	✓	
Simple Pit Latrine with lid	✓				✓[a]			✓[c]	✓		✓	✓
Single Pit VIP	✓	✓			✓[a]		✓[c]	✓[c]	✓		✓	✓
Double Pit VIP	✓	✓	✓		✓[a]		✓[c]	✓[c]	✓	✓		
Single pit Pour Flush		✓	✓		✓[a]	✓[b]	✓[d]	✓[c]		✓	✓	✓
Twin Pit Pour Flush		✓	✓		✓[a]	✓[b]	✓[d]	✓[c]				

[a] Yes, if lined [b] Yes, with soakaway [c] Yes, if raised [d] Yes, if raised and with soakaway

4.3.3.2. Sanitation technologies for difficult contexts

Appropriate technologies should be selected for difficult contexts. In areas where there is a rapid influx and concentration of people due to displacement, migration and emergencies, appropriate sanitation technologies and services should be selected and used. The type of technologies to be used may include shallow trench latrines, deep trench latrines, shallow family latrines or container-based toilets depending on the duration of stay and availability of resources. In dry areas where people are accustomed to seasonal movements, technologies that suit this lifestyle should be adopted.

4.3.3.3. Community and Public toilets

Individual household toilets may not be feasible in situations where land availability is a problem or there are areas with high floating population (e.g. markets, religious places, transport stations and corridors, tourist sites, places of seasonal events). The provision of on-site sanitation facilities through community and public toilet complexes may be the most suitable option for such situations.

The type of community toilet will be selected based on the viability and ease of operation and maintenance along with other considerations. Pour flush toilets connected to a septic tank or sewer are recommended for towns that do not have problems with water availability. In towns with poor water supply coverage ventilated improved pit latrines with periodic pit emptying service is proposed. Provision of showers with public toilets is encouraged. One communal toilet block of at least 5 cubicles for 4-5 households is recommended. Public toilet management models that ensure provision of affordable and quality services should be identified and implemented. There have been experiences of involving small and medium enterprises and running other side businesses like coffee services to ensure the sustainability of public toilet management. Community and public toilets shall be accessible, inclusive and meet minimum applicable technical requirements that range from size to availability of handwashing station.

4.3.3.4. Institutional toilets

Schools, health centers and prisons will be provided with adequate and standard sanitation and hygiene facilities that are accessible, functional and clean at all times. Toilets should be cleaned and maintained in a way that they remain hygienic and do not become a center for disease transmission. Institutional toilets shall meet the minimum applicable requirements and have appropriate handwashing and MHM facilities.

4.3.3.5. Guideline for latrine site selection

Getting the location of a latrine right is very important for ensuring the use of the facility, reducing risks to public health and to the environment. Positioning the facility away from adverse environmental conditions like erosion and flooding can enhance the operational life. In selecting a site for a latrine, the location of wells and surface water sources, for example ponds, swamps, creeks, rivers must be clearly established. The following guidelines shall be used for siting of latrines:

- A latrine must not be located over a surface water body and should be at least 30 m from the edge of the floodplain of a surface water body.
- Latrines shall be sited away from trees to prevent obstruction of vent pipes.
- In the selection of soil conditions on which to construct the latrines, avoid (if possible) rocky outcrops, unstable ground conditions and depressions with shallow water table.
- Latrines shall be constructed with adequate drainage to ensure that rain water does not flood the pit.

4.3.3.6. Upgrading of substandard latrines

Most of the exiting latrines are substandard and need improvements which can be done incrementally by focusing on the different components. There is a need to identify the specific problems and feasible type of upgrading as illustrated below.

- Traditional pit latrines may be upgraded to VIP or pour flush toilet technologies depending on the availability of water and consumer preferences.
- An improvement to the ventilation of existing latrines by creating a hole and inserting a PVC pipe that extends at least 300mm into the pit and above the top the latrine roof.
- Depending on the type of existing slab material and the preference of the customer, feasible upgrading/retrofitting interventions can be made to make the slab cleanable and/or comfortable. For instance, wooden slabs may be upgraded to concrete skirting with lean concrete and Satopan.
- Depending on the affordability and availability of materials the walls and roofs of the existing latrines can be upgraded to be more durable, functional and healthy product
- Toilets upgrades must ensure inclusive access consideration look at parameters of accessibility for different demographic categories which may include but not limited to disabled people and children.

4.3.3.7. Pit emptying services

In urban areas where there is no luxury of abandoning on-site sanitation facilities when filled, pit emptying service through manual, semi-mechanical or mechanical methods becomes necessary. Manual pit emptying services is provided by the informal sector in unsafe way and the emptied sludge usually ends in nearby drainage systems and open spaces. Manual pit emptiers do not have the means and capacity to transport the sludge far and safely dispose it. Innovative ways of addressing the missing transport service should be sought. For instance, establishment of subsidized partnership with relevant transport service providers may be tried. The private sector should be highly encouraged to engage in the provision of effective pit-emptying services. Moreover, the informal pit emptying service providers should be supported trained and incentivized to formalize and adopt safe and hygienic practices.

4.3.3.8. Sludge treatment

Safe disposal of excreta collected from toilets is a requirement to ensure good public and environmental health. Although there are some ongoing efforts to improve the fecal sludge

management situation, most towns in Ethiopia do not safely dispose the sludge and the practice of its use as resource is limited. The use of regional wastewater treatment facilities that serve several towns clustered within feasible distance is encouraged to address the immediate needs. Appropriate sludge treatment technologies should be selected based on relevant criteria and use of processes that convert the sludge to useful products is encouraged.

4.3.3.9. Hygiene infrastructure

Hygiene infrastructure and services such as handwashing with soap, MHM facilities and toilet cleaning contribute to safer and sustainable services. It is, therefore, important to design and provide products that enhance hygienic practices within households, institutions and public places. Access to adequate amount of water is required to realize these basic hygiene interventions. Handwashing facilities that store and regulate the flow of water in sufficient quantity should be present in the proximity of latrines and kitchens to ensure handwashing with soap. To the extent possible, schools and health institutions also need to provide adequate and gender sensitive sanitary facilities for menstrual hygiene management, including hygienic waste disposal.

4.3.3.10. Guidance manuals

Guidance manuals are key to the proper and effective production, promotion, installation and use of various sanitation goods and services. In Ethiopia, there are various guidelines and manuals that can be used with or without revision. They include

- Design and construction manual for WASH facilities in health institutions
- On-site Household Latrine Technology Option Planning, Design, and Construction Manual
- MHM policy and implementation guideline
- Integrated Urban Sanitation and Hygiene Strategy Action Plan- Implementation Guidelines
- National Sanitation Marketing Guideline
- Design and construction manual for water supply and sanitation facilities in primary schools in Ethiopia

New guidance manuals will be developed or adapted for effective implementation of the ODF campaign and may include

- Design and construction manual for WaSH facilities in secondary and tertiary schools
- Guidelines for public toilets and community toilets
- Guidelines for Emergency Sanitation Technologies
- Guidelines for toilet technologies in challenging environments
- Guidance manual for upgrading of toilets
- Guidelines for sanitation supply chain management
- Training manuals on sanitation products and services

4.4.4 Strengthening the Supply chain for sanitation products and services

A huge demand for sanitation products and services is expected because of new demands created due to the behaviour change communications of this campaign and existing latent demands resulted from previous CLTSH efforts. It is, therefore, important to ensure availability of effective and efficient supply chain system that responds to the demand for affordable, desirable and useful sanitation products and services. Efforts shall be exerted to achieve this through sanitation marketing that applies the key marketing mixes: Product, Price, Place, Promotion, Policy and Partnerships. Sanitation marketing is considered as a priority initiative under the hygiene and environmental sanitation section of Ethiopia's recent Health Sector Transformation Plan. Effective sanitation marketing can be conducted following the five steps proposed by UNICEF (2015) based on field data from four regions of Ethiopia.

- Identify the existing latrine problems. Dedicated visits to OD hotspot areas and discussions among relevant actors shall be made. Technical and socio-economic problems associated with the selection, design, construction, and use of latrines shall be identified.
- Product design and prototype testing: latrine hardware that are affordable, durable and functional shall be designed to respond to the problems identified in the first step.
- Business model development which is responsive to the requirements of customers and profitable to the seller/producers. The model should address different business aspects that include supply of raw materials, manpower requirements for production, product promotions, delivery and installation of hardware. The model shall ensure sustainability of the business and clearly show the key actors and their roles.
- Sales volumes of products shall be assessed and factors responsible for success and failure shall be identified. Necessary improvements shall be made based on the assessment.
- Development of implementation plan to scale up and sustain production of latrine hardware

The success of sanitation marketing hinges on the active participation of different actors that include the public sector, development partners and the private sector with definite roles and responsibilities.

The public sector includes relevant government agencies from local to national levels that play important roles in the design, coordination and monitoring of sanitation marketing initiatives. Examples of specific roles of the public sector include issuing of supporting policies and regulations, setting and monitoring service standards, certification of sanitation product and service providers, protection of consumers through provision of objective information, facilitation of bulk purchase of products, supporting capacities of different actors, etc. Development partners and NGOs should closely work with the public sector and contribute to the success of sanitation marketing through the provision of relevant technical and financial assistances.

The private sector consists of different actors from local to national scales. It includes actors who are directly involved in the supply of sanitation products and services like raw material suppliers, manufacturers and wholesalers, distributors, masons, pit emptying service providers, financing institutions, etc. It may also include actors that provide supporting services in areas related to research, capacity building and promotional activities.

4.4.4.1 Modalities for strengthening the supply chain

Improved service delivery through public-private partnership

There are success stories in the provision of effective and efficient WASH services through public-private partnerships. Feasible public-private partnership models that offer sanitation services at scale should be identified and implemented. For instance, utilities may establish partnerships with the private sector to improve access to sanitation services in informal settlements.

Development of a catalogue of toilet and hygiene technology options

An illustrated catalogue that contains adequate information on different latrine options and contribute to informed choices by customers shall be prepared. The required information items include: graphical representation, advantages and disadvantages, cost, applicability, construction materials and requirements, and toilet location, proper use and hygiene. The catalogue will introduce people to the various available options for toilets so they can select the one which is financially viable yet technologically sound for their needs. Efforts shall be exerted to promote widespread use of sanitation facilities that contribute to the sanitation targets of the sustainable development agenda. Use of direct consumer contact promotion techniques such as interactive roadshows and product demonstrations are also encouraged.

Design and construction of model toilets

Demonstration latrines shall be designed and constructed in selected areas as part of scaling-up the market for sanitation products and services. Model toilets shall be constructed in areas where accessibility is high and protection is guaranteed. They may be constructed in appropriate locations such as schools, health centers, training centers, local administration offices, homes of ODF promoters and natural leaders, and public areas.

Model toilets designs shall contain engineering drawings with dimensions and material estimates. Different model toilets that suit rural, peri-urban and urban settlements, soil and groundwater conditions and land use types shall be provided. Latrines that are suitable for individual households, densely populated and low-income areas, institutions, and public areas need to be demonstrated.

Establishment of sanitary market centers

Establishment of sanitary market centers is recommended to improve the access to sanitation goods. Creating and strengthening sanitation market centers has also been identified as one of the strategic activities in the Hygiene and Environmental Strategy of Ethiopia. Sanitation market centers are locations where locally manufactured and imported sanitary hardware are sold. They can be opened and operated by unemployed youth groups, MSEs, women organizations, etc. These establishments create job opportunities for several local individuals. The sanitation market centers should have a formal agreement with the local implementing agency that has a responsibility of ensuring the quality of products. Cheaper and good quality materials suitable for the local preference can be produced by the Production Centers. In case production centers

are not established, the sanitation market centers have to make sure that a variety of quality and affordable hardware are available. The government is expected to provide some financial support to centers for construction of sheds and trainings as revolving fund. The revolving fund shall be refunded to the government when the sanitation market center becomes profitable and attains sustainable position. Innovative measures that make the sanitation market center profitable and viable should be identified and implemented.

Enhancing linkages

Efforts shall be exerted to scale-up and sustain the market for sanitation goods and services through effective dialogues and partnerships among relevant stakeholders. Creation of fora that bring businesses and local governments to discuss on issues and solutions related to supply of sanitation products and services is encouraged. Establishment of sanitation market information desk at appropriate levels to serve as a repository and disseminator of relevant market information for all businesses and stakeholders is also recommended.

4.4.5 Financing of sanitation products and services

There are diverse options for financing of sanitation and hygiene products and services. Innovative financing options that target both customers and business enterprises should be identified and used.

In Ethiopia there are formal, semi-formal and informal financial institutions that can be involved in financing sanitation products and services. Formal financing institutions are those that are regulated by the National Bank of Ethiopia and include microfinance institutions (MFIs), banks and insurance companies. MFIs are found in different parts of the country but do not have adequate capital. Availability of formal financial institutions in rural Ethiopia is limited. For this reason, the majority of the rural population relies on the semi-formal or informal financial sector for loan and credit services. Financial institutions in this category include saving and credit cooperatives (SACCOs), Iqqub and Iddir. SACCOs are owned, controlled and financed by members who get loans depending on the amount of their saving deposits. Most SACCOs are found in rural areas and are used to provide loans for agriculture related activities based on the level of saving and collaterals. Though the services of rural SACCOs have been appreciated by the beneficiaries, they have low lending capacity and provide loans for less than a year.

In Ethiopia, informal organizations that provide financial services include Iqqub and Iddir, moneylenders, pawnbrokers, friends and relatives, money keepers and tradesmen. Iqqub and Iddir, are traditional self-help social organizations with limited financial capacities. There are also self-managed Village Saving and Loan Associations (VSLAs) that provide people safe place to save money, access small loans and obtain emergency insurance. A large number of the population gets financial services from the informal sector with or without interest.

Households are encouraged to procure and use sanitation products and services through self-finance. For poor households, alternative financing options that do not distort the market shall be

used, and for the extremely poor (bottom 25%) free provision of sanitation materials will be considered. The local community should actively participate in the identification of households that are eligible for the scheme. Community-based targeting method using relevant criteria is proposed to find and include all eligible households. Possible financing options for poor households include:

- Loans/credits from local financial institutions: The government and development partners should advocate and provide advice so that poor households can obtain loans from formal or informal financial institutions. Business owners are also encouraged to devise ways to sell products and collect their payments through installments.
- Social subsidy: Target households may be allowed to get full or partial subsidy to sanitation products and services through different options that include vouchers, conditional cash transfer or purchase rebates. Development partners and the local government should be involved in the identification and implementation of feasible methods of subsidy.
- Indirect approaches: These may include output based aid, cross-subsidies among consumer segments, community cooperatives and community driven development grants.

4.4.6 Capacity building

Building the capacities of key actors in the sanitation supply chain can successfully contribute to sanitation marketing. The capacity of households to construct and maintain their own toilets should also be developed. Government agencies, development partners, training institutions and the private sector have important roles in the implementation of capacity building activities. Capacity building can be realized through different ways such as design workshops, exposure visits and trainings. Latrine design and construction workshops enable masons and interested households to acquire hands-on skills in the upgrading and installation of appropriate toilet technologies. Arranging experience sharing visits to successful local businesses can allow participants to gain practical knowledge on improved production techniques, business management and improvement skills, and techniques for scaling-up markets.

Tailor-made training packages that address different topics such as the importance of good sanitation and hygiene, business management, financial management, sales and promotion, and technical skills on the production and installation of toilets and hygiene hardware, should be designed and delivered through effective techniques.

4.4.7 Research and development

Applied research that aims to explore existing situations and demands related to sanitation hardware and services are highly encouraged. Higher learning institutions, research centers, development partners and the private sector have a role to play in the realization of problem-solving research. Some examples of possible research and development related interventions include:

- Identification of gaps, limitations and constraints in the existing enabling environment as related to sanitation marketing
- Conduct household consumer and supply chain research to develop appropriate business models and communications

- Product designs that result in cheap, functional and durable sanitation goods and services
- Product testing and piloting
- Innovative financing options for sanitation products and services

4.5 Capacity Building

The detailed capacity building efforts required to ensure the achievement of ODF Ethiopia 2024 within the various programme components are addressed above. The guiding principles of the capacity building endeavor are presented here.

4.5.1 National Capacity Gap Assessment

The first step is to identify the gaps in the sector in order to determine the intervention required to improve the three components of capacities: institutional, human resources and operational system. Terms of reference shall be prepared for the capacity gap assessment which will preferably be undertaken by external assessors.

4.5.2 Capacity Building Framework

Besides a capacity gap assessment report, the major output is a capacity building framework that shall guide the institutional, human resource and system capacity building activities. The framework document shall also indicate who should carry out the capacity building activities in order to create real capacity that can transform the sanitation sector particularly with regards to implementing the ODF campaign.

Moreover, the framework shall consider innovative capacity building approaches and incentives which includes skill development, coaching, refresher training and utilizing online resources.

4.5.3 Experience sharing

There are success and failure stories in achieving ODF status in different parts of the world. A compendium of best practices in rural sanitation shall be prepared by drawing relevant lessons from local and international experiences. This will enhance the success of the campaign and attainment of ODF in short period of time. Lessons should be drawn on different areas such as latrine options, institutional arrangement, capacity building, and sanitation marketing. Thousands of villages in Ethiopia had declared ODF status. Case studies shall be developed based on selected ODF villages as part of the training document. Relevant lessons shall be synthesized and shared to ODF actors. Experiential learning techniques and modalities like rapid action learning and field visits shall also be used. Lessons will be quickly captured and shared through different sector events and platforms to support reiteration of plans and programs and course corrections.

4.6 Fund Mobilization

Financing the water supply and sanitation endeavors of a country contributes to reduction of health risks of infants and ultimately minimizes the costs of healthcare. Diarrhea is the second leading cause of death in Ethiopia but is preventable by improving WASH services. Currently, 22% of the Ethiopian population practices open defection and consequently fecal contamination

is a major concern. The health and subsequent economic losses are high. Yet despite all this little attention is given to sanitation.

To finance the TSEDU-Ethiopia campaign and achieve ODF Ethiopia by 2024, significant investments must be made in different areas of WASH development across the country. The levels of investment required will not only come from the Government of Ethiopia but other sources too. We envisage broad contributions from the private sector and the international development corps including bilateral, multi-lateral institutions and financing mechanisms, and civil society organizations.

Innovative financing mechanisms through foreign direct investments, equity bonds and social impact investment will also be required to broaden the resource base that will underwrite various sanitation initiatives.

The Federal Government: The treasury of FDRE does not have a sanitation budget line and the National Bank of Ethiopia does not recognize sanitation as a sector to benefit from affirmative action. This issue should be addressed in order to facilitate the financing and generation of funds at various levels for the implementation of the ODF campaign. Moreover, the government is expected to allocate a known threshold magnitude for the next five years (2020-2024). This package is uniquely designed by the Government of Ethiopia to support the TSEDU Ethiopia campaign. The Federal Government budget will further be redistributed to regions based on the Open Defecation coverage of each region and their respective ease of accomplishment to meet the preset targets within the stipulated timeframe. The budget will be released based on real accomplishment after verification. The initial startup budget will be distributed to each region based on regional ODF coverage with close performance follow-up by the Ministry of Water, Irrigation and Energy.

The regional governments: Regional governments are expected to allocate counterpart financing, distributed over three years based on the regional coverage of basic sanitation facilities. Each household is expected to own an improved latrine within its premises as soon as possible.

The development partners: The national water supply and sanitation coverage over the past few years has been significantly financed by development partners. The contribution so far is commendable, and it is hoped this will continue at an enhanced scale. It is hoped that the World Bank Group, United Kingdom Department for International Development (DFID), African Development Bank, French Development Agency (AFD), Italian Development Cooperation (IDC), European Investment Bank (EIB), European Union (EU), the Government of Finland, and UNICEF will continue to extend their generous support for sanitation and hygiene.

The NGOs: There are a plethora of local as well as international organizations operating in the areas of water supply, sanitation, hygiene, mother and child care, and nutrition. The Government of Ethiopia is committed to prioritize rural sanitation so that NGO efforts can be integrated to bring about proven outcomes. Thus, all NGOs will be major stakeholders in this national campaign. The contribution in terms of advocacy, social mobilization, capacity development, technology and innovation, and building improved toilets for the poor will be focus areas.

Household Contribution: Each household is expected to cover from 30% up to 100% cost of the respective toilet construction cost. The contribution could be in terms of labor or cash. The bottom 25% low income groups or the poorest of the poor will be fully subsidized by the ODF campaign program. Household Smart Subsidy for those below the poverty line criteria shall be developed based on existing experiences of public safety net program (PSNP).

Religious institutions: As most Ethiopians are religious, religious institutions (churches, mosques and others) will be popular hubs to generate finance and teach followers about sanitation and hygiene. Religious followers are expected to contribute a lot to the success of pro-poor sanitation. All men and women will engage for 3-6 hours labor work each week to build latrine to the poor in the vicinity. Efforts should also be exerted to engage people who are not religious in such initiatives.

Government Institutions: All government institutions will allocate a certain percentage of their annual budget consecutively for five years to support the present campaign. Significant financial and technical supports can also be drawn from nearby universities/colleges of a particular region.

Health centers and Schools: Health institutions are the leading sectors to advocate and finance the campaign. School children will devote 2 hours per week to participate in sanitation clubs around their school premises and support the nearby village pro-poor while constructing toilets.

Private Sectors and Businesses: Private companies engaged in consultancy, construction, business activities, suppliers, and traders will be encouraged to actively participate and pledge the required resources for the success of this national mission.

Artists, Prominent Figures and Political and Human right Activists: Artists (musicians, actors, comedians) and prominent figures can advocate for the ODF 2024 campaign. For example, in India various artists, prominent figures, local elders, religious leaders and politicians played a pivotal role in promoting toilet usage and handwashing, and encouraging people to stop defecating in the open.

Local elders, local structures (Idir, Ikub) and youth: These are local groups that will greatly contribute to the success of the campaign through advocacy and awareness raising as well as peer to peer mobilization.

The Media: The media will play a significant role in advocating and publicizing the ODF campaign. Be it on radio or TV, the media can consistently transmit influential messages, lessons, best practices, and satirical statements to favor the ODF campaign.

Involving flagship institutions: National institutions like Ethiopian Airlines can play a role in ODF promotion and will be approached to gauge their interest in contributing to this campaign. Ethiopian Airlines has an international reputation and an interest in contributing to the development of Ethiopia. We are not advocating the Ethiopian Airlines to allocate a huge sum of money for this purpose. However, we encourage it to show its solidarity to support the current efforts. Ethiopian Airlines is expected to just raise $1 per each foreign traveler and 5 birr per local traveler for the period of the campaign (2020-2024). A great deal of financial support can be drawn from this initiative.

Innovative financing: The introduction of innovative financing mechanisms like sanitation investment funds, sanitation tax, group collateral, and micro-finance institutions for sanitation loans, can open up sanitation as a new area for lending.

Finally, the resource mobilization efforts shall be aligned with existing programs and financing options.

5 MONITORING AND EVALUATION

Systematic and objective assessments during implementation and at the completion of the campaign are vital to learn lessons and make program improvements. Evaluations will measure the outcomes and impact due to the program and guide improvements to the campaign, sanitation guidelines, strategic documents and policies.

In the Ethiopian context, the role of improved access to water supply in the sanitation process is often overlooked. Therefore, the evaluation and monitoring of the current campaign shall be considered as the integral part of national water supply and sanitation program. More importantly the integration among different stakeholder and sanitation actors will be thoroughly monitored.

The concept of monitoring and evaluation is the process through which the success of ODF is to be evaluated. For the monitoring and evaluation purpose, a step by step procedure, depicted in Figure 5.1, will be adopted throughout the campaign.

Step-1: -Preparation of Standard Monitoring Document (Format)

In the course of the ODF campaign, there will be standardized reports prepared from the community level to the final ODF declaration stage. During the inception phase, reporting frequencies and bodies will be designed.

Step-2: - Establishment of independent ODF monitoring and verification body (Both internal and External)

For every stage of the ODF monitoring process, there has to be an independent body that can verify the success for further certification. The independent body shall comprise individuals from key stakeholders, fund providers, decision makers (presumably politicians) and religious leaders.

Step-3: - Setting up Verification Criteria

The independent body established in step-2 above sets verification criteria, following CLTS guidelines and manuals. This can be seen from two levels of achievements that spans between two end points of Figure 6.1 (i.e. from OD to ODF sustainability):

Level 1- ODF: Every household uses a latrine with privacy, there are no feces in the bush (100% latrine coverage, sharing is acceptable)

Level 2- ODF^{+}: Every household has a latrine with cover and hand washing facilities (100% coverage, sharing is acceptable). All religious institutions, market centers and health centers in the catchment area have latrines with covers and hand washing facilities (100% coverage).

Step-4: - Periodic Report Preparation

Using the standard monitoring format, a coherent report shall be prepared at different stages. The report shall clearly show the progress of infrastructure development, functionality (status), coverage area and communities behavioral change from ODF to ODF sustainability (Figure 6.1). These tools are expected to be prepared during inception phase of the campaign.

5.1 Enabling environment

The key elements of enabling environment include policy and legal frameworks (pertinent sanitation policy, proclamation and regulations), institutional arrangements and financing mechanisms. The development of market-based sanitation approaches shall be backed by relevant policy and legal instruments, implementation capacities and financial arrangements at different levels of government.

5.2 Learning Documentation and Reporting

Documentation of all the processes in the ODF activities and the final dissemination of results are the key to the success of the planned national campaign. Moreover, it will pave the way for the ODF PLUS (ODF^{+}) after the 2024 planned threshold time in the present campaign document.

The following are key activities to be considered under this task:

- Progress monitoring, learning and documentation
- Establish dynamic and geo-referenced database to ensure quality data and avoid delay in reporting and over reporting
- Progressive evaluation of outcomes and processes

5.3 Declaration of ODF Areas

For declaration and verification of ODF areas, the protocol developed by the MoH shall be adopted with some modifications for inclusion of water supply component and the new GTP-II. Moreover, the verification at every stage shall be conducted by an external body (for example: neighboring woredas may verify their neighbors).

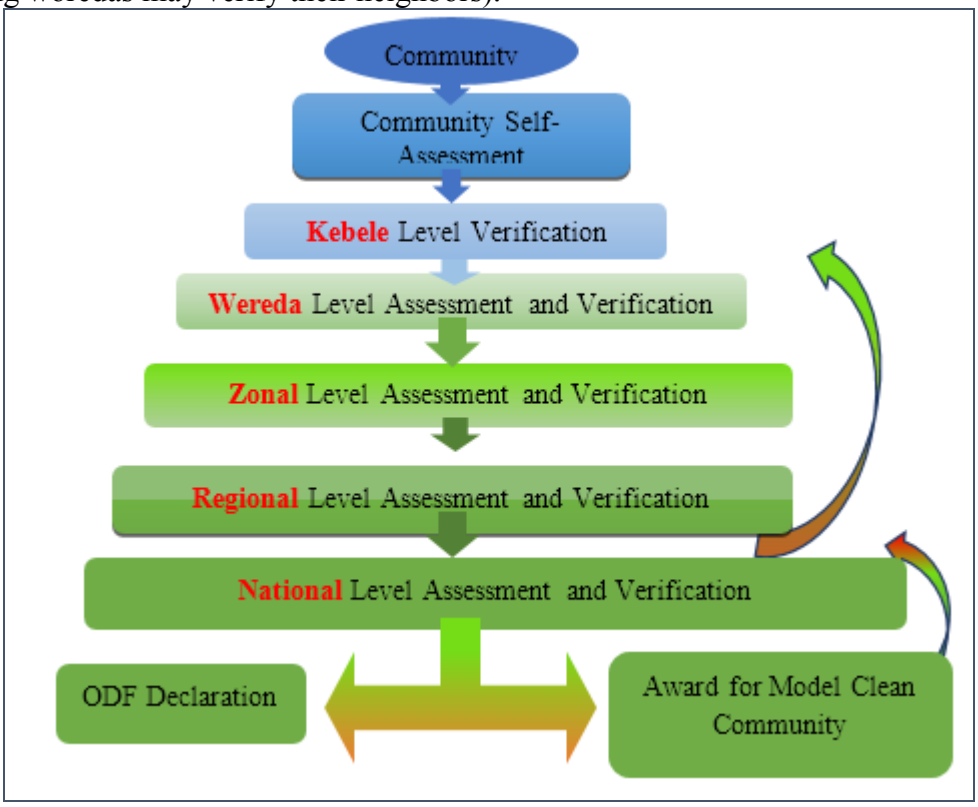


Figure 5.1: ODF Monitoring, Verification and Declaration Process

6 SUSTAINABILITY

Many sanitation programs are considered to be a low-cost, bottom-up approach ending at the certification of ODF status. It is believed that once mobilized and empowered, communities will sustain their behavior and take care of monitoring and follow-up themselves. However, ODF should not be seen as the destination, but a stage on the road to sustainable sanitation (Figure 6.1).

Poorly maintained toilets with poor sanitation infrastructure can lead to reversion to open defecation. Such reverse action can be controlled by planning for a sustainable ODF campaign by including actions like long-term follow-up, monitoring and support. Both infrastructure and behavioral change need to be sustained to maintain ODF status. The following behavioral change shall be considered as stages that lead to ODF sustainability.

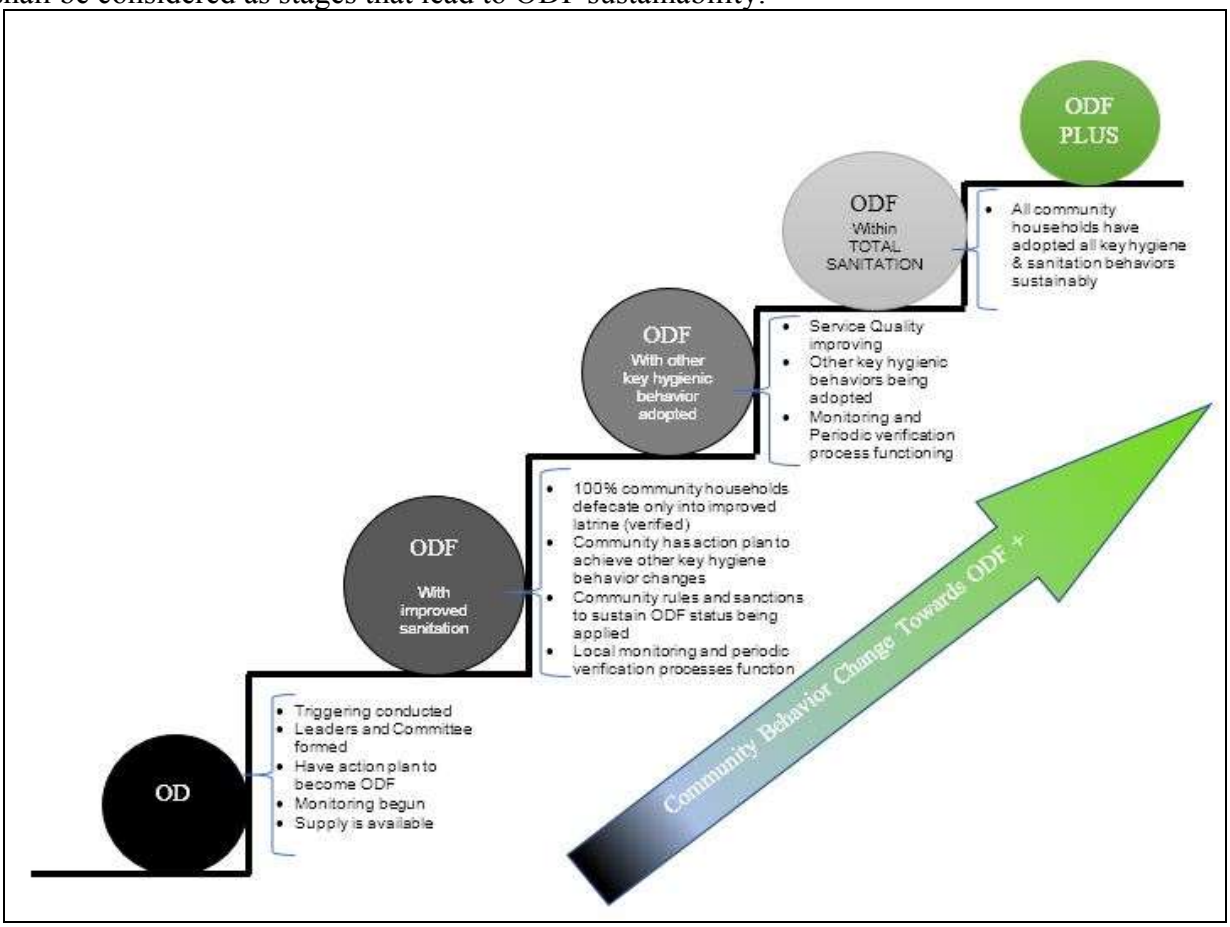


Figure 6.1: Stages to ODF+

7 IMPLEMENTATION ARRANGEMENT AND ACTION PLAN

7.1 The Campaign Framework

The proposed campaign shall be commenced in the forthcoming fiscal year as an integral part of the annual plan of MoH, MoWIE and other key stakeholders.' The campaign will be led by its own program management unit (PMU). The institutional arrangement and proposed action plans for the campaign will concurrently progress with the national WASH implementation program. This program is found to be a good model as it is a multi-stakeholder program and the basis for the ODF as well.

The ODF campaign's institutional arrangement is also aligned with the monitoring, verification and declaration process depicted in figure 6.1. Accordingly, six staged institutional setups will be envisaged in this campaign.

7.2 Institutional Setup

National Level

The implementation of the national ODF campaign will be aligned with existing programs and projects such as the OWNP. It will be carried out by an independent national coordination office, having its own program management unit at national, regional, zonal and woreda levels. Moreover, the national coordination office shall be led by a national steering committee which is co-chaired by the MoWIE and MoH. An ODF desk at the Prime Minister's office shall give overall guidance and oversight of the campaign and the national steering committee shall be accountable to this desk as stipulated on figure. 7.1. The composition of the technical teams and detailed organizational structure will be prepared during the inception phase of the campaign.

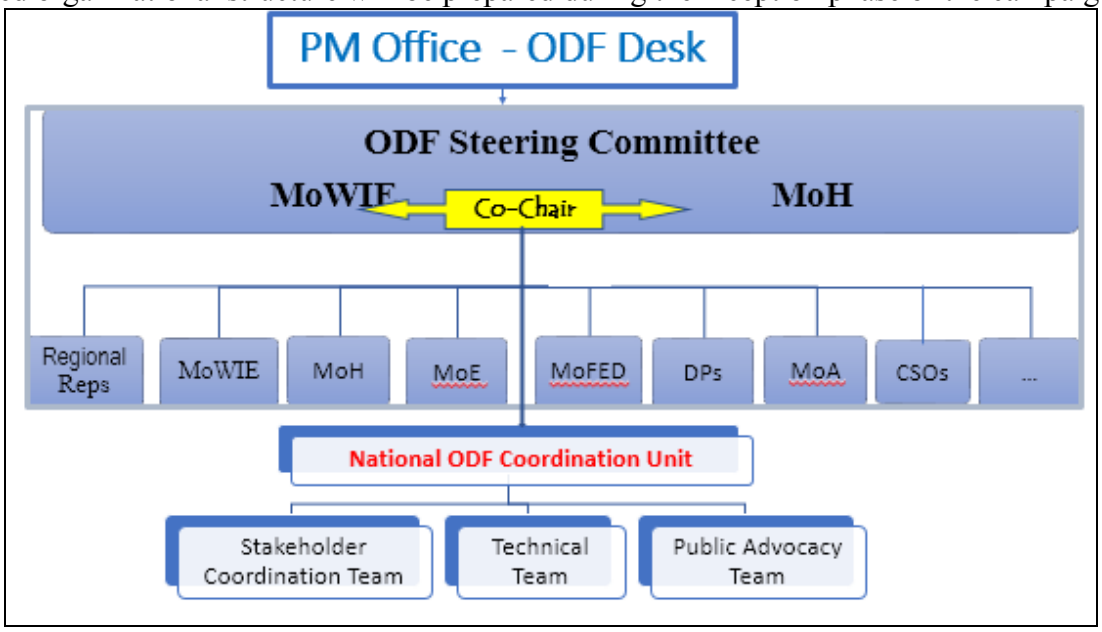


Figure 7.1:Institutional setup of the ODF 2024 Campaign at National Level

As shown in figure 7.1, the national coordination office has three sub-teams: (i) Technical team (engineering and behaviour change); (ii) Public Advocacy Team; and (iii) Stakeholder coordination team. The teams' composition and functions, including essential working manuals and guidelines, will be prepared during the inception phase of the campaign.

The **technical team** is responsible for the engineering designs of model toilets, document preparation, and database establishment for the entire campaign process. Another technical team will be formed to deal with "sustainable behavior change campaign" component. The team will also have the mandate to prepare standard documents for capacity building, behavior change, declaration procedures of ODF, and monitoring and evaluation methods.

The **public advocacy team** shall take care of all the coordination activities from top leadership down to the community level during the campaign. All the stages of ODF shall be monitored and governed by this team. Activities on behavioral change and awareness creation will also be part of the public advocacy. Potential sanitation marketing and possible funding sources will be identified by the team.

The **stakeholder coordination team** will have the mandate to bridge the efforts of different governmental and non-governmental offices wherever needed. The team will organize a multi-stakeholder forum at all levels of the campaign.

Regional Level

There will be regional steering committee formed by relevant bureaus. The regional coordination office is to be assigned by the regional president's office in order to facilitate the activities of the ODF campaign.

Zonal/Woreda level

At this level the respective ODF coordination team shall be accountable to the zonal or woreda administrator and the council

Kebele/ Village Level

At the kebele level, committees accountable to the kebele administrator shall be responsible for the implementation of ODF campaign

The overall organization framework and detailed project implementation plan will be prepared during the preparation phase as part of the project implementation manual (PIM).

7.3 Implementation Schedule

The implementation schedule begins with preparatory mobilization works and continues with the key campaign components as presented in table 7.1. The schedule of major activities is presented with more detail to be added once the first year of implementation begins.

Table 7-1: The ODF 2024 Campaign Implementation Schedule (Yearly)

S.No.	Activities/Tasks	Unit	2019/20 2012 E.C.	2020/21 2013 E.C.	2021/22 2014 E.C.	2022/23 2015 E.C.	2023/24 2016 E.C.
1	**PREPARATION AND MOBILIZATION PHASE**	--					
	1.1. Establishment of Steering Committee	--					
	1.1. Review of Existing Practices and Gaps	--					
	1.2. Identification of Public Institutions for ODF creation	--					
	1.3. Reporting (M&E) Format Preparation	--					
	1.4. Overall Project Management & Logistics	--					
2	**IMPLEMENTATION PHASE**	--					
	2.1. Sanitation Products and Services for ODF Campaign 2024	--					
	2.1.1. Preparation of Standard Latrine Designs	--					
	2.1.2. Establishment of Rural Sanitation Market Centers (1000)	No of Centers		500	500		
	2.1.3. Construction of Standard Rural Latrines	--					
	2.1.3.1. Construction of model Latrines (1000 for demonstration)	No of Latrines		500	500		
	2.1.3.2. New household basic latrines (8 Million)	No of Latrines		1,600,000	2,800,000	2,800,000	800,000
	2.1.3.3. Upgrading of latrines- (4 Million)	No of Latrines		800,000	1,400,000	1,400,000	400,000
	2.1.3.4. Construction of Institutional latrines (School & Health) - 15,000	No of Latrines		2,000	6,000	6,000	1,000
	2.1.5. Construction of Standard **Urban** Latrines	--					
	2.1.5.1. Model Latrines (500 for demonstration)	No of Latrines		500	500		
	2.1.5.2. Institutional latrines (health & School) - 5,000	No of Latrines		2,000	2,000	1,000	
	2.1.5.3. Community latrines - 125,000	No of Latrines		12,500	50,000	50,000	12,500
	2.1.5.4. Public latrines - 5,000	No of Latrines		500	2,000	2,000	500
	2.1.4.5. Support for fecal sludge collection and treatment						
	2.2. Capacity Building	--					
	2.2.1. Training Need Assessment	--					
	2.2.2. Training Material Preparation	--					
	2.2.3. Training Provisions at various level	--					
	2.2.4. Knowledge sharing (International Practices)	--					
	2.2.5. Knowledge sharing (Local Practices)	--					
	2.2.6. Other capacity building activities						
	2.3. Advocacy and Sustainable Behaviour Change	--					
	2.3.1. Preparation of Standard Guidelines, Manuals, and IEC materials	--					
	2.3.2. Intensive Public Awareness (Branding ODF/2024 Campaign)	--					
	2.3.3. Conducting Advocacy Campaign	--					
	2.3.4. Conducting Social and Behaviour Change Campaign	--					
	2.4. Resource Mobilization to ODF campaign	--					
	2.4.1. Preparation of fund raising proposals for the identified potential institutions	--					
	2.4.2. Preparation of the disbursement mechanism	--					
	2.4.3. Undertake the Campaign (Involving public institutions and the community)	--					

S.No.	Activities/Tasks	Unit	2019/20 2012 E.C.	2020/21 2013 E.C.	2021/22 2014 E.C.	2022/23 2015 E.C.	2023/24 2016 E.C.
3	**Learning Documentation and Dissemination**	--					
	3.1. Digital data collection (video / photo / GPS)	--					
	3.2. Central digital archive establishment (MIS or Dynamic WWW)	--					
	3.3. Publishing Progressive bulletin / documentaries / publications	--					
4	**Declaration of ODF**	--					
	4.1. Periodic M&E Report Preparation	--					
	4.2. Establishment of Independent body for ODF Certification and Declaration	--					
	4.3. Organizing Award Ceremonies (ODF Declaration 15000 Kebeles)	No of Kebeles		2000	3000	5000	5000
5	**Monitoring and Evaluation (for sustainability - Road map to ODF +)**	--					

Note: The numbers in each year corresponding to the activities indicate the expected implementation plan. It **shall not** be considered as the budget which is already given in table 8.3.

8 BUDGET

8.1 The Campaign Budget Estimates

The budget for the campaign is estimated based on the fact that most woredas in Ethiopia have not been declared Open Defecation Free. The ongoing OWNP-Phase II programme plans to make 50 per cent of the kebeles in each region ODF by the 2019. This has been used for the budget estimate.

The overall estimated budget is **ETB 27,700,595,000.00,** including 100,000,000 ETB contingency. This budget will cover costs associated with preparation and resource mobilization, implementation activities, documentation and dissemination, verification and declaration of ODF and monitoring and evaluation. The implementation costs consist of costs for SBCC and capacity building activities and supports for sanitation hardware. The supports for sanitation hardware include construction of demonstration toilets, provision of basic toilets for the extremely poor rural households, limited subsidies for community, public and institutional toilets. The distributions of the total budget by component and over the campaign period are indicated in Figs. 8.1 and 8.2.

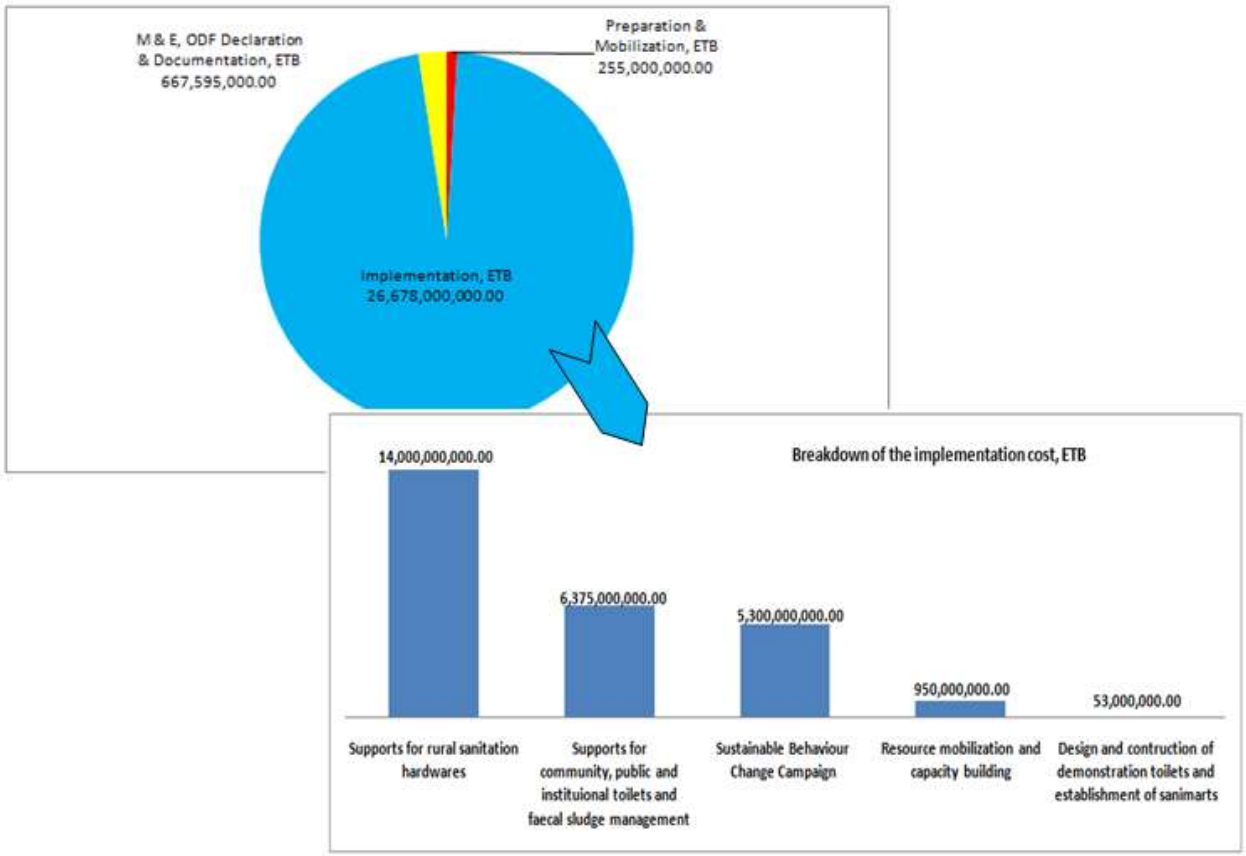


Figure 8.1: The overall finacial estimate by different components of tasks

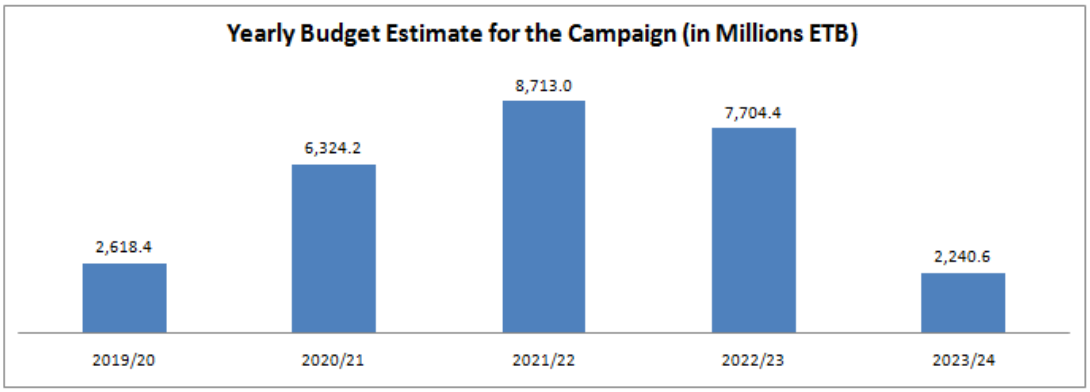


Figure 8.2: The budget distribution over the five years of the campaign

As depicted in figure 8.1, the largest share corresponds to the implementation task of the campaign which consists of different components: infrastructure (20,428,000,000.00 ETB), capacity development (885,000,000.00 ETB), advocacy and communication, (5,300,000,000.00 ETB) and resource mobilization (65,000,000.00 ETB).

Table 8-1: Implementation Phase Cost breakdown

S.No.	Tasks	Budget	%
1	Supply of Sanitation Products and Services for ODF Campaign 2024	20,428,000,000.00	76.6
2	Capacity Building	885,000,000.00	3.3
3	Advocacy, Behaviour Change and Communication	5,300,000,000.00	19.9
4	Resource Mobilization to ODF campaign	65,000,000.00	0.2

8.2 Financing Mechanisms of ODF 2024 Campaign

Successful implementation of the ODF campaign will require the committed involvement of different stakeholders. This includes the community, federal, regional and local governments, and local and international development partners. The Federal Government will cover 40% of the estimated budget and play the leading role in forging strong alliances and mobilizing resources. Another 40% of the overall budget is expected to come from different partners such as the World Bank Group, African Development Bank Group, European Union, UNICEF, NGOs and the private sector who are committed to supporting the development endeavors of the country. Communities have an indispensable role in ensuring successful implementation and sustainability of the national ODF imitative and are expected to make the remaining 20% budgetary contribution. Households will cover the costs for constructing and upgrading their toilets.

Table 8-2: Expected financing options of the Campaign

S.No.	Funding Sources	% Share	Total (ETB)
1	Government	40	11,080,238,000.00
2	Development Partners and NGOs	40	11,080,238,000.00
3	Community Contribution	20	5,540,119,000.00

Table 8-3: Estimated budget of the Campaign

S.No.	Activities/Tasks	Unit	Budget (ETB)	2019/20 2012 E.C.	2020/21 2013 E.C.	2021/22 2014 E.C.	2022/23 2015 E.C.	2023/24 2016 E.C.
1	**PREPARATION AND MOBILIZATION PHASE**							
	1.1. Establishment of Steering Committee	LS	5,000,000.00	5,000,000.00				
	1.1. Review of Existing Practices and Gaps	LS	80,000,000.00	80,000,000.00				
	1.2. Identification of Public Institutions for ODF creation	LS	5,000,000.00	5,000,000.00				
	1.3. Reporting (M&E) Format Preparation	LS	10,000,000.00	10,000,000.00				
	1.4. Overall Project Management & Logistics	LS	567,595,000.00	113,519,000.00	113,519,000.00	113,519,000.00	113,519,000.00	113,519,000.00
2	**IMPLEMENTATION PHASE**	--						
	2.1. Sanitation Products and Services for ODF Campaign 2024	--						
	2.1.1. Preparation of Standard Latrine Designs	LS	8,000,000.00	8,000,000.00				
	2.1.2. Establishment of Rural Sanitation Market/Production Centers (1000)	Birr/1000	20,000,000.00		10,000,000.00	10,000,000.00		
	2.1.3. Construction of Standard Rural Latrines	--						
	2.1.3.1. Construction of model Latrines (for demonstration)	Birr/1000	5,000,000.00		2,000,000.00	3,000,000.00		
	2.1.3.2. New household basic latrines with subsidy for those below poverty line	Birr/8M	10,000,000,000.00		2,000,000,000.00	3,500,000,000	3,500,000,000.00	1,000,000,000.00
	2.1.3.3. Upgrading of toilets with 10% subsidy	Birr/4M	4,000,000,000.00		800,000,000.00	1,400,000,000	1,400,000,000.00	400,000,000.00
	2.1.3.4. Construction of Institutional latrines (School & Health)	Birr/15000	150,000,000.00		30,000,000.00	52,500,000	52,500,000.00	15,000,000.00
	2.1.4. Construction of Standard **Urban** Latrines	--						
	2.1.4.1. Model Latrines (500 for demonstration)	Birr/1000	20,000,000.00		10,000,000.00	10,000,000.00		
	2.1.4.2. Institutional latrines (health & School) with 10% subsidy	Birr/5000	100,000,000.00		40,000,000.00	40,000,000.00	20,000,000.00	
	2.1.4.3. Community latrines with 20% subsidy	Birr/125000	5,000,000,000.00		1,000,000,000.00	1,750,000,000.00	1,750,000,000.00	500,000,000.00
	2.1.4.4. Public latrines with 10% subsidy	Birr/5000	125,000,000.00		25,000,000.00	43,750,000.00	43,750,000.00	12,500,000.00
	2.1.4.5. Support for fecal sludge collection and treatment	LS	1,000,000,000.00		200,000,000.00	350,000,000.00	350,000,000.00	100,000,000.00
	2.2. Capacity Building	--						
	2.2.1. Training Need Assessment	LS	5,000,000.00	5,000,000.00				
	2.2.2. Training Material Preparation	LS	100,000,000.00	100,000,000.00				
	2.2.3. Training Provisions at various level	LS	500,000,000.00	300,000,000.00	200,000,000.00			
	2.2.4. Knowledge sharing (International Practices)	LS	50,000,000.00	20,000,000.00	30,000,000.00			
	2.2.5. Knowledge sharing (Local Practices)	LS	30,000,000.00	10,000,000.00	20,000,000.00			
	2.2.2. Other Capacity Building Activities	LS	200,000,000.00	100,000,000.00	100,000,000.00			
	2.3. Advocacy and Sustainable Behaviour Change	--						
	2.3.1. Preparation of Standard Guidelines, Manuals, and IEC materials	LS	500,000,000.00	500,000,000.00				
	2.3.2. Intensive Public Awareness (Branding ODF/2024 Campaign)	LS	500,000,000.00	300,000,000.00	200,000,000.00			
	2.3.3. Conducting Advocacy Campaign	LS	300,000,000.00	200,000,000.00	100,000,000.00			
	2.3.4. Conducting Social and Behaviour Change Campaign	LS	4,000,000,000.00	800,000,000.00	1,400,000,000.00	1,400,000,000.00	400,000,000.00	
	2.4. Resource Mobilization to ODF campaign	--						
	2.4.1. Preparation of fund - raising proposals for the identified potential	LS	25,000,000.00	25,000,000.00				

S.No.	Activities/Tasks	Unit	Budget (ETB)	2019/20 2012 E.C.	2020/21 2013 E.C.	2021/22 2014 E.C.	2022/23 2015 E.C.	2023/24 2016 E.C.
	2.4.2. Preparation of the disbursement mechanism	LS	20,000,000.00	20,000,000.00				
	2.4.3. Undertake the Campaign (Involving public institutional and the community)	LS	20,000,000.00		20,000,000.00			
3	**Documentation and Dissemination**	--						
	3.1. Digital data collection (video / photo / GPS)	LS	5,000,000.00		1,250,000.00	1,250,000.00	1,250,000.00	1,250,000.00
	3.2. Central digital archive establishment (dynamic or WWW)	LS	20,000,000.00	10,000,000.00	10,000,000.00			
	3.3. Publishing Progressive bulletin / documentaries / publications	LS	10,000,000.00	5,000,000.00	5,000,000.00			
4	**Declaration of ODF**	--						
	4.1. Periodic M&E Report Preparation	LS	3,600,000.00	720,000.00	720,000.00	720,000.00	720,000.00	720,000.00
	4.2. Establishment of Independent body for ODF Certification and Declaration	LS	6,000,000.00	1,200,000.00	1,200,000.00	1,200,000.00	1,200,000.00	1,200,000.00
	4.3. Organizing Award Ceremonies (ODF Declaration 15000 Kebeles)	LS	110,400,000.00		15,456,000.00	22,080,000.00	36,432,000.00	36,432,000.00
5	**Monitoring and Evaluation (for sustainability - Road map to ODF +)**	LS	100,000,000.00		10,000,000.00	20,000,000.00	20,000,000.00	50,000,000.00
	Sub Total		**27,600,595,000.00**	**2,618,439,000.00**	**6,324,145,000.00**	**8,713,019,000.00**	**7,704,371,000.00**	**2,240,621,000.00**
	Contingency		100,000,000.00					
	Grand Total		**27,700,595,000.00**					

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