

Swapping information in high places — Sanitation decisions in Ethiopia

by Sarah Murray Bradley

A basic sanitation workshop in Ethiopia worked with the local community and helped local public health officials to kickstart their own sanitation campaign.

WE SLEPT in tents. That in itself was nothing new: I have slept in tents from France to Kenya before — but never in the square of the town administration block! Every time I emerged a group of delighted children chanted 'Sarah, Sarah'. It is a name that I share with most cultures, Muslim or Christian, North or South, and it pleases everyone, not least me, that my name is known wherever I am.

The administration block in question was in Samre, a town in the mountains in the province of Tigray, Ethiopia. We had reached the town in four-wheeled trucks, but the track was more familiar to the mule and camel trains which regularly wound their way up the steep mountain slopes laden with large, grey, crystalline blocks from the salt flats.

The tents came as a shock to most of the public health officers who were the workshop participants. In any culture workshops are gathering places for fieldworkers from all over the country, places to relax in comfort, to meet colleagues that one has not seen for years, to exchange ideas and to gather new ones. This camp was a deliberate Unicef ploy. A strategy to jolt field officers out of their routine thinking, and to set them on a level with the country people with whom they worked, so that they would feel part of the community, and the community should feel that they were one with them. It was, after all, a 'participatory' workshop. I am not sure that anyone in Addis Ababa had anticipated tents in the centre of a small market town made up of beautiful dry stone buildings, on the top of a mountain; the outskirts of a village perhaps . . . It was a courageous strategy, and one that worked.

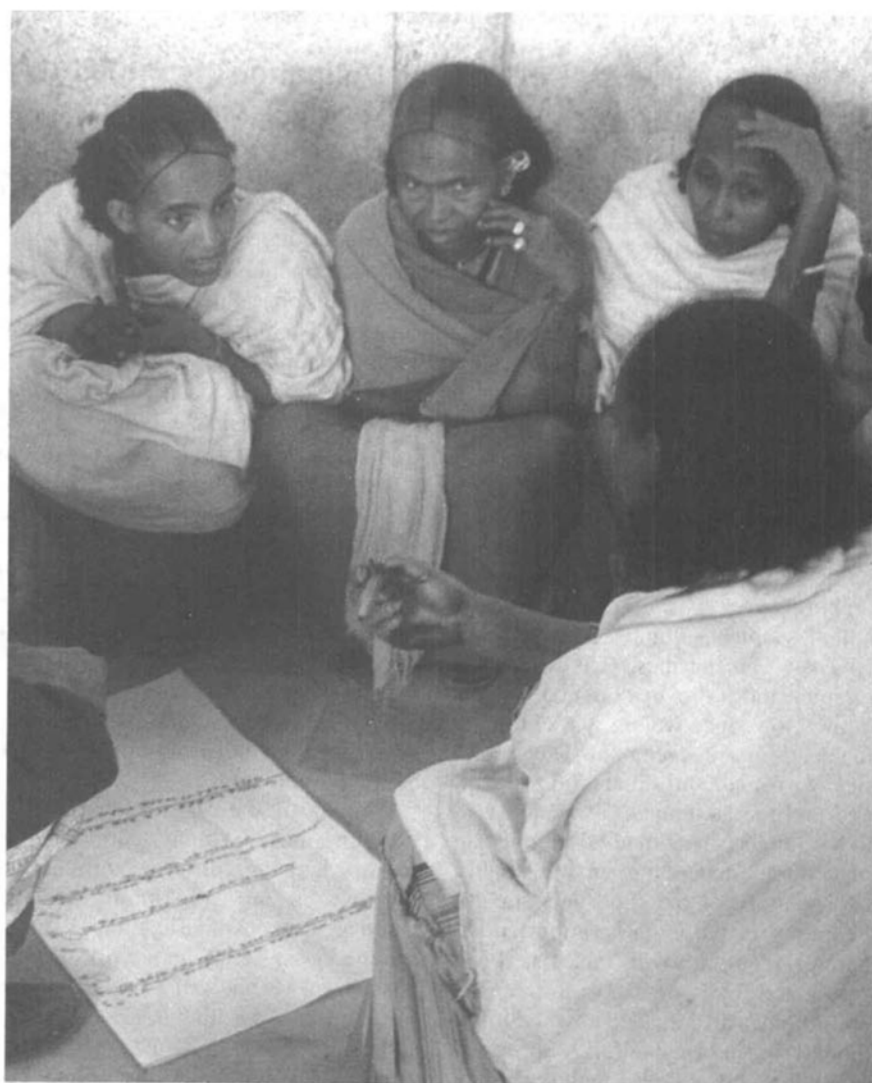
Extending coverage

We were there because this part of Tigray province had one of the lowest latrine coverage rates in the country: less than two per cent of the population had access to any kind of formal sanitary facility. Under the aegis of

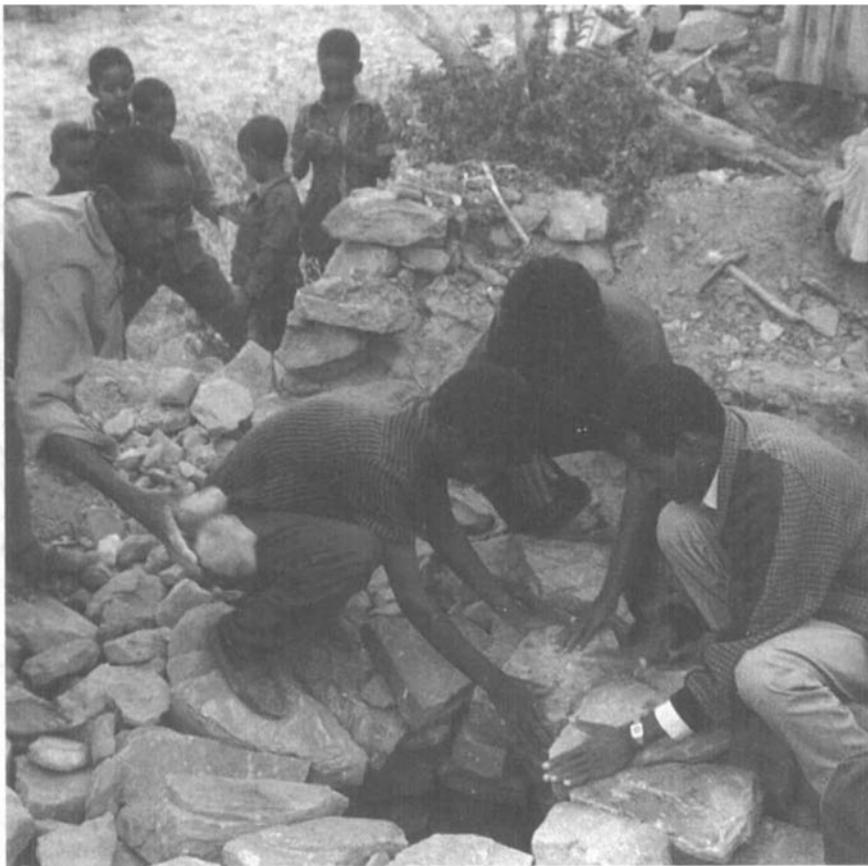
Unicef's Water and Sanitation Division, this workshop heralded a new country programme which was to provide basic services to 16 of the 42 *woredas* in Ethiopia. Sanitation was so far behind the other basic services that it was considered prudent to run workshops to give it a jump start. Sanitation is not a general topic of everyday conversation; it is a necessary function ridden with inhibitions, gender prejudices, superstitions, and plain ordinary embarrassment. Problems with the performance of this essential function tend to be ignored

in favour of less delicate subjects, to the detriment of health and general well-being.

This workshop in the remote mountains of Tigray was to be the prototype for a series of workshops designed to mobilise communities, analyse problems of sanitation and hygiene which emerge from group discussion, and propose appropriate solutions. The methodology for Tigray would have to be flexible enough to adapt to quite different conditions in other parts of the country. There were three main educational aims for the workshop: health and hygiene education with communication strategies; sanitation technology with building practice, and proposal writing. It was hoped that after two weeks the community would have enough knowledge and initiative to draw up a campaign to improve signifi-



The women's group analysed their activities month by month and chose the best time to launch a hygiene campaign.



Local masons learned how to dig a rimmed pit and build a dome of fitted stones which will act as a strong base for the small square sanplat.

cantly sanitation coverage, with the proposals written and then managed by the local public health officer and the training impetus funded by Unicef. The Peasant's Association, called the *Baito*, had been involved from the start and had elected three representatives to attend the workshop classes. Three local masons were selected to teach building techniques to the public health officers under the guidance of a sanitation expert, Bjorn Brandberg.

Sanitation hardware

Bjorn and Wally Eshenaur, the Unicef appropriate technology officer, started work with the masons straight away, making two types of concrete slabs, called sanplats, which could be used to cover pit latrines. The first was circular and 1.5m in diameter. It was domed to reduce weight and eliminate the need for reinforcement. The second type was small and square, 60 × 60cm, and had the advantage of economy: 5 to 8 sanplats can be made from one bag of cement (depending on the quality and quantity of the sand and gravel). Economy is particularly important in Samre. It is a town that has been devastated by war, and as half the households are headed by widows, money is in very short supply. If sanitation and building techniques are to be sustainable, then materials must be affordable.

Participation

We used rapid rural appraisal techniques, both to involve the community in the workshop aims and also to emphasize the importance of local knowledge and wisdom. In order to use these techniques we had workshop sessions on interviewing which stressed listening rather than talking and prompting rather than interrupting, and everyone practised mapping and making diagrams. We played games from the very start, introducing each other in pairs at the airport in Addis and drawing badges with coloured pencils using both the Ge'ez and the Latin scripts so that everyone had a visible and understandable name. Informal teaching methods and discussion were features of the workshop. Della Dash, the Unicef sanitation officer, had planned that the workshop should be run not only for, but also by the participants.

Amharic is the official language in Ethiopia, but in many parts of the country language differs significantly; Tigrinya is an even more ancient language than Amharic, though both use the Ge'ez script. In a workshop of 30 people we had only six Tigrinyan speakers, besides the *Baito* members and the masons. Of the facilitators three spoke neither Amharic nor Tigrinyan. This lack of a common language brought communication

problems vividly into focus. It is a situation in which the use of diagrams and maps to express information makes mutual understanding a lot simpler.

On the first field day — a Sunday, when people do not farm — we had asked if we could meet the people in four different groups: elders, women, men, and children. We asked these groups how they perceived sanitation in the town, whether they saw the lack of sanitary facilities as a problem, and if so why. Each group was allocated at least one interpreter, two recorders, and four interviewers (two for social, and two for technical matters). Once the public health officers had got used to listening and encouraging, and the community understood that their knowledge was valued and necessary, the groups became very enthusiastic. Each group drew a map of the town, marking in places of interest, such as the church, the mill house, the school, and so on, and indicating latrines and other areas used for defecation. The children drew their map on the floor of the school classroom in coloured chalk. The elders sat under the meeting tree, an ancient and enormous sycamore, and drew maps and diagrams on flipchart pads. The women held an animated debate over a bar chart which showed activities month by month, and which could be used to indicate a good time to launch a campaign.

Current practices

It became clear that hygiene knowledge was not lacking in this community, even if some of the hygiene practices were inadequate. The women drew a graph which showed that, next to malaria, diarrhoea was considered the most dangerous of the diseases, and many women had lost children to diarrhoeal diseases. Water was in very short supply, however, as the local pump had a low yield and was often broken down (as it was for the duration of the workshop). Water had to be collected from holes dug in a dry river bed that was polluted by animals and was two hours' journey away.

Most people washed their hands before eating food, but few women washed their hands before preparing food. Women used ash rather than soap, as it cost nothing and did not need water to lather. (There are a number of studies that suggest that this is an effective cleansing material as long as the hands are well rubbed before rinsing.¹) Water for use in the house was stored in large pottery jars that were covered and regularly cleaned, but the cup that was used for

dipping and drinking was often put on the floor rather than up-ended on the lid. It was very difficult for mothers to protect small children and babies who played in the house and yard from contamination, as these areas were shared with the chickens. Even when mothers cleaned up after their children had excreted, contamination from chicken droppings has been shown to promote diarrhoea.²

It was beyond the scope of the workshop, which was specifically to address sanitation issues, to tackle the serious underlying water problems (these would be addressed in the new Unicef country programme). Fairly simple changes in hygiene behaviour could have significant effects, however, particularly on the health of children. The workshop recommended promotion of the following practices:

- Keeping the dipper for water up-ended on the top of the water jars.
- Regularly using ash as a washing material and using water just to rinse, and promoting a routine which would link the twice-daily cooking with the replenishment of fresh bowls of ash placed in strategic places in the household.
- Corralling the household chickens.

The local clinic already had an excellent series of posters which contained pictures addressing the first issue, keeping dippers clean, and the public health officer agreed to run regular health education classes to promote the second and third.

A more difficult attitude to tackle was that of gender. Although there were latrines at the school, only the boys used them. It was considered immodest for girls to be seen entering the same facility as boys. For the same reason older women waited until darkness to excrete. This was a problem that needed to be debated at a meeting of the health committee of the *Baito*.

The reason for the lack of sanitary facilities in an area where the level of hygiene knowledge was so high was interesting and understandable, once it had been explained. It was an area that had been densely wooded only fifty years ago, but with the increase in population and the demand for fuelwood and timber for housing, this situation had changed. Wood was now in very short supply, and expensive. The wooden pit-latrines that had been built in the past had rotted or been eaten by termites, and then had not been replaced. In addition, there was no tradition of arching or building stone domes in the area. All doors and windows in the beautifully built dry-stone houses had wooden lintels above the openings. Wooden beams spanned

the ceilings and held the turf which covered the roofs.

Bjorn Brandberg had used stones to build domes over pits in a similar situation in Mozambique. He showed the masons how to dig a rimmed pit and build a dome of fitted stones which would act as a strong base for the small square sanplat. No one believed that it would work. In an area where there was no experience of arching, it was thought that any pressure on the top of the arch or dome would immediately cause the structure to collapse. But seeing is believing, and when it became clear that these pits with their domed tops and hygienic sanplats would work, the word spread fast.

Within five days nine private household latrines were completed and many more started. This was no mean feat in terrain where the rock, a metre under the subsoil, needed to be chiselled out. The workshop participants were overwhelmed with requests from householders to come and show them how to build the dome on top of the pits that they had already dug or were in the process of digging. The townspeople were very impressed with the neatness, the price and the portability of the small square sanplats. The big circular ones were to be used for institutional latrines, such as in the clinic, the school, and the public health office, where pits with a larger volume would be required.

On the last evening of the workshop the *Baito* members and the masons came to the evening meal with jerry cans of local beer and honey wine. They said that this was to celebrate the solving of problems together. We all ate *injera* and *wat* — big rounds of *tef* bread filled with spicy sauces — from a central dish which everybody shared.

The next morning we struck camp. We left behind the maps that the groups had made. These are to hang in the clinic and the public health office and have marked on them the new latrines as they are built. We left a strategy for behavioural change and a new building technology. All of these had been based on information given by the people. The participants of the workshop went back to their areas with changed attitudes, a healthy respect for local knowledge, and a methodology that would enable them to discover the varied sanitation problems in their own communities — and to solve these different problems together with local people. ●

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(All above references from Boot Marieke, T. and Cairncross, S. [eds], *Actions speak: A study of hygiene behaviour in water and sanitation projects*, IRC and London School of Hygiene, The Hague, 1993.)



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