Sanitation and hygiene (S&H) is a central interest of RiPPLE, to be examined alongside water supply under the three core research themes of governance & planning, finance and growth. The focus will be on S&H in rural areas, beginning with research on initiatives to improve household S&H (as compared with S&H in institutions, such as schools and clinics, or in public places, e.g. markets).

The dynamics of S&H are in many respects different from those of water supply, and S&H policies and programmes face particular challenges of design and implementation. For example, a central feature of improvement of S&H is changes in behaviour, which compares with the focus of water supply projects on use by communities.

**Our Aims**

The Sanitation component is initially working in SNNPR region, where a Technical Research Group has been formed as part of the LPA process. This Research Group has identified four research areas to focus on:

- **socio-cultural:** behaviour change - local perceptions and benefits
- **technical:** design, management; sustaining S&H technologies
- **policy and institutional drivers:** including how political will may be successfully mobilised
- **financing systems**

Gender was identified as a key cross-cutting theme. The environmental aspect of S&H (e.g. hydro-geology, water resources) is also important and a link will be made to other RiPPLE teams focusing on water.

**Activities**

**Case Study on Approaches to Meeting the Universal Access Target for Sanitation and Hygiene in SNNPR.**

The Ethiopian Government has set the national target for sanitation in the Universal Access Plan (UAP), which aims to achieve 100% coverage by 2012. Average household coverage in many rural areas is currently much lower, and means to achieve a substantial extension of coverage are needed.

In response to this challenge, the Regional Bureau of Health (BoH) in SNNPR region has been piloting different approaches since 2003. The BoH describes its approach as a ‘focus on selected broad-based, high impact, public health programmes’ targeted at ‘a household-centered approach’ with ‘a (hardware) subsidy-free approach which promotes use of local materials and appropriate technology’. Methodologies promoted by BoH include community dialogue systems, training of voluntary community health promoters, and participatory hygiene promotion approaches. The efforts of the BoH to tackle preventable diseases by investing in sanitation and hygiene have attracted considerable attention in Ethiopia and beyond.

RiPPLE will assess how the BoH formulated, communicated and ‘rolled-out’ its post-2003 policies to the woredas, kebeles and communities/households. The objective is to draw preliminary lessons from the SNNPR experience, for other regions in Ethiopia and the wider Nile region.