

Federal Democratic Republic of Ethiopia
Ministry of Water Resources

Environmental Support Project



November 2002

WORKSHOP REPORT



**ENVIRONMENTAL SUPPORT
PROJECT, Component 3**

*National Water Supply and
Sanitation Master Plan*

**NATIONAL SANITATION
AWARENESS WORKSHOP**



DHV Consultants BV
in association with
IRC International Water and
Sanitation Centre, and
T&A Consultants Plc.



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NATIONAL SANITATION AWARENESS WORKSHOP

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NATIONAL SANITATION AWARENESS WORKSHOP

Workshop Report

A *Adama Declaration: Commitment for Action on Sanitation in Ethiopia*

The **Workshop on National Sanitation Awareness** bringing together in Adama from 7 – 8 November 2002 a group of 60 professionals representing stakeholders from various ministries, universities, municipalities, NGOs, and multilateral agencies from national, regional, municipal and woreda level in Ethiopia.

- being aware of the commitment world leaders agreed to at the World Summit on Sustainable Development (WSSD) in Johannesburg, to a target of reducing by half the proportion of people who do not have access to basic sanitation by 2015;
- having heard the interest expressed by the MoWR, MoH, EPA and other relevant organisations in Ethiopia to move sanitation action forward at all levels;
- realising that the Ethiopian sanitation coverage of 17 percent is among the lowest in Africa;
- realising that Ethiopia still has a long way to go to reach this sanitation target and has to prepare a workable framework that can help to achieve the target;
- having heard presentations of successful sanitation and hygiene promotion interventions, but realising the severity of the situation;
- agreed that this workshop may be considered as a first step in the required direction **and therefore recommend to the Government of Ethiopia:**
 - to establish as soon as possible a National Sanitation Platform, for regular communication, and information exchange, with a secretariat preferably in the PMO that can take the necessary action on the long term, possibly even after 2015;
 - to use the lessons learned from the case studies on sanitation and hygiene to prepare a concerted national framework for sanitation development;
 - suggested tasks of the platform include: information collection, organisation and dissemination, as well as knowledge sharing, for example through a newsletter on sanitation;
 - advocacy for the cause of sanitation amongst the federal and regional institutions, politicians, international partners and public at large;
 - solicit funding for sanitation development;
 - to create strong co-operation amongst relevant governmental organisations, support organisations such as NGOs and the community;
 - to guide, monitor and evaluate the programme to achieve the sanitation goal;
 - to invite the two ministries that organised this workshop to take up follow up action as soon as possible to help establish the platform;

Declared in Adama, 8 November, 2002

B *Executive summary*

This report is the outcome of the workshop on national sanitation awareness organised as an activity of the Component 3: National Water Supply & Sanitation Master Plan of the Environmental Support Project, implemented jointly by MoWR and DHV Consultants. The workshop, organised by the Ministry of Water Resources and the Ministry of Health, took place on the seventh and eighth of November 2002 in Adama/Nazareth.

The goal of the workshop was formulated as follows: *Get things moving!*
Get sanitation into the national, regional and local agenda of the opinion leaders in the official structure of administration.

The indicator for achievement of the goal is: Statement of the workshop, achieved as a group work result, of need to establish a communication platform for inter-institutional discussion and exchange of experiences.

The workshop was planned and designed to be a springboard for creating ownership and improving co-operation.

Based on the findings of the workshop, which used directed discussions in four working groups as the method, the following recommendations were made:

The workshop recommends that the Government of Ethiopia establish a co-ordination organ from national level to communities as soon as possible. It should become a National Sanitation Platform for regular communication and information exchange with a secretariat preferably in the PMO that can take the necessary action on the long term, possibly even after 2015. It is necessary to locate the secretariat at the highest possible level as the mandates of various components in sanitation are distributed to numerous governmental bodies. It should have the following structure:

- Governed by a board, where Ministry of Water Resources, Ministry of Health, Environmental Protection Authority, Ministry of Agriculture, Ministry of Education, Ministry of Information, Ministry of Federal Affairs, Ministry of Finance and Economic Development, NGOs and Multilateral Organisations are represented.
- Everyday governance is conducted by a secretariat placed in PMO.
- Membership in form of active participation should be open to all stakeholder institutions and organisations in Ethiopia, which commit themselves for improvement of sanitation at national, regional and local levels.
- Membership in form of exchange of experiences should be open also for individual persons in their professional capacity who commit themselves to sanitation improvement in Ethiopia

The workshop recommends that the lessons learned from the case studies on sanitation and hygiene to prepare a concerted national framework for sanitation development.

The suggested tasks of the National Sanitation Platform, described above, should include:

- information collection, organisation and dissemination, as well as knowledge sharing, for example through a newsletter on sanitation;
- advocacy for the cause of sanitation amongst the federal and regional institutions, politicians, international partners and public at large;
- solicit funding for sanitation development;
- to create strong co-operation amongst relevant governmental organisations, support organisations such as NGOs and the community;
- to guide, monitor and evaluate the programme to achieve the sanitation goal;

Further the workshop recommends:

- to invite the two ministries that organised this workshop to take up follow up action as soon as possible to help establish the platform.

The workshop decided to form a temporary taskforce representing the two organising ministries, the Ministry of Water Resources and the Ministry of Health, complemented by representatives from the Environmental Protection Authority, Addis Ababa University, Jimma University and UNICEF to present, using the appropriate channels, the Adama Declaration and a request to take action to the Ministers of the two organising ministries.

A declaration, **The Adama Declaration: Commitment on Sanitation in Ethiopia** was made and agreed by all the participants. It is based on the recommendations presented above. The purpose of the declaration is to emphasise the importance of concerted action to improve the sector performance in Ethiopia.

The National Sanitation awareness Workshop also gained publicity in the Ethiopian media. The Ethiopian Herald published an article on the workshop on the eight of November and the Amharic language Addis Zemen on the tenth. There was also a spot in the Ethiopian TV Amharic news on the ninth November.

1 *Background*

This report is the outcome of the workshop on national sanitation awareness organised as an activity of the Component 3: National Water Supply & Sanitation Master Plan of the Environmental Support Project, implemented jointly by MoWR and DHV Consultants. The workshop took place on the seventh and eighth of November 2002 in Adama/Nazareth.

The ESP C3 project output “attention to sanitation awareness” was formulated during the April 2000 Inception Workshop as an addition to the ones stipulated in the Original Project Document. In the workshop it was concluded that awareness about sanitation is generally low in the country, even among professionals and policy makers, and that extra attention was to be drawn to the issue. By formulating “attention to national sanitation awareness” as a separate output, the intention was to highlight the issue as much as possible in the course of project implementation.

2 *Activities*

The ESP C3 called for a communication expert from IRC International Water and Sanitation Centre to take up the task of organising and implementing the intended workshop. The task consisted of two separate missions.

The following activities for the first mission were set in the TOR of the assignment:

1. Formulate a realistic objective of this first Sanitation Awareness workshop
2. Select the stakeholders that are to participate in the workshop
3. Prepare the workshop programme

The following activities for the second mission were set in the TOR of the assignment:

4. Conduct the workshop
5. Compile the proceedings of the workshop with a clear recommendation regarding the continuation of communication platform building

An additional activity became included in the tasks during the mission: To contact main co-actors of sanitation sector in Ethiopia. This, however, to a lesser degree due to limitations in the available time.

The tasks were addressed from the very beginning of the missions by:

Mr. Jaap Butter	Ato Mesfin Amare
Ato Atnafe Beyene	Ato Mohammed Hassen
Ato Temesgen Yimer and	Mr. Heikki Wihuri.

The same group acted throughout the whole assignment as the taskforce for preparations, facilitation and reporting.

2.1 Preparation phase

The opening discussion / brainstorming, resulted in decision to concentrate on creation of will of the decision makers and top professionals in the responsible governmental bodies to improve the performance of the sector through better co-operation and co-ordination of the official structures responsible of sanitation issues in Ethiopia. Lack of this was seen as the limiting factor, the bottleneck, for better and more effective use of available resources. Creation of will, internal motivation, will improve co-operation, increase availability of resources, build-up skills and real inputs rendered for sanitation improvements at public level, which will also have an impact in the private sector and the households.

The goal of the workshop was formulated as follows: *Get things moving!*
Get sanitation into the national, regional and local agenda of the opinion leaders in the official structure of administration, so that they will promote the Interim Master Plan (IMP) made by the ESP C3 for the Ministry of Water Resources and its development to a Master Plan, together with simultaneous and future implementation to the extent possible.

The indicator for achievement of the goal is: Statement of the workshop, achieved as a group work result, of need to establish a communication platform for inter-institutional discussion and exchange of experiences.

Further, it was found that it is important to address the informal opinion leaders inside the formal structure to create a cadre of "champions". those individuals who will take lead in promoting the actions needed to improve sanitation in Ethiopia. The workshop is seen as one step towards this goal.

The preparation process was conducted in a participatory mode where the internal working group was complemented by a representative of the MoH, Environmental Health Department, W/ro Kulule Mekonen. Several meetings and secretariat work of the communication specialist lead to documents, which form a work plan for the workshop to be held 7 – 8 November.

2.2 The workshop

The workshop was held in Palace Hotel in Adama/Nazareth on 7 – 8 November 2002. It was attended by persons representing selected bodies at national, regional and local levels. In addition, representatives of international organisations, mainly from the UN family of organisations, were invited and attending. The list of participants is attached as Annex 1/1 to this report. Annex 1/2 includes the programme of the workshop and 1/3 the working groups.

2.2.1 Character of the workshop

This workshop was planned to be a springboard for creating ownership and improving co-operation.

Directed group discussion, preceded by selected introduction presentations, which highlighted the international context, key points of the IMP and the role of health education was selected as the way of working during the first day. The aim of the introduction presentations was to set the minds of the participants for the directed discussion of pre-selected topics, which lead to realisation of the present day situation with its challenges. The second day was commenced by presentation of case histories of successful interventions in Ethiopia. The purpose of these presentations was to provide examples of positive results reached through projects, which had a high level of inter-institutional co-operation. A second group work session followed the case presentations.

The pre-selected discussion points were the same to all the working groups to facilitate same issues to be addressed in all the working groups from the point of view of the persons in their positions.

The attitude, “what is my mandate” was addressed by the facilitators through converting it into an attitude of “sharing tasks and responsibilities and co-ordination of activities.” The different roles and responsibilities of the various stakeholders in sanitation should be understood as complementary functions, which need each other for sustainable results. A platform for discussions, a forum for exchange of ideas, experiences and information would benefit all parties in their endeavour for improvements in sanitation.

2.2.2 Opening of the workshop

Asr Mohammed Abdulwahib, Chief economist of MoWR, opened the workshop. In his opening remarks he referred to the initiation workshop of the ESP, where it was enthusiastically proposed that sanitation awareness would be one of the outputs of the Water Supply and Sanitation Master Plan.

Further, he pointed out that the workshop was expected to contribute its part in creating partnership amongst the various stakeholders with a goal of changing the low profile. Accordingly, the two Ministries, Ministry of Water Resources and Ministry of Health have co-operated in arranging this workshop on National Sanitation Awareness.

To put the workshop into the global context he continued: “On the other hand, this workshop may be seen as one of the responses of the Federal Government to the Declaration and Implementation Plan of the World Summit on Sustainable Development in Johannesburg early September this year. There the world Governments agreed to commit them selves to halve the proportion of people without access to clean water and proper sanitation by 2015, the “Jewel in the Johannesburg Summit’s Crown” as it is also called. The Summit also called for development of integrated water resources management and water efficiency plans by 2005.”

To motivate the participants Ato Mohammed stated: “The key to any development is acknowledging the current situation. We all here know that the sanitation coverage in especially rural Ethiopia is very low and that the growth of population having access to proper latrines is too slow. Such a situation obviously calls for more efficient action on the part of those responsible for promotion of sanitation, delivery of services and hygiene education than ever.” The opening remarks are attached to this report as Annex 2. The same annex includes also the closing words by Professor Kebede Faris.

2.2.3 Presentations in the workshop

Three presentations were placed into the beginning of the workshop to introduce the framework where the workshop was to work and to set a tone to the discussions of selected topics. The presentations were:

- Purpose of the workshop and the working method, by Mr. Heikki Wihuri and Mr Dick de Jong
- Johannesburg Summit on Sustainable Development Results, by Ato Getachew Abdi
- Sanitation in Interim Master Plan of the ESP C3, by Ato Mesfin Amare
- Role of Health Education in Awareness Raising, by Dr. Girma Desta

The following case histories of real work in Ethiopia were presented to further focus the workshop after one round of group-work discussion and a feedback plenary:

- Adama/Nazareth Sanitation Master Plan, by Ato Hailu Yemane
- UNICEF’s Water and Sanitation Woreda Project, by Ato Tekka Gebru
- Sanitation in Water Supply and Environment Programme in Amhara Region, by Ato Mesfin Urgesa

2.2.4 The discussion topics of the workshop

The pre-selected discussion topics were designed to lead the discussion to conclusions and recommendations by taking into discussion issues in a sequence, which results to a finding that there is much to be gained by enhanced personal commitment and co-operation of the stakeholders, the individuals and the organisations active in the sector.

Day 1.

- What are the top-3 limiting factors of improvements in sanitation?
- Why are people taking efforts in getting and using latrines, from where they get them?
- *Can the present administrative structure at various levels of government provide necessary support to the users of services: families and enterprises? If yes, how and what kind?*

Day 2.

- What are the key learnings from the case presentations on for example inter-institutional co-operation at different levels (national, regional, local)

- *Can the individuals inside the official government structure promote inter-institutional co-ordination without causing problems?*
- How to get the sanitation improvement of the IMP going? How to reach the targets?
- *Additional actions are needed beyond what we have heard from the presentations*
- Discuss the need for establishing a National Sanitation Platform, its tasks, secretariat and time frame.

2.2.5 General discussion

The general discussion, which followed the second, and final, feedback plenary was directed to answer the question: How do we go forward after this meeting?

The discussion started, after a few general remarks on the importance of this workshop, to prepare a declaration as the four working groups had all come to the conclusion that a special platform for regular communication, and information exchange, with a secretariat that can take the necessary action was needed. The discussion brought to surface many details, which were discussed enthusiastically in a positive atmosphere. It is to be noted that there was a consensus from the beginning of the discussion and that all the addresses were directed to improve the draft declaration prepared by the facilitators during a break between the final feed-back and the general discussion sessions. The points raised in the general discussion are presented in Annex 11.

2.2.6 The working groups

The participants were divided into four working groups. The groups were formed so that every group had as many different bodies represented as possible. This to facilitate a lively and comprehensive discussion where the viewpoints of the various stakeholders would be aired.

Each working group had a by the organisers pre-selected and briefed facilitator and by the group itself elected chairman and reporter. The group members are listed in Annex 1/3.

2.2.7 Findings of the working groups

The first day group-work resulted in the following findings:

Q1 What are the top-3 limiting factors of improvements in sanitation in Ethiopia?

The four presentations showed quite a number of similarities in what the major hindering factors are:

- Lack of an enabling environment and institutional support for sanitation improvement
- Lack of awareness and knowledge on the importance of sanitation
- Lack of commitment at all levels

The second question discussed was:

Q2 Why are people in Ethiopia taking efforts in getting and using latrines, and from where they get them?

Main reasons mentioned were:

- Privacy
- Convenience
- Status
- Income level and prestige
- It is a requirement/enforcement

Health improvements were not mentioned by any of the groups.

The answers to the sub question from where people get toilets/latrines can be summarised as follows:

- Through individual effort
- Through support organisations, NGOs
- Through the government, but only limited

Some groups also discussed about the clarification point given for question 2:

Can the present administrative structure at various levels of government provide necessary support to the users of services: families and enterprises? If yes, how and what kind?

The answers were as follows:

- For urban sanitation: yes, but now not adequate.
- For rural sanitation the answer is no.

The above findings are discussed in more detail in Annex 7.

The second day group-work resulted in the following findings:

Q1 What are the key learnings from the case presentations on for example inter-institutional co-operation at different levels (national, regional, local)?

- The need for financial support
- The need for a responsible body for sustainability
- The need for capacity building
- The need for community participation
- The need for simplifying the management structure
- The Environmental Sanitation Programme can succeed if plans are prepared with stakeholders involvement
- The need to have authority with responsibility
- ESP needs political pressure, support and will at the highest level
- Need for co-operation at all levels
- The need for an aggressive promotion
- Condominial sewerage is away to go
- The need for measurable indicators for sanitation project

Q2 How to get the sanitation improvement of the IMP going? How to reach the targets?

Additional actions are needed beyond what we have heard from the presentations.

- Sanitation should be accepted as priority at national and regional level with a focus on prevention
- Need to establish an organisation or (institution) to implement the IMP in relation to the federal policy
- Aggressive resource mobilisation:
 - private sector involvement
 - soft loans arrangement
 - tax relief
- Applied research and development programme
- Capacity building
- Enforcement of codes at all levels

Q3 Discuss the need for establishing a National Sanitation Platform, its tasks, secretariat and time frame.

A co-ordination platform is needed. Its tasks should include, co-ordinating without overtaking mandated existing agencies, developing of national a guideline, monitoring and evaluation activities, lobbying and fundraising, advocacy, training, fixing targets research on sanitation. It should have a secretariat: learn lessons form HIV Aids, also sanitation needs integrated approach, driven and co-ordinated from the top PMO, needs to be established s soon as possible.

The above findings are discussed in more detail in Annex II.

3 *Recommendations of the workshop*

The workshop recommends that the Government of Ethiopia should establish a co-ordination organ from national level to communities as soon as possible. It should become a National Sanitation Platform, for regular communication, and information exchange, with a secretariat preferably in the Prime Minister's Office that can take the necessary action on the long term, possibly even after 2015. It is necessary to locate the secretariat at the highest possible level as the mandates of various components in sanitation are distributed to numerous governmental bodies. It should have the following structure:

- Governed by a board, where Ministry of Water Resources, Ministry of Health, Environmental Protection Authority, Ministry of Agriculture, Ministry of Education, Ministry of Information, Ministry of Federal Affairs, Ministry of Finance and Economic Development, NGOs and Multilateral Organisations are represented.
- Everyday governance is conducted by a secretariat placed in PMO.
- Membership in form of active participation should be open to all stakeholder institutions and organisations in Ethiopia, which commit themselves for improvement of sanitation at national, regional and local levels.
- Membership in form of exchange of experiences should be open also for individual persons in their professional capacity who commit themselves in sanitation improvement in Ethiopia

The workshop recommends that the lessons learned from the presented case studies on sanitation and hygiene is used to prepare a concerted national framework for sanitation development.

The suggested tasks of the National Sanitation Platform, described above, should include:

- information collection, organisation and dissemination, as well as knowledge sharing, for example through a newsletter on sanitation;
- advocacy for the cause of sanitation amongst the federal and regional institutions, politicians, international partners and public at large;
- solicit funding for sanitation development;
- to create strong co-operation amongst relevant governmental organisations, support organisations such as NGOs and the community;
- to guide, monitor and evaluate the programme to achieve the sanitation goal;

Further, the workshop recommends:

- to invite the two ministries that organised this workshop to take up follow up action as soon as possible to help establish the platform.

The workshop decided to form a temporary taskforce representing the two organising ministries, the Ministry of Water Resources and the Ministry of Health, complemented by representatives from the Environmental Protection Authority, Addis Ababa University, Jimma University and UNICEF to present, using the appropriate channels, the Adama Declaration and a request to take action to the Ministers of the two organising ministries.

- 1. List of participants, programme and working groups of the workshop**

**Workshop Participants on National Sanitation Awareness
Nazareth 7-8 November 2002**

Annex 1/1

Name	Position	Institution	Telephone	P.O.Box
Getachew Bekele	A/ Head	Afar Water M.E.Bureau	03-550030	09
Awol Wogri	Head	Afar Health Bureau	03-550634	
Dr. Tizazu Tiruye	D/Head	Amhara Health Bureau	08-201435	495 *
Wro. Etagegnehu Wondimu	D/ Manager	Bahir Dar Municipality	08-200682	49
Dr. Alemayehu Mekonen	D/ Head	Amhara Water Bureau	08-200947	88
Abdulkadir Hamid	Head	Social Sector Benishangul G.	07-750285	
Dr. Abeje Zegeye	Head	Benishangul - Gumuz H.Bureau	07-750167	
Wakena Totoba	Engineer	Benishangul – Gumuz Water M.&E.Bureau	07-750714	51
Walegn Ambaye	Head	Dire Dawa Adm. Works &Urban Devt.	05- 111463	1334
Mohammed Amin Omar	Head	Dire Dawa Adm.Water & Mines Office	05- 111306	18
Feisal Aliyi	Head	Dire Dawa Adm.Economy &Social Sector	05-112864	240
Dr. Brook Getachew		Dire Dawa Health Bureau	05-111228	1377
Pal Babol	Head	Social Sector, Gambella Reg.	07-510145	25
Ouman Ougad	Expert	Gambella Health Bureau		
Lero Ojulu	A/ Head	Gambella Water Bureau	07-510408	29
Redwan Adus	Head	Social Sector Harari Region	05-660453	272
Dr. Nesredin Jamie	Head Health Dept.	Harari Health Bureau	05-504922	
Nebil Mohammed	Mayor	Harar Municipality	05-660257	
Abdulaziz Mohammed	Head	Harari Water Bureau	05-661788	82
Taye Alemayehu	Dept. Head	Oromia Water Bureau	09-212505	
Refissa Bekele	EH Team Leader	Oromia Health Bureau	159085	
Sileshi Gode	Head	Adama Municipality	02-112061	34

Name	Position	Institution	Tel.	P.O.Box
Hamza Ibrahim	Head	Somali Water, Mines and Energy Bureau	05- 752017	207
Feleke Kibret	EH Expert	Somali Health Bureau	05- 752022	238
Asfaw Dirigamo	Head	SNNPR Water, Mines & Energy Bureau	06-206364	153
Dr. Sitota Abagare	EH Team Leader	SNNPR Health Bureau	06-202003	149
Dembeshu Neare	Technical Dept.Head	Awassa Municipality	06-205526	2
Amanuel G/Medhin	Sanitation Engineer	Mekele Municipality	04-400141	52
Dr. Ataklt Berhe	D/ Head	Tigray Health Bureau	04-403329	7
Abubeker Mohammed	Dept. Head	Tigray Water Resources Bureau	04-400930	520
Kebede Farris	Associate Professor	Jimma University	07-112435	378
Muluken Hailu	Dept. Head	Arba Minch Water Technology Institute	06-810097	21
Prof. Muluneh Yitayew	Professor	Addis Ababa University- University of Arizona	09-232490	
Dr. Bekele Kebede	Health Team Leader	Addis Aababa. University	511344 ext.222	
Lishan Sileshi	Head Social Sector	Addis Ababa Administration	572202	
Fikru Tessema	Dept.Head	Addis Ababa Health Bureau	771408	
Beyene Belachew	Senior Expert	Ministry of. Infrastructure	536105ext. 5	
Getahun Worku	Dept. Head	Addis Ababa Water and Sewerage Authority	557264	
Merrid Atnafu	Water Supply Engineer	Ethiopian Social Rehabilitation and Development Fund	560769	
Yemane Sahlu	D/Head	Addis Ababa Adm. Bof Planning and Economic Devt.	509937	
Tewodros Nega	Head, Pollution Control	Environmental Protection Authority	183717	

Name	Position	Institution	Tel.	P.O.Box
Yitbarek Mengistie	Head Public relation	Ministry of Water Resources	625514	5744
Alebel Bayrou	Economist	Ministry of Water Resources	610711	5744
Samson Tsewameskel	Water Quality Expert	Ministry of Water Resource	625526	5744
Lakech Haile	Head, Women Affairs Dept.	Ministry of Water Resource	611111	5744
Kulule Mekonen	Water & Sanitation Team Leader	Ministry of Health	156670	1234
Sister Tsegeroman Abera	Head, Women Affairs Dept	Ministry of Health	517011	1234
Mr. Yiannis Niophyton		GTZ-FRG Embassy	550433	
Mr. E. Korsgren	Counsellor	SIDA	511255	
Mr. Beadle		CIDA	713022	
Mr.T.Kikuchi	Chief Advisor	JICA	09-203001	
Mr. Kari Toiviainen	Charge d'Affairs	Embassy of Finland		
Mrs. Antoinette Gosses		Royal Embassy of The Netherlands	711100	
Takele Hunde	Hygiene & Sanitation Coordinator	Water Aid	661681	
Teka Gebru	Project Officer	UNICEF	515155	
Girma Hailu/Mr. M. Marchiso		UNDP	515177	
Yitbarek Tessema		World Bank	627700	
Johan Ramon		Belgian Technical Cooperation	456677	
Mrs. Meaza Bekele	Project Officer	Agence Française Development	655557	

Name	Position	Institution	Tel.	P.O.Box
Mesfin Amare	Counterpart Coordinator Component 3	Environmental Support Project / Ministry of Water Resources	628703	5744
Dr. Girma Desta	Health Learning Distribution Expert	Health Education Centre-Ministry of Health	551824	
Yehualashet Bekele	Head, Extension Package	Ministry of Health	551829	
Hailu Yemane	Water Supply Engineer	Environmental Support Project	09-218778	1209
S.Kumar	WES A/Head	UNICEF	515155	
Mesfin Urgessa	Project Manager	Rural Water Supply and Environmental Programme/Amh ara Region	08-200775	57
J.Lobeek	Project Manager	Environmental Support Project		
Getachew Abdi	Environmental Support Project Coordinator	Ministry of Water Resources	625515	5744
J. Butter	Technical Coordinator Component 3	Environmental Support Project	628703	1209
Abiy Girma	Environmentalist	Environmental Support Project / Ministry of Water Resources	628704	5744
H. Wihuri	Chief Facilitator	IRC		
Dick de Jong	Communication Expert	IRC		2869 Delft
Mohammed Hassen	Engineer	Environmental Support Project ESP	628703	
Temesgen Yimer	Sociologist	Environmental Support Project / Ministry of Water Resources	628702	5744
Atnafe Beyene	Sociologist	Environmental Support Project	628702	33811

* Highlighted persons participated in the Workshop, non highlighted were invited but not participating

Workshop Programme

Annex 1/2

The facilitators: Mr. Heikki Wihuri, IRC International Water and Sanitation Centre
Ato Mesfin Amare, ESP C3
Ato Atnafe Beyene, ESP C3
Ato Mohammed Hassen, ESP C3
Ato Hailu Yemane, ESP C3
Mr. Dick de Jong, IRC International Water and Sanitation Centre

Day	Time	Event	
7. November	09:00	Arrival and Registration	Lobby
	09:30	Opening of the workshop By: Ato Mohammed Abdulwahib, Chief economist MoWR	Plenary
	09:45	Workshop purpose and working method By: Mr. Heikki Wihuri, Chief facilitator of the workshop	Plenary
	10:00	Presentation: Johannesburg summit results By: Ato Getachew Abdi, ESP Coordinator, MoWR	Plenary
	10:30	Coffee/tea break	
	11:00	Presentation: ESP C3 Sanitation in IMP By: Ato Mesfin Amare, Counterpart coordinator ESP C3	Plenary
	11:45	Presentation: Role of Health education in awareness raising By: Dr. Girma Desta, Health learning distribution expert. MoH	Plenary
	12:30	Lunch and time for lodging arrangements	
	14:30	Formulation of working groups By Mr.Heikki Wihuri	Plenary
	15:00	1 st group sessions Coffee / tea while working	Garden Facilitators
	17:00	1 st Feedback plenary By: Group reporters á 15 min.	Plenary Facilitator: HW
	18:30	Closure of Day 1 By: chair	Plenary

8. November	09:00	Opening of the 2 nd day, practical instructions By: Mr. Heikki Wihuri	Plenary
	09:15	3 case histories á 20 min. By: 1. Ato Hailu Yemane, Sanitation engineer ESP C3 2. Ato Tekka Gebru, Programme Officer WES, UNICEF 3. Ato Mesfin Urgesa, Programme Manager, RWSEP, Amhara Region	Plenary
	10:15	Coffee/tea break	
	10:35	Introduction to group work	Plenary
	10:45	2 nd Group sessions	Garden
	12:30	Lunch	
	14:00	2 nd , final feedback plenary session By: Group reporters á 15 min.	Plenary
	15:30	Coffee/tea break	
	16:00	General discussion	Plenary
	16:30	Wrap-up plenary session	Plenary
	17:00	Closing the workshop By: Professor Kebede Faris, Jimma University	Plenary

The first day plenary sessions were chaired by Ato Getachew Abdi, ESP Co-ordinator and the second day by Mr. Heikki Wihuri.

Working groups

Group I

Facilitator – Mesfin Amare

Participants:

1. Lero Ojulu
2. Asfaw Dingamo
3. Prof. Kebede Faris
4. Feleke Kibret
5. Kulule Mekonen
6. Etagegnehu Wondimu
7. Dembeshu Neare
8. Beyene Belachew
9. Alebel Bayrau
10. Mesfin Orgessa
11. Temesgen Yimer

Group III

Facilitator – Mohammed Hassen

Participants:

1. Wakena Totoba
2. Taye Alemayehu
3. Dr. Bekele Kebede
4. Getahun Worku
5. Dr. Tizazu Tiruye
6. Dr. Nesredin Jami
7. Dr. Atakilt Berehe
8. Feysal Aliye
9. Nebil Mohammed
10. Yemane Sahlu
11. Jaap Butter

Group II

Facilitator – Atnafe Beyene

Participants :

1. Alemayeu Mekonen
2. Abdulaziz Mohammed
3. Muluken Hailu
4. Dr. Setotaw Abagari
5. Dr. Girma Desta
6. Walelegn Ambaye
7. Amanuel G/ Medhin
8. Abdulkadir Hamid
9. Merid Atnafu

Group IV

Facilitator – Hailu Yemane

Participants :

1. Mohammed amin Oumar
2. Samson Tsewameskel
3. Muluneh Yitayew
4. Dr. Abeje Zegeye
5. Refissa Bekele
6. Fikru Tessema
7. Redwan Adus
8. Tewdros Nega
9. Teka Gebru

2. Opening remarks and closing words

**Workshop on National Sanitation Awareness
November 7-8,2002
Palace Hotel
Nazareth**

Opening remarks

Excellencies, Ladies and Gentlemen,

It is my great pleasure and honour to make an opening speech on this very important and timely workshop organised by Environmental Support Project.

May I first of all thank the organisers of this workshop and all of you here who have given value to the occasion?

As many of you still remember, we enthusiastically proposed sanitation awareness to be one of the outputs of the Water Supply and Sanitation Master Plan some two years ago.

Ladies and Gentlemen,

It is based on this proposal and recent developments that we have come together here in Adama / Nazareth to discuss on sanitation awareness and ways to improve the coverage and service provision in Ethiopia. This workshop is expected to contribute its part in creating partnership amongst the various stakeholders with a goal of changing the low profile.

On the other hand, this workshop may be seen as one of the responses of the Federal Government to the Declaration and Implementation Plan of the World Summit on Sustainable Development in Johannesburg early September this year. The world Governments agreed to commit themselves to halve the proportion of people without access to clean water and proper sanitation by 2015, the "Jewel in the Johannesburg Summit's Crown" as it is also called. The Summit also called for development of integrated water resources management and water efficiency plans by 2005.

Ladies and Gentlemen,

The key to any development is acknowledging the current situation. We all here know that the sanitation coverage in especially rural Ethiopia is very low and that the growth of population having access to proper latrines is too slow. Such a situation obviously calls

for more efficient action on the part of those responsible for promotion of sanitation, delivery of services and hygiene education than ever.

Accordingly, the two Ministries, Ministry of Water Resources and Ministry of Health have co-operated in arranging this workshop on National Sanitation Awareness.

Looking around you can all notice that many stakeholders from different directions and levels of administration have come together here to discuss the challenges in front of us. All of us here will have an opportunity to express our ideas and experiences on the discussion topics of this workshop.

I hope that everybody will feel free to actively participate in the group sessions and in the plenary sessions and make the workshop successful.

Wishing you all a fruitful workshop I declare the National Sanitation Awareness Workshop is officially opened.

Thank You

**Closing Speech On the Sanitation Awareness Workshop held
in Palace Hotel, Nazareth.
Nov. 8, 2002**

Honorable Guests,
Workshop Participants,
Ladies and Gentlemen,

It is my great pleasure and honor to make a closing speech at the end of this very important workshop done on Sanitation Awareness.

On behalf of the Ministry of Water Resources and the Environmental support project, I would like to thank the presenters, chairpersons and all participants who contributed towards the launching of the National Sanitation Awareness Program.

Ladies and Gentle men,

In this workshop, we have seen that an enormous effort is required to improve the low water supply and sanitation coverage of the country. In addition to the valuable answers obtained from your active participation for the various questions prepared by the facilitators, you have forwarded a lot of important comments that can positively contribute towards manageable achievement in line with the agreement of Johannesburg's Summit.

As has been strongly recommended, we need to ensure the formation of the proposed platform that can direct fragmented efforts being carried out by governmental and non-governmental organizations with a goal of reaching the multitude have-nots in our country. The creation of partnerships amongst the government, support organizations and the community is vital in achieving sanitation awareness that could lead to effective behavioral change. Let's therefore be pioneers of the National Sanitation Awareness program in order to ensure commitment at governmental, organizational and individual level.

Let our integrated and dedicated effort continue to the last so that all our citizens can get access to safe water supply and sanitation in Ethiopia.

Ladies and Gentlemen,

May I finally thank the Netherlands government, DHV consultants and all of you here who positively contributed to the success of this workshop on National Sanitation Awareness?

With this I declare that the workshop is officially closed.

Thank you

3. Workshop purpose and working method

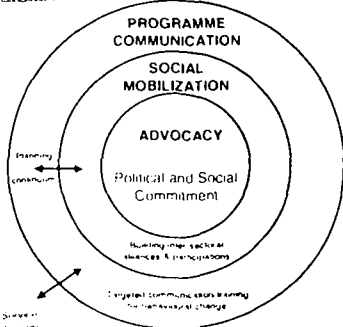
National Sanitation Awareness Workshop

Purpose and working method

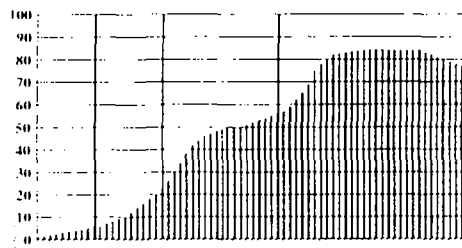
Purpose

- ◆ Create awareness and commitment for sanitation
- ◆ Discuss inter-organisational co-operation,
- ◆ Get stakeholders together to discuss ways forward

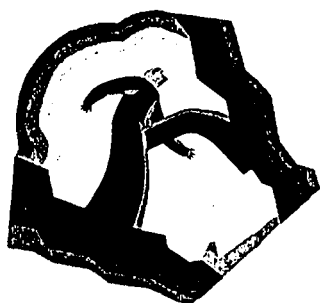
Development Communication Model



Action and participation curve



You are the champions!



Working method

- Plenary
- Mind setting presentations
- Group session 1
- Feed-back plenary
- Cases from real life in Ethiopia
- Group session 2
- Final feed-back plenary
- General discussion
- Wrap-up and closure

Outputs

- ♦ Recognition: We really are the champions who have the right and responsibility to promote sanitation. It is our business!
- ♦ Realisation: Exchange of experiences and ideas - communication makes us better!
- ♦ Recommendation: **How forward?**

Have a fruitful workshop



4. Presentation: Johannesburg summit results

Agreement on Sanitation "Jewel in the Johannesburg Summit's Crown"

by ESP Project Coordination Office

1. The Summit's Agreement on Sanitation
2. WSSD Plan of Implementation
3. A Target to be Hailed and Achieved
4. Successful Lobby Highlights
5. Financial Requirements
6. Commitments
7. The Way Forward

1. The Summit's Agreement on Sanitation

- At (WSSD) in Johannesburg, countries have agreed to commit themselves to a target of 2015 for reducing by half the proportion of people who do not have access to basic sanitation.
- Commenting on the agreement, WSSD Secretary-General Nitin Desai said: "this is a historic commitment, since for the first time, the world has made the issues of water and sanitation a high-level political priority".

2. WSSD Plan of Implementation

- (a) Develop and implement efficient household sanitation systems.
- (b) Improve sanitation in public institutions, especially schools.
- (c) Promote safe hygiene practices.
- (d) Promote education and outreach focused on children, as agents of behavioral change.
- (e) Promote affordable socially and culturally acceptable technologies and practices.
- (f) Develop innovative financing and partnership mechanisms; and
- (g) Integrate sanitation into water resources management strategies.

3. A Target to be Hailed and Achieved

- This agreement to halve the number of people without access to improved sanitation by 2015 has been hailed as the "jewel in the summit's crown" following the World Summit on Sustainable Development (WSSD) in Johannesburg.
- Ethiopia still has a long way to go to reach this sanitation target and has to prepare a solid plan that can enable to achieve the target. This workshop may be considered as a first step in the required direction.

4. Successful Lobby Highlights

- Many NGOs called the sanitation target "the first milestone in a long fight to half the millions of death by preventing diseases".
- Water and sanitation made up one of the five key themes identified by UN Secretary General Kofi Annan for the Summit (the others being energy, health, agriculture and biodiversity).
- Former President Nelson Mandela opened the Water Dome, the WSSD's platform for water professionals, organized by the Africa Water Task Force with the International Water Management Institute (IWMI).

Cont'd

- Ronnie Kasrils, South African Minister of Water, Agriculture and Forestry (DWAFA), has been instrumental in promoting sanitation, both globally and in his own country, especially through the WASH (Water, Sanitation and Hygiene) campaign of the Water Supply and Sanitation Collaborative Council (WSSCC).
- His ministry constructed only 10,000 latrines in the first six years, but 50,000 will be constructed this year and for next year the target will be 140,000.

5. Financial Requirements

- US 19-34 bill./year to halve the proportion of people without safe water supply by 2015.
- US 12 bill./year for provision of basic sanitation.

6. Commitments

- >US 1.6 bill. -by United States in collaboration with private partners.
- US 41 mill. -by Hilton foundation water Initiative.
- US 1.4 bill.- by EU (EU became the first to sign an agreement with Africa).

7. The Way Forward

- Forward solid plans of the sector development program and the master plan to donor communities and private partners in line with the summit's agreement.
- Create strong cooperation amongst relevant governmental organizations, support organizations and the community.

5. Presentation: ESP C3 Sanitation in IMP

*Environmental Support Project
Component 3- National Water Supply and
Sanitation Master Plan Project
Workshop on National Sanitation Awareness,
Nazareth/Adama- Ethiopia, November 7 - 8,
2002*

**SANITATION IN (IMP) THE
INTERIM MASTERPLAN**

Discussion Points

- Existing Sanitation Situation
- Long -Term Goal for Sanitation Development
- Issues in Sanitation
- Development Scenarios
- IMP Recommendations and Findings

**1. Existing Sanitation
Situation**

1.1 Sanitation Situation

- The poorest when compared to East African countries
According to the world development report of 1996, access to proper sanitation as shown below :
 - Ethiopia- 10% - Eritrea- 45%
 - Kenya - 30% - Malawi- 65%
 - Uganda - 60% - Sudan - 62%
 - Tanzania- 77% - Nigeria - 63%

According to CSA 1994

- 87% of the country population (46 M) did not use a sanitary toilet

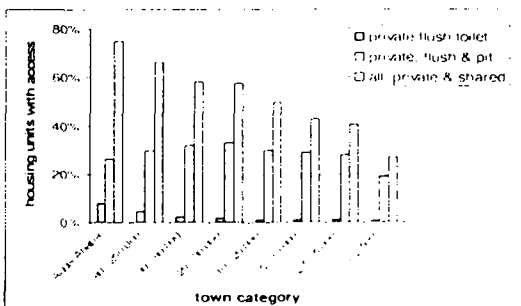
According to CSA 1998

- 83% of the country population(50 M) did not use a sanitary toilet

1.2 ACCESS TO SANITARY FACILITIES, BY REGION (1994)

Regional State	Overall	Rural areas	Urban areas
Afdjo Aseba	24%	5%	75%
Dirre Dawa	45%	34%	75%
Haramay	42%	1%	69%
Benishangul-Gumuz	19%	15%	63%
Gambela	15%	11%	51%
SSNPR	11%	9%	63%
Orondya	11%	7%	59%
Borana	11%	4%	44%
Afar	8%	4%	37%
Tigray	7%	3%	29%
Amhara	6%	3%	37%
Total country	13%	6%	57%

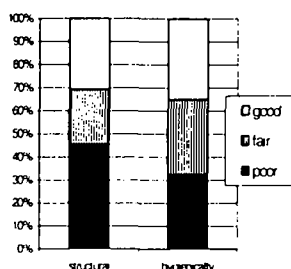
1.3 Access to Sanitation, Urban Population (CSA 1994)



1.4 Condition of existing latrines

Quality of latrines 50% structurally unsafe

50% Hygienically inappropriate



2. Long -Term Goal for Sanitation Development

2.1 OBJECTIVE OF WATER SUPPLY AND SANITATION POLICY

" Enhance the well- being and production of the Ethiopian people through provision of adequate, reliable and clean water supply and sanitation services and to foster its tangible contribution to the economy by providing water supply services that meet the livestock, industry and other water users demands"

MOWR, policy 1999

2.2 Long Term Goal for Sanitation Development

"To increase the access that households have to sanitary latrines. The master plan will specially aim to improve public wastewater collection and disposal services which are regarded as crucial condition to reach the aim of increased use of sanitary latrines"

2.3 Policy definition of Sanitation

In the policy document, sanitation represents issues related to water resources mangement including both on site and off-site water dependent sanitation systems.

MOWR, POLICY 1999

3. Issues in Sanitation

3.1 Issues in Sanitation



THREE TYPES OF ISSUES: -

Main Issues playing a role in reaching the stipulated sanitation goal to sustainable sanitation development are presented as sets of constraints.

Physical Issues (low coverage, quality of facilities, water supply services level in a town, sanitation and town size)

Financial Issues (Sanitation is expensive, Households' affordability, low affordability of the country)

Institutional/HID Issues (Mandates, low awareness about sanitation)

3.2 Sanitation Coverage & Trend

Urban, CSA

1984	-----	43 %
1994	-----	51 %
1998	-----	63 %

Rural, CSA

1994	-----	6 %
1998	-----	8 %

4. Development Scenarios

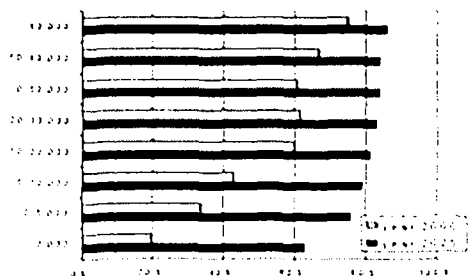
4.1 Development Scenarios-Urban sanitation

Three possible scenarios for the development of sanitation sub-sector: -

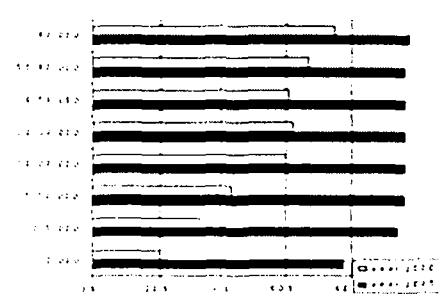
- An Autonomous --low growth scenarios in Household sanitation.
- A Stimulated --higher growth scenarios in Household sanitation.
- Introduction of Sewerage in largest towns

Low sewerage coverage
High sewerage coverage

4.2 An autonomous low growth scenario, year 2025 urban sanitation coverage



4.3 Stimulated higher growth scenario, year 2025 urban sanitation coverage



**4.4 Comparison
autonomous and stimulated growth**

**Asset value of urban on-site
sanitation facilities in 2025**

Low, autonomous growth scenario	6.2 billion Birr
Higher, stimulated growth scenario	14.8 billion Birr
difference	+ 8.6 billion Birr

**4.5 Rural Sanitation
Development**

Sanitation Coverage & Trends

◆ Rural ,CSA

1994 ----- 6 %

1998 ----- 8 %

◆ **Rural coverage shows 7.5%
autonomous increase per year**

**4.6 RURAL SANITATION
DEVELOPMENT**

Rural sanitation coverage targets, a possible scenario

Year:	2000	2005	2015	2025
Rural population	54,022,000	61,360,000	77,026,000	92,431,000
sanitation target coverage ^{a)}	8%	11.5%	24%	49%
Target household latrines ^{b)}	864,400	1,409,000	3,647,000	9,019,000
Asset Value (in Birr) ^{c)}	700	1,100	2,900	7,200
RWS coverage	14%	19%	28%	40%

^{a)} With 7.5% annual growth in coverage. ^{b)} 5 persons and one latrine per household. ^{c)} at an average latrine cost of 800Birr

**5.IMP
Recommendations
and Findings**

- Findings and
Recommendations**
- ◆ **Severage**
 - ◆ **Urban Sanitation Masyter Plan**
 - ◆ **Septage Collection and Disposal**
 - ◆ **Household Sanitation Facilities**
 - ◆ Sanitation Promotion
 - ◆ Building codes (urban)
 - ◆ Slum Improvement (urban)
 - ◆ Hygiene Promotion and Health Education (rural)

THANK YOU

**LET 'S GIVE
ATTENTION TO
SANITATION !**

The End

***“Water is Life
but Sanitation
is the way to
life”***

6. Presentation: Role of Health Education in awareness raising

Presentation: Role of Health Education in awareness raising

Health Related Situational Analysis

- 80% of H. Problems in developing countries (Ethiopia) are related to basic sanitation
 - e.g Lack of W. acc. & Sanitation
 - Healthfull Housing, Healthy toilet..... S & L. W. D etc.
- 25% of developing countries including our country Children ≤ 4 dies due to
 - Acute Diarrieic illness causes of A.D.I
 - Gastro-enteritis
 - Viruses
 - Bacterias
 - Parasites
 - Helmints e.t.c.
- 75% of diseases Dⁿ in Emergeny QP.D in our H.institutions like F. Hospitals, D.H and H. centers are related exactly to Water Sanitation and Basic sanitation problems

Let see what might be these W. borne diseases Dⁿ by Dr. Ho and nurses. All over the country.

eg.

- Viral g.E
 - Ameboic dys, shigellosis
 - Giardiasis
 - Aschariasis, strongloids, Trichuris, Tricusee etc.
- 80% of air pollution as Environ. Problem in developing country like us rather than Industry and vehicles harm full HC products are due to Indoor Pollutions (One of the causes in developing countries people burn a lot of woods as a source of Heat energy)

Solution

- Development of infrastructures, electrification process might solve this problem shifting the N source of E to Electrical Energy
- Finally we have to consider Poverty as basically ethological factor for all these H. related situations. B/C we have 80% of developing countries people live in external poverty >80%
- Basic Health Indicators (MoH) 1993
 - Population ~ 65.3X10⁶
 - E.P.I coverage → 41.9%
 - CPR → 18.7%

- # Of Health facilities ~ 7.1%
- # Of H. professionals = 19529
- I.M.R/1000 LB = 110-108
- Nm.R/100000 L.B = 560-850
- Health service coverage = 51%
- Pop. Growth rate = 7.3%
- Estimated # of L.V.HA → 3m

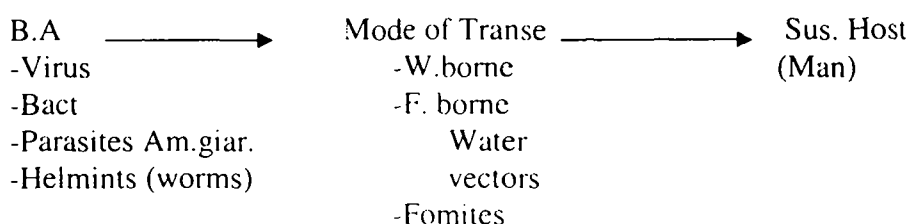
Considering

- Water sanitation
- Water Acc. or W. supply
- Basic sanitation

problems as not < store of causing water & food borne diseases

Epidemiologic Nature

(Chain) of C.Dis Genesis



Strategies for P.H Intervention

- ↑W acc. and sanitation at national level
 - H. Policy
 - Wa. Policy
 - Strategies
 - Devpt. Of Instars. have their own roles as supp. Env.
- Promotion of Health and Higinic Behaviour
 - Exp. Maria Typhosa
 - Boiling water before consuming (R.A)
 - Washing hands before (M)
 - Personal High of food Hand lers
 - Proper Se L&D

Why do we focus on Human Behaviour?

eg. Developed countries studies shows

- Due to Behavioural problems life Exp. can ↓ by 50% in some patients.
- eg. Many of the Car accidents → high consuming of Alcohol
- eg. smoking ↓25% taking H.E as solution

Problems Identification solution → gradual ↓50% of car accidents due to B.change

So, what about sanitation Problems?

Advo, HE; H promotion, using Deep & scientific Approach of H. Communication & social mobilization can achieve + Behavioural change in the community related to basic sanitation and promotion of Health

- Creation of Awareness of s. is not enough to develop Hygienic behaviour and skill in the comm. But Behavioural change
- Steps to Behavioural change
 1. Awareness exposure to the message
 2. Knowledge understanding of the message (deep understanding)
 3. Intention (Attitude) Interest, desire
 4. Practice (skill)
 5. Advocacy
- Slow (droplet of water falling on the Rock which may perforate it
- Another important issues for consider, if we want to promote H. Behavioural change & S related

1st the Pop. issues related to Poverty
Poverty → if Problems (sanitation)

eg. 1981 Eth pop. (30,000,000) → 2002 ~ 65.3×10^3

Growth due to ↑TFR → Big F. size associate → searching of Additional land (new land) → deforestation

↓
environmental -lack of rain
 -Drought → poverty
 -Malnutrition

- So, if we want to promote sanitation related + B. change then the best approach is as consider the integrated approach

E.g the Extension package

- IEC activities should focus on sanitation jointly with on the poverty (Aid)
 - F.P (pop con.)
 - immu.
 - Pre. of mal. T.P
 - Nutrition
 - M.C.H &
 - all RH activities together as one

What are the general principles of H. E?

1. Cumulative learning
- key word of word of comm..
 - "Learning growth"

- Sustainable HE.activity → Help the Behavioural change process.

2. Consider multiple Targets

- Illiterates

- Education H. L. M. →

- Highly Education use of M. F. adolescents

3. Use of Multiple method

e.g - HLM Posters, leaflets,
booklets, Au. vido

- Media p. media Eg. N. paper
E.media Tv, & radio

4. Participatory Nature

▪ Rem. commn is a two way process.

For eg. F.M Addis radio discuss airtime might be used to disseminate
Sanitation related problem – discussion journalist & audience

5. Input of H. Policy it is a relevant issue for H.E and social mobilization because
creates supportive environmental

6. Collaborative action

7. Institutional or administer arrangements

eg. Institutional set up HE in Ethio.
Federal Level

H.E.L

- Semi autonomous unit under MoH
- Guided by Board, drawn from relevant Go`vt sector ministries, teaching and research institutes Headed by G. Manager

Entrusted with responsibility of coordinating & directing I.E.C programmes

National/Regional Level

- R.H.B – IEC coordinating teams
- Zonal H. offices have I.E.C. Experts
- Health Facility Level I.E.C. Focal persons

Other important Factors to consider if the want to develop appropriate H. comm.
messages dissm. In this case, (sanitation)

1. People Rem. only about 20% what they see.
2. 40% of what they see & hear.
3. 80% of what they discover by them selves.

Albert Enst. "I don't teach my students, what I do is, prepare them condition to learn"

Activities in Health Education and promotion (Contd.)

- Involvement of stakeholders
- Social mobilization
- Resource undertakings

Other important H.Comm. Key words to consider in H.E active.

1. "Comm. is a process"
2. "Focus demand" sacrifice Hygiene's Salud → ↑ attitude of people to messages → use of H.E+Comm. Technic
3. "Think big",
"start small"
"act Now ""

Goals + pilot proj.

→ For the promotion of Hygienic behaviours

What are global or major problems in H.E

- 1- poor collaboration among sectors MoH. – W.R.M.
- 2- Poor community participant - advocacy
- 3- Poor monitoring and Evaluation (audience research K.A.P studies
- 4- Poor methods, and strategies
- 5- Poor reporting system
- 6- Poor Leadership
- 7- Inadequate coordination
- 8- Lack of trained man power & state of turn over

"If I Hear it I forget it, If I see it I remember it, If I do it I know it"

Chinese proverb grade of perception

Chinese

**"If I hear it I forget it;
If I see it I remember it;
If I do it I know it".**

Chinese proverb

→ grade of perception

7. Group work 1 notes and summary

National Sanitation Awareness Workshop

Nazareth, 7 – 8 November 2002

Pre- selected discussion points:

Day- 1

P- 1 What are the top 3 limiting factors of improvements in sanitation?

P- 2.1 Why are people taking efforts in getting and using latrines?

P- 2.2 from where they get them?

P- 3 *Can the present administrative structure at various levels of government provide necessary support to the users of services: families and enterprises? If yes, how and what kind?*

Day- 2

P- 1.1 What are the key learning from the case presentations on for example inter-institutional co-operation at different levels (national, regional, local)

P- 1.2 *Can the individuals inside the official government structure promote inter-institutional co-ordination without causing problems?*

P- 2.1 How to get the sanitation improvement of the IMP going?
How to reach the target?

P- 2.2 *Additional actions are needed beyond what we have heard from the presentations*

P- 3 Discuss the need for establishing a National Platform, its tasks, secretariat and time frame

Summary day one working group session

First question discussed was:

- What are the top-3 limiting factors of improvements in sanitation in Ethiopia?

The four presentations showed quite bit of similarities in what the major hindering factors are:

- Lack of an enabling environment and institutional support for sanitation improvement
- Lack of awareness and knowledge on the importance of sanitation
- Lack of commitment at all levels

The second question discussed was:

- Why are people in Ethiopia taking efforts in getting and using latrines, and from where they get them?

Main reasons mentioned were:

- Privacy
- Convenience
- Status
- Income level and prestige
- It is a requirement/enforcement

Health improvements were not mentioned by any of the groups.

The answers to the sub question from where people get toilets/latrines can be summarized as follows:

- Through individual effort
- Through support organizations, NGOs
- Through the government, but only limited

Some groups also discussed about the clarification point given for question 2:

Can the present administrative structure at various levels of government provide necessary support to the users of services: families and enterprises? If yes, how and what kind?

The answers were as follows, For urban sanitation: yes, but now not adequate, by

Group Discussions Presentations

Day – 1

Group – 1

P- 1

I. Lack of enabling environment

- Financial constraints
- Lack of concerted effort among governmental offices, NGOs and individuals
- Space problem in urban areas
- Sustainable and viable sanitation programmes
- Fragmented strategy on sanitation
- Affordable and appropriate technology
- Team work

II. Lack of commitment

- Financial
- Political
- Organizational
- Community participation
- Professional ethics
- Policy and implementation not compatible

III. Lack of effective awareness

- Poor knowledge
- Cultural hindrance / problem
- priority

P- 2.1

- privacy
- sign of status
- protection of the environment
- initiated by support organizations

P- 2.2

- individual effort
- support organizations and other institutions

Group – II

P- 1

1. Low awareness (from community to top management)
 - Attention
2. Institutional set up
 - No coordinating body
 - Policy problem
3. Economical
 - general poverty
 - absence of alternating fund

P- 2.1

1. Privacy and convenience
 - rural → no enforcing
 - urban → enforcing factor
2. Demand of clean area
3. Social value
 - dignity

P- 2.2

- a) individuals (family)
- b) NGOs
- c) government

P- 3

- No
- Grass root level activity

Group – III

P- 1

1. Institutional and capacity
 - Enforcement
 - Coordination

- Lack of commitment
- Town planning
- Private sector participation
- Motivation
- Appropriate technology
- Human resource shortage

2. Poverty

- Lack of adequate water supply
- Population growth
- Finance
- Social class

3. Awareness

- Cultural factor
- Health educational status
- Poor community participation

P- 2.1

- Privacy / comfort
- Enforcement
- Awareness and knowledge
- Life standard
- Lack of free space

P- 2.2

- Family
- Government
- NGO
- UN organizations / EEC

P- 3

- Yes
 - Decentralization
 - Curative → preventive
 - Empowerment
 - Strategy

Group – IV

P- 1

I. physical

- Appropriate technology
- Settlement pattern
 - Rural areas--- weakness
 - Urban areas – mater plan weakness
- Water supply coverage
- Sewerage system (poorly developed)
- Lack of waste treatment and disposal

2. Financial

- Financial constraints
- Poverty
- Donors and government supports are biased against sanitation (in favour of water supply)

3. Institutional

- Low commitment at all levels
- Education system (curriculum)
- Organizational structure (poor)
- Lack of standards
- Lack of inter-sectoral coordination
- Institutional capacity (weak)
- Clear mandate of institution (over lap)
- Broad definition of sanitation
- Low commitment of health profession regarding env'tal health issue
- Absence of proper monitoring and evaluation mechanism
- Code reinforcement problem
- No Action Talk Only (NATO) syndrome

4. Others

- Social and cultural
- Lack of awareness
- Population growth
- Broad definition of sanitation
- Low community participation
- Low media coverage
- Absence of private sector services
- Absence of research and KAP (Knowledge Attitude Practice)

P- 2

- Requirement (a must)
- Absence of alternatives (space)
- Input for increased awareness
- Income level + prestige
- Building code requirement
- Water supply available

P- 3

- Yes, but not adequate for urban ; for rural No !
 - By providing appropriate institutional setting
 - By allocating the necessary budget
 - Soliciting funding
 - Providing incentives for individuals and communities
 - Enforcing private sector involvement
- Services
 - Latrine improvement
 - Hygiene education
 - Solid waste collection and disposal

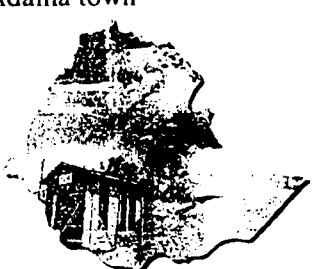
- Desludging latrines and septic tanks
- Sewerage services
- Technical support
- Public toilet and showers

8. Case: Adama/ Nazareth Sanitation Master Plan

Low Cost Sanitation Master Plan for Adama town

Case Study
By
Hailu Yemane

8 November, 2002



Contents

1. Purpose of the case study
2. General Description of Adama Town
3. Problems description
4. Methodology
5. Targets
6. Use of Appropriate Technology
7. Proposed Intervention
8. Implementation Strategy
9. Problems to be addressed
10. Lessons Learnt from the Project

1. Purpose of the Case Study

- 1.1 To study the feasibility of piped sewerage in large towns like Adama
- 1.2 To show practical problems encountered in the course of the sanitation master plan study
- 1.2 To identify the need for co-ordination & collaboration between different stakeholders in the sub-sector

2. General Description of Adama Town

- 2.1 Adama town is the Capital of Oromia regional state
- 2.2 Currently it has 20 Kebeles
- 2.3 The existing population is estimated to be about 200,000 and a high growth trend of population is expected
- 2.4 Adama is one the economical and relatively well urbanized Centre of the region

3. Problems description

- 3.1 Private Sanitation Facilities/services
- 3.2 Public Sanitation Facilities/Services

4. Specific goals of the study

- 4.1 To Test the National Water Supply and Sanitation Master plan indicators such as
 - Sanitation Profile and Town size
 - Technical relation between water supply and sanitation

4. Specific goals of the study(cont.)

4.2 To improve public wastewater collection and disposal services through cost effective forms of sewerage systems

- To establish a development vision for short term, medium term and long term development.
- Prevention of surface water and groundwater contamination
- Preparation of low cost sanitation master plan targeted for a combination of sewer system and on-site sanitation facilities

4. Specific goals of the study(cont.)

4.3. To improve the sludge collection and the disposal system in combination with the solid waste

- Development of an efficient procurement and maintenance plan for sludge collection equipment
- Establishment of proper plan for sludge treatment and controlled sanitary landfill site for dried sludge and solid waste
- Minimising health risks by improving sludge collection and treatment.

5. Methodology & Approach

5.1 Data Collection & interaction with the stakeholders

- Oromia Water Resource Bureau
- Adama Town
Municipality, Health Department, Town Water plan revision office, water supply service office, Town water supply project office
- Industries and high water consumers
- Private operators working in sanitation sector

5. Methodology & Approach(Cont.)

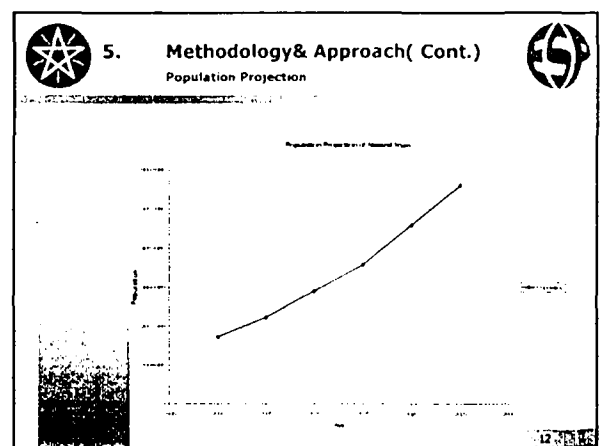
5.2 Analysis of Existing Situation

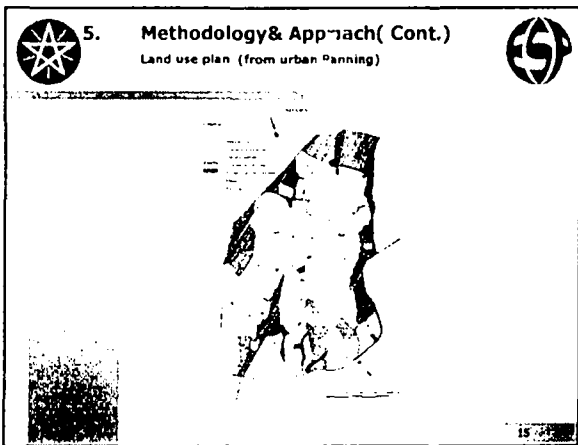
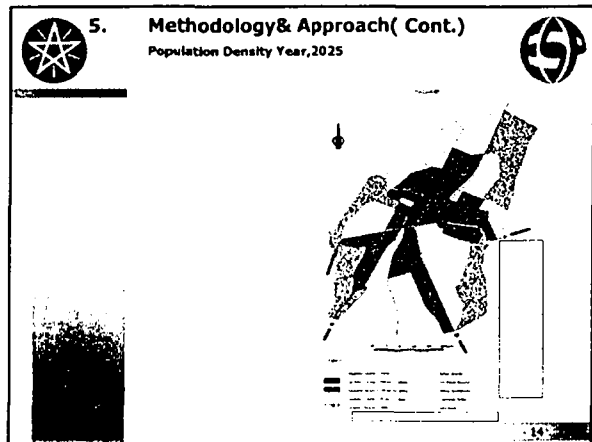
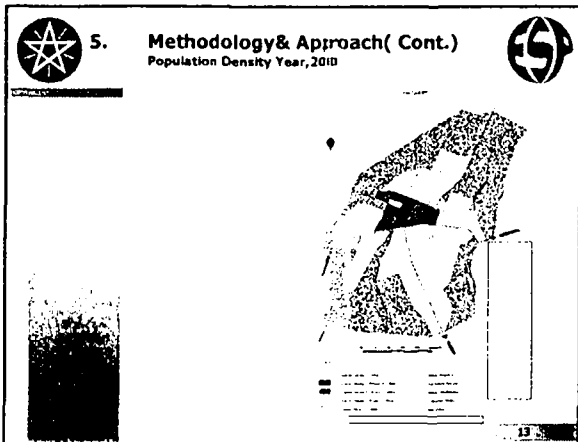
- Climate topography and soil condition
- Existing Population Density
- Existing Socio-Economic Data
- Existing Water Supply Service Profile
- Existing sanitation conditions
- Existing land use
- Environmental condition legislation & institutional framework

5. Methodology & Approach(Cont.)

5.3 Future Projection and Trend Forecast

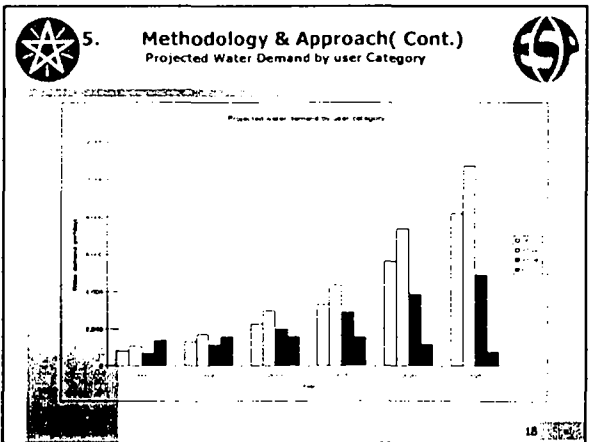
- Population Projection & Density
- Land Use /as planned by the town development master plan & Current Policy Changes/
- Water Supply Service Profile
- Sanitation Conditions





5. Methodology & Approach(Cont.)
Existing Water Supply Systems
- ❑ The total capacity of the old system was less than 7,000m³/day
 - ❑ Only about 5% of the population has private house connection
 - ❑ More than half of the population still use public taps

5. Methodology & Approach(Cont.)
Future Water supply System
- ❑ The new system will have the capacity of about 25,000 m³/day .
 - ❑ It is believed to improve the existing water supply service level of the town
 - ❑ It needs substantial expansion work of the system to meet the demand and to reach the planned service level.



5. Methodology & Approach(Cont.)
Non Domestic Demands

> Location of high water consumer group > 30m³/month, Year 2001

5. Methodology & Approach(Cont.)
Sanitation Condition

Private Sanitation Facilities Profile in %

Year	Flushed toilet private	Flushed Toilet Shared	Pit latrine private	Pit latrine Shared	Has no toilet	Not stated
1994	4.85	2.48	31.93	38.2	22.6	1.97
1998	3.60		36.6		7.80	
2000	4.0	2.0	33.0	32.0	27.0	2.0

5. Methodology & Approach(Cont.)
Sanitation Condition

Typical Example of raw sewage & solid waste in the storm water canal

5. Methodology & Approach(Cont.)
Sanitation Condition

Example of faulty design of storm water canal

6. Targets

6.1 Sanitation Profile in Domestic

Description of sanitary facilities	2000	2005	2015	2025
On Site Sanitation users (Private/Informal users)	73.50	75.50	84.00	88.1
Public Toilet Users	1.00	1.00	1.00	1.20
Condominium Sewerage Users	1.00	0.20	3.50	0.60
Piped sewerage users	1.00	2.00	4.30	8.00
None	26.50	19.25	8.50	2.10

Non-Domestic in Pipelines
About 32,000 to 53,000 Non-domestic users could also be served by the public sewer system.

6. Targets (cont.)

6.2 The sludge collection efficiency will be improved from 80% in 2005 to 90% 2025.

6.3 The sludge treatment and disposal and solid waste disposal will be improved to an environmentally acceptable level.

6.4 The project will contribute to improve the health of the beneficiaries, which will in the longer term have an impact on life expectancy.

7. Steps for Project Formulation

- 7.1 Preparation of Master plan options for different design horizons
- 7.2 Select and formulate a project
- 7.3 Preliminary design for the selected options
- 7.4 Economic feasibility and EIA
- 7.5 Final Master plan

7. Approach for Project Formulation (Cont.)

Sewer Scenario Phase I

7. Approach for Project Formulation (Cont.)

Sewer Scenario Phase II

8. Appropriate technology

8.1 Sewer system & Wastewater Treatment Plan

- The system will be solely by gravity and minimum maintenance and operation skills are required.
- For the wastewater treatment plants, the use of anaerobic, facultative and maturation ponds are widely recommended, as they are very robust and easy to operate.
- The effluent from the ponds is bacteriological pure and needs no further treatment for use for unrestricted irrigation.

9. Proposed Interventions

- 9.1 Conventional sewerage
- 9.2 Condominial Sewerage
- 9.3 Public Latrines
- 9.4 Sludge Collection Equipments
- 9.5 Sludge Treatment & disposal site
- 9.6 Solid waste disposal site
- 9.7 Communal Latrines

10. Implementation Strategies

Phasing of sanitation measures

10.1 Phase I: The near future.

- Piped sewerage will be introduced in the West Catchment of Adama comprising the majority of the town centre
- Any planned and developed residential area, will as much as possible be served by condominial sewerage systems.
- The collected wastewaters will be treated at a suitable location outside the urban area
- The number of communal and public facilities will be raised, serving the population depending on yard taps and public taps
- Industries will be forced to enhance to pre-treat their wastes up to an acceptable level

10. Implementation Strategies cont.

10.2 Phase 2: design horizon 2015

- In the east catchment piped sewerage will be introduced
- In the west catchments extensions of laterals towards adjacent residential areas will increase the number of connections. All initial condominial systems are connected.

10.3 Phase 3: design horizon 2025

- To increase the density and the number of connections and to extend the network to full coverage.

11. Conclusion

11.1 The sewerage project could help to improve the general environment of the town by both reducing the amount of water running along the roads in many parts of the town

11.2 This cleanliness would essentially provide more space for the informal operators, especially women and children who are dealing in petty trades such as fruits, vegetables and other foodstuffs

12. Problems to be addressed

12.1 Lack of proper regulations, restrictions and verification during construction of on-site sanitation facilities

12.2 In some areas there is insufficient infiltration capacity to allow seepage of septic tank effluent into the subsoil

12.3 Poor solid waste collection and urban drainage facilities, leading to an extra burden on the sludge collection and sewerage systems

13. Lessons Learnt from the Project

13.1 In order to obtain a satisfactory sanitation service improvement in the urban settlements, the need to prepare an integrated Sanitation master plan which could complement the urban development master plan is essential

13.2 An integrated approach on sanitation project requires a close coordination and /or collaboration between stakeholders


13.3 The Awareness and involvement of the community during the introduction of a sanitation project like sewerage system would have direct benefit to the project. As they can promote interest and willingness to contribute for improving water supplies, the installation of latrines and the overall sanitary conditions in the area

13.4 Lack of stakeholders coordination is becoming an important issue in the development sub sector

13. Lessons Learnt from the Project(cont.)

The Need for Collaboration and Co-ordination for Success

THE END



9. Case: WSS in UNICEF Woreda WBS project

**A Case Study on the
Implementation of the UNICEF
assisted Water Supply, Sanitation
and Hygiene Education Programme
in the WIBS Woredas**

Most of the content of the paper is an extract from
the Rapid Assessment Report on WIBS Programme
carried out by an external consultant, July 2002.

A paper prepared for
the Workshop on National Sanitation Awareness
7-8 November, 2002
Nazareth

Implementation of Water Supply, Environmental Sanitation and Hygiene Education in the framework of the area based WIBS programme

I. Introduction

1.1 WIBS definition, concept and objective

The United Nations Children's Fund's (UNICEF) involvement in the promotion of the welfare of Ethiopian children and women in Ethiopia dates back to 1952. Since then, the organisation has implemented several country programmes the biggest of which is the 1994 – 2001 that includes a five year country programme and a two-year bridging period. This country programme, including the bridging period, comprised of a nation wide and **an area based programmes that targeted at advancing the welfare of women and children. The area based programme which is commonly referred as Woreda Integrated Basic Services (WIBS) was implemented in 55 selected Woredas accounting for 10% of the Woredas in the country.** The essential basic services included, health and nutrition, basic education, water supply and sanitation.

The concept of Woreda based development corresponds with the overall transformation of the country's socio-economic policy and state structure that shifted from a single/one state and command economic system to federal state and market economic system. With this came decentralisation of the state structure that makes Woredas the centre of economic development and administrative functions at the lower level of the state administrative structure. Under this circumstance, **the introduction of WIBS was considered as one means of facilitating the decentralisation process of the government structure that would enhance development and welfare of the people at the grassroots level.** Based on the experience of RIBS and UBIS programmes, it was further assumed that **the development approach would facilitate community empowerment for the creation of strong social base for the sustainability and replicability of vital basic services for the community.**

1.2 Selection of the woredas

WIBS programme has been implemented in 55 selected Woreda scattered in all of the federal states including Addis Ababa and Dire Dawa Administrative Councils. These Woredas were selected primarily on the basis of the level of deprivation of basic services essential for the maintenance of secured livelihood for marginalised sectors of the society, which invariably include children and women. The programme was implemented

by government structures from federal to Woreda levels. Additional criteria for the selection of these Woredas included:

- * **Greater density of population than an average Woreda,**
- * **Higher fertility rates and poor child and maternal health conditions,**
- * **In adequate health services, and**
- * **Weak Woreda infrastructure.**

1.3 Program implementation strategies.

These 55 Woredas were brought into the programme in phases of yearly interval. The first 14 Woredas started implementation of the programme in 1987 (Eth. Cal) where as the second 20 and the third phase 21 Woredas started participation in WIBS programme in 1989(Eth. Cal.) and 1990 (Eth. Cal) respectively. Accordingly, MEDAC at the federal level and regional BOPEDs and Woredas at the regions had the co-ordination and implementation responsibility of WIBS programme.

Woredas at the regions had the co-ordination and implementation responsibility of WIBS programme especially after the mid term review that reoriented the programme implementation approach. Correspondingly, UNICEF sub-offices in Addis Ababa, Awassa, Harar, and Baher Dar that were opened with the view to facilitate the programme implementation were closed as their functions are taken over by regional BOPEDs. Despite this, UNICEF continued to provide technical assistance in various aspects of WIBS programme implementation like annual plan of action (POA) preparation, introduction of cluster schools, the promotion of the concept of gender and development.

With the above as an overall programme strategy, the specific strategies introduced by the WIBS programme were¹:

- * **Sensitisation of all stakeholders** of the programme (including the community) on integrated and participatory development approach.
- * **Creation of programme co-ordination,** implementation and monitoring mechanisms at all levels down to the community.
- * **Capacity building of the Woredas** in development programme implementation and management of basic services introduced.
- * **Promotion of bottom up approach** in development programme designing and implementation.
- * **Advocacy to promote child development** as the nucleus of human development.
- * **Gender streamlining** of integrated development packages to accommodate women's concerns in WIBS programmes.

¹ Adopted from MPO (1994 &1999)

- * **Introduction of system to advance community empowerment** to control their resources and solve their problems, and
- * **Targeting interventions to reach the hard-to-reach**, the poor and most vulnerable, especially those with multiple vulnerabilities,
- * **Supporting integrated service delivery** through provision of needed materials.

While the nation wide programme was sector approach implemented through federal ministries and regional sector bureaus, the area based development is a Woreda bound intervention implementing Woreda integrated basic services (WIBS) that aim to benefit the community through the creation of convergence in the delivery of services. In this regard, the programme was built on the knowledge and experience of UNICEF gained from previous rural/urban integrated basic services (RIBS/UBIS) in Ethiopia. **The lessons learnt from these interventions have shown that the area based development approach has succeeded to mobilize communities to give solution to the problems stifling their physical and spiritual wellbeing.**

The experience gained as a strategic approach for community development has practically demonstrated its capacity to bring in the ultimate beneficiaries of basic services to identify, articulate, prioritise their needs, and implement interventions to solve their problems. As the approaches advocated bottom up planning and people centred intervention, it had managed to create a sense of competition among communities to mobilise community skill, and resources for the development of community owned and managed basic service. Inculcation of such kind of readiness and motivation is considered as an essential asset for poverty eradication and creation of self-reliance in a country. Encouraged by the development in this direction, UNICEF-Ethiopia scaled up the coverage of this development approach by allocating to the extent of fifty percent of its development budget during its fourth country programme of co-operation (1994–1999) and the bridging period (2000-2001).

WIBS programme was implemented in rather grim socio-economic situations that are characterised by the lowest social welfare indicators in the world. Further more, the programme was introduced at a time when the country was at the aftermath of the protracted war and recurrent drought and famine that devastated the limited available basic services. On top of this, the programme was implemented under a situation where the society is suffering from age-old cultural and traditional harmful practices that particularly affect the situation of children and women. It was with this background that the government of Ethiopia and UNICEF introduced nation wide and areas based development programmes believed to provide solutions to crucial problems affecting the situation of children and women.

1.4 WIBS programme components and interventions.

Initially, WIBS (area based) programme incorporated eight programme focuses mainly:

- * Primary health care,
- * Household food security and nutrition,
- * **Water and sanitation,**
- * Basic education,
- * Social mobilisation and communication,
- * Programme development, monitoring, and evaluation/reporting,
- * Community development and empowerment, and
- * Emergency prevention and Preparedness.

The main intervention areas of the WBS programme were:

- * Skill and capacity building in planning, implementation and monitoring of development activities in a participatory manner,
- * Promotion of primary education aimed at improving access to primary education for the advancement of girls' education,
- * Primary health and nutrition that includes primary health care services, EPI, control of diarrhoea disease and vitamin "A" deficiencies,
- * **Water supply and environmental sanitation with emphasis on system development for sustained service,** and,
- * Gender and development with emphasis on awareness creation on abuse/exploitation and harmful traditional practises exerted mainly on women

After the mid term review of the programme, the programme focus was streamlined into the following five areas⁴.

- * Health and nutrition that includes primary health care services, EPI, control of diarrhoeal diseases, vitamin "A" deficiency control, improvement of nutritional status of children and women and reduction of maternal mortality,
- * **Water supply and environmental sanitation with more emphasis on systems development, rural water supply and maintenance,**
- * Primary education aimed at improving access to primary education with special emphasis on the advancement of girls' education,
- * Prevention of exploitation, abuse, and harm of children and women, and
- * Capacity building in programme management and monitoring & evaluation.

Under WBS program in cooperation with government sectors, it was possible to promote the participation of members of the communities to identify and prioritize needs at the beginning of the project life. **Other forms of community participation in areas including management of water schemes, education, and health services operate well and have continued to date.** It seems that much work has to go into the design and delivery of the program to ensuring the creation of demand, ownership and defined minimum level of empowerment practices.

II. Rapid Assessment on WBS implementation.

⁴ Adopted from Reoriented Programme of Action of UNICEF 4th country Programme for Ethiopia and The Bridging Period MPO

After both the fourth country programme and the bridging period were finalised, it was found necessary to conduct rapid assessment of WBS programme. This evaluation has been carried out the aim:

- to capture the extent the programme has attained its objectives; and
- document key lessons learnt for the coming country programme, which will be essentially an amalgamation of area based, and nation wide approaches administered by sector ministries and regional sector bureaux.

2.1 Sample Woreda selection for the Rapid Assessment

The sample selection is based on the purpose of the study in view of identifying what is working and what is not working and why. And as such, attempts were made to select WBS Woredas that have known to work well and also others that are known to be not working well comparatively. The intention of the mix is to make comparisons between those Woredas doing well and those comparatively not doing well. Concerned officers at UNICEF and MEDaC, given their series of assessment of the performance of the Woredas, identified the following as sample Woredas:

Region/Urban	Sample Woredas
Amhara	<i>Dehana, Enebsie</i>
Benshangul	<i>Wombera</i>
Gambela	<i>Abobo</i>
Oromiya	<i>Arsi Negele, Haru, Jeldu, Odo Shakiso,</i>
Somali	<i>Kebri-Beyah</i>
SNNPR	<i>Angacha, Lanfro</i>
Tirgai	<i>Samre</i>
Urban	<i>Harar, Dire-Dawa, Woreda-7 (Addis Ababa)</i>

The total sample Woredas selected is fifteen. Regions having more WBS Woredas than others are represented by more than one sample Woreda. The type of sample applied is purposive sampling based on development levels characterised as emerging Woredas, relatively emerging and urban. Woredas characterised as relatively emerging are Wombera, Abobo and Kebri Beyah. The samples urban considered are Woreda 7 of Addis Ababa, Harar and Dire Dawa. The rest of sample Woredas are classified as emerging Woredas.

2.2. Assessment results on issues that impact WES

2.2.1 Training

Much effort has been put into the organisation and delivery of training programs offered to government employees and members of the communities in WBS Woredas. Appendix

It shows the number of trainees by subjects/topics delivered in sample Woredas for the years 1990 and 1993 (E.C). The list shows that topics covered in sample Woredas include:

- ❑ In planning, monitoring & evaluation areas: orientation in planning, evaluation of programs
- ❑ In health and nutrition areas: training of TBAs and CHAs, nutrition and food production, family planning, sanitation and latrine construction, primary health care (PHC) seminar, and HIV/AIDS prevention and care
- ❑ In education area: school management, supervision, teaching methods and preparation of teaching-aids, organisation and management of school cluster system
- ❑ **In water, sanitation & hygiene areas: water management, hand-pump maintenance, and sanitation and hygiene**
- ❑ Other training components also include: mill operation, saving & credit management, keeping beehives, crop production, animal husbandry, and crop production.

Members of the communities in WIBS Woredas have been exposed to varied components of training programs across the project life. The various training programs have enhanced communities capabilities for improved health practices, created better opportunities for children particularly girls' education, skills in managing water points, running of grinding mills, and better income generating activities.

Challenges and Constraints faced in the Design and Development of Training Programmes

Challenges and constraints faced by various Woredas include:

- ❑ Lack of resource persons in the Woreda to design and manage training programs
- ❑ Absence of follow up of the impact of training programs. There is inadequate follow up of those trained. The focus is only training recruited trainees. Most trainees seem at most meet members of the community once and share their experience. And this occurs immediately after they took the training.
- ❑ Training on the necessity for use of latrines did not seem to bear fruit. The irony observed in Arsi-Negele was that trainees who were trained to sensitise members of the community did not build latrines using slabs that would be available from the Woreda administration for them.

Recommendations forwarded to Improve Training Programs

The following recommendations are perceived by discussants/participants to improve the training program:

- ❑ Extended training programs for school staff to improve school management and teaching-learning situations
- ❑ Strengthening the management aspect of training for women

- The managerial capacities of the Woreda and Kebele administration officers should be more strengthened for better comprehension of the program and effective leadership
- Follow-up of those trained should be made and that opportunity should be created so that the program could have a multiplier effect.
- The number of latrines or level of toilet use in the Woredas has been described minimal and that more work in this regard is required

2.2.2 Capacity Building

According to the beneficiaries, WIBS capacity-building interventions have greatly increased the awareness of the communities for improved health practices, better access to education, and better income generation activities. It has also assisted the government personnel for improved form of communal participation, planning and monitoring. **The other form of capacity building in terms of institutional building assistance made by the program included provisions of various equipment in sectors including health, education and water and sanitation facilitating the running of the project.**

2.2.3. Community Participation

The creation of empowerment needs a political support and inputs of various components matching with the current socioeconomic situation of the communities.

The capacity building intervention could have scored more results if supported by better design and management of training programs and highly reduced rate of turnover of government employees.

III. Rapid Assessment on the WIBS/WES

3.1. Water Supply in WIBS.

Water is the primary need of all people. Ethiopia has one of worst water coverage level in Sub Saharan Africa.

The baseline survey of Sample WIBS Woredas revealed that (a) water is in short supply in Sample WIBS Woredas and (b) many women and girls spend an inordinate amount of time walking long distance to fetch water. Women and children are the chief beneficiaries of the improvement in water coverage. Nationally, it is estimated that about 31% (Health and Health Related Indicators. Planning & programming Dept., MOH, 1993) of the people of Ethiopia have access to clean and safe water supplies in 1993.

Access to safe water, accompanied by improvements in sanitation and personal hygiene, contributes to better health. The economic benefits arising from time-savings that improved water supply contributes can be substantial for the community, especially for

the welfare of children

The high per capita cost of water scheme is cited as a primary obstacle to increasing the Sample WIBS Woredas water supply coverage. It is widely claimed that water is an intervention area in many Woredas for many NGOs. However, this fact has not been found to be very evident in most Sample WIBS Woredas.

Many Woredas speak of their dream to establish maintenance and repair crew for water schemes as well as a modest spare parts shop in the Woreda for self-sufficiency for sustainable output. Their decision was prompted because of the difficulty encountered in finding spare parts in the Woreda and lack of technicians for maintenance. However, they indicated resource constraints in their respective Woredas have stopped them.

Although we cannot give an exact figure because of insufficient data, there are few schemes that are constructed by WIBS that are non-functional because of insufficient maintenance and operation provisions.

3.1.1. The Nine Sample WIBS Woredas (NSWW)

Table 1: Comparison between NSWW and the National Level in Water Coverage

	1990 Eth. C.	1993 Eth. C.	GROWTH %
NSWW %(1)	28.0	50.1	79
NATIONAL % (2)	25.0*	31.0**	24
GAP (2)-(1)	-3.0	-19.1	
TARGET 1993 %		42***	
PERFORMANCE % (TARGET)		119	

* Data available only for 1990 for the national level. Accordingly, the data for 1990 were also used for NSWWs.

** Health and Health Related Indicators, Planning & programming Dept., MOH, 1993.

*** A Situation report: Children and Women in Ethiopia 1993 Gre. C.

From the above Table one observes that

- There is an upward trend in water coverage achievement in the NSWW
- NSWW aggregate growth (79%) from 1987 to 1993 is about three times greater than the national level, which is 24%.
- The gap in water coverage achievement between the national and that of the NSWW has widened in favor of NSWW by 537% from of the achievement Gap of 1987.
- The NSWW have also surpassed the target percentage points by 119%.

The NSWW have also surpassed the WIBS target objective percentage points. The performance rate in 1993 of Dire Dawa against the national achievement is 117%, while Harari is far below the national level.

In all the sampled WIBS Woredas there is a significant growth recorded in 1993 more than the national coverage and the gap has narrowed. However, in NSWW the gap has slightly widened.

In the area of water coverage, the NSWW can be stratified into three distinct wordas. The first group consists of those Woredas that have surpassed both the national level and the WIBS target objectives of 31% and 42% respectively. The second group consists of those Woredas that are fast approaching the national and the WIBS target objectives, and the third group consists of those Woredas for which data are not available. The first group contains Samre, Enebssie, and Angacha. The second group contains Dahana, Jeldu, and Lanfro. A close look at the Woredas of the second group reveals that their growth achievement is much higher than that of the national level of 24%. In this regard Dahana has a growth percentage of 130%, Jeldu 179%, and Lanfro 104%. However, the rates of their performance against the national and the WIBS target objective are Dahana 43% and 32%, Jeldu 77% and 57%, and Lanfro 86% and 64% respectively.

3.1.2. PUSWW

Table 2: Comparison between PUSWW and the National Level in Water Coverage

	1990* Eth. C.	1993 Eth. C.	GROWTH %
PUSWW %(1)	62.8	61.9	- 1.4
NATIONAL-URBAN % (2)	91^	72.0**	- 20.9
GAP (2)-(1)	28.2	10.1	
TARGET 1993 %		42***	
PERFORMANCE % (TARGET)		147	

* Data available only for 1990 for the national level. Accordingly, the data for 1990 were also used for NSWWs.

** Health and Health Related Indicators, Planning & programming Dept., MOH, 1993.

*** A Situation report: Children and Women in Ethiopia 1993 Gre. C.

^ SOCW96 1990-1995

The growth in water coverage in 1993 from that of 1987 of PUSWW is higher than the national level and its rate of performance against the WIBS target of objective of 42% is 147%. However, the achievement of PUSWW of 61.9% is lower than the national level of 72% urban water coverage. Nevertheless, in 1993 the gap has been significantly narrowed 28.2% to 10.1%.

The performance rate in 1993 of Dire Dawa against the national achievement is 117%, while Harari is far below the national level. On the other hand, the gap has greatly bridged. Dire Dawa is one of the big cities in Ethiopia. It has an advantage of a better

water coverage because of felt need for water. It has also a better start before the start of WIBS programme.

Water in Harari is a national concern. The rural Harari is virtually neglected as far as water point is concerned as the regional state's emphasis is on the urban Harari. Since the measure of water coverage takes into account the total population of the Woreda, it shows a low performance in the region.

3.1.3. PRSWW

Table 3: Comparison between PRSWW and the National Level in Water Coverage

	1990* Eth. C.	1993 Eth. C.	GROWTH %
PRSWW %			
- Kebrey Beyah	6.25	7.76	24
- Abobo	34.8	48.0	38
- Wombera	NDA	3.6	-
(1)			
NATIONAL-RURAL %	14.2***	24.0**	69
(2)			
REGIONAL			
- Somali	9.0****	9.0**	0
- Gambella	16.6	18.0	8
- Benshangul/Gumuz	14.8	22.0	49
(3)			
GAP (2)-(1)			
- Kebrey Beyah	7.95	16.24	
- Abobo	-20.6	-24.0	
- Wombera	-	20.4	
GAP (3)-(1)			
- Kebrey Beyah	2.75	1.24	
- Abobo	-18.2	-30	
- Wombera	-	18.4	
TARGET 1993 %		NDA	
PERFORMANCE % (national level)			
- Kebrey Beyah		32.0	
- Abobo		200	
- Wombera		15.0	

* Data available only for 1990 for the national level. Accordingly, the data for 1990 were also used for NSWWs.

** WSDP Draft Document Vol. IV, Subsector Reports Water Supply and Sanitation MOWR, Dec 2001

*** A Situation report: Children and Women in Ethiopia 1993 Gre. C.

**** CSA, Census Report 1994

Kebri Beyah

Its achievement growth from 1990 to 1993 is lower than the national level. Its 1993 gap between the national rural level has widened than that of 1987. Its performance rate against the 1993 national rural level is only 32.3%. The town suffers from absence of good water sources. As a result the rural community rely mainly on catchment of water collection in a "Birka" that lasts for a maximum of 3-4 months. Because of accessibility problem, cash assistance and supplies are delayed or do not arrive at all in most of these Woredas. As a result its implementation rate is very low.

Abobo Woreda

Its achievement growth rate from 1990 to 1993 is lower than the national- rural but higher than the regional level. Its achievement in 1993 is also significantly higher than the regional level. Its 1993 achievement gap between the national level has also widened from that of 1990 in its favor, and its performance rate against the 1993 national rural level is 200%.

Wombera Woreda

There are no data for 1987 and 1990 in water coverage. Nevertheless, its achievement in 1993 is substantially lower than the national rural level of 24%. Its performance rate in 1993 against the national rural level is only 15%.

WATER COVERAGE	
HIGH ACHIEVERS	LOW ACHIEVERS
* Samre	* Kebrye Beyah
* Enebssie	* Wombera
* Angacha	* Haru
* Abobo	* Harari
* Dire Dawa	
IN BETWEEN	
	Dehana
	Jeldu
	Lanfro

3.2. ENVIRONMENTAL SANITATION

The objective of UNICEF Water and Sanitation programme is to support efforts toward the realization of the basic right to have clean water and sanitation services in order to improve the health status of the people.

This is a programme that has the focus of UNICEF in WBS programme in order to curb the host of communicable diseases that spread through improper environmental sanitation. It is an area that has not shown much progress in the past. The nation's coverage is among the worst even in Africa's standards.

3.2.1 The Nine sample WBS Woredas (NSWW)

Table 4: Comparison b/n NSWW and the National Level in Sanitation Coverage

	1990* Eth. C.	1993 Eth. C.	GROWTH %
NSWW % (1)	0.81	8.9	999
NATIONAL % (2)	7.0**	17.0***	143
GAP (2)-(1)	6.19	8.1	
TARGET 1993 %		18.6****	
PERFORMANCE % (TARGET)		48	

* Data available only for 1990 for the national level. Accordingly, the data for 1990 were also used for NSWWs.

**SOCW96 1990-95

*** WSDP Draft Document Vol. IV, Subsector Reports Water Supply and Sanitation MOWR, Dec 2001

**** A Situation report: Children and Women in Ethiopia 1993 Gre. C.

From the Table one observes that:

- There is an upward trend in sanitation coverage achievement in the NSWW
- NSWW aggregate growth (999%) from 1987 to 1993 is significantly greater than the national level, which is 143%.
- The achievement gap between the national and NSWW in 1993 has widened in favor of the national level by 30.8% from that of the gap in 1987.
- The performance rate in 1993 against the WBS target objective of 18.6% is 48%.

With the sole exception of Angacha that has surpassed both the national level of 17% and WBS target objective of 18.6% in sanitation coverage, the rest of the NSWW have achievements much lower than the national and target levels. Dehana, Haru, and Arssi-Negele Woredas have only data for 1993 and therefore unable to examine their growth performance from 1987 to 1993. The rest of the Woredas in the NSWW have recorded a significant growth percent from 1987/1990 to 1993 even though their coverage is far lower than the national level. For instance, Enebsie has not performed well in terms of sanitation coverage when compared to the national level. However, its growth in 1993 from that of 1987 is 107%.

2.2.2 PUSWW

Table 5: Comparison b/n PUSWW and the National Level in Sanitation Coverage

	1987 Eth. C.	1993 Eth. C.	GROWTH %
PUSWW-DIRE DAWA % (1)	41.3	67.6	64
NATIONAL-URBAN % (2)	97.0*	71.0**	- 26.8
GAP (2)-(1)	55.7	3.4	
TARGET 1993 %		NDA	
PERFORMANCE % (National level)		95	

* CSA Population and Housing Census 1994

**WSDP Draft Document Vol. IV. Sub-Sector Reports Water Supply and Sanitation MOWR, Dec 2001

*** A Situation report: Children and Women in Ethiopia 1993 Gre. C.

Sanitation coverage in Dire Dawa has shown a positive trend from the base year of 1987 to 1993. It has also achieved a higher percentage of growth in 1993 from that of 1987 than the national level. As a result, the gap in sanitation coverage between the national level and PUSWW in 1993 has substantially narrowed than that in 1987. The performance rate against the national level in 1993 is 95%.

3.2.3. PRSWW

Table 6: Comparison b/n PRSWW and the National Level in Sanitation Coverage

	1990 Eth. C.	1993 Eth. C.	GROWTH %
PRSWW % (1)	2.68	4.0	75
NATIONAL-RURAL % (2)	7.0*	7.0**	0
GAP (2)-(1)	4.32	3.38	
TARGET 1993 %		ND	
PERFORMANCE % (National level)		57	

* Data available only for 1990 for the national level. Accordingly, the data for 1990 were also used for NSW.

** Health and Health Related Indicators, Planning & programming Dept., MOH, 1993.

*** A Situation report: Children and Women in Ethiopia 1993 Gre. C.

The growth in achievement from 1990 to 1993 is 75%. However, the performance rate in 1993 of PRSWW against the national level is 57%. Abobo has relatively performed better than the other two Woredas in PRSWW. Its performance rate in 1993 against the national rural level of 7% is 57%.

**ENVIRONMENTAL SANITATION
HIGH ACHIEVERS**

1. ANGACHA
2. DIRE DAWA
3. ABOBO

**ENVIRONMENTAL SANITATION
LOW ACHIEVERS**

1. SAMRE
2. ENEBSSIE
3. DAHANA
4. JELDU
5. HARU
6. ARSSI NEGELE
7. LANFRO
8. Kebri Beyah
9. Wombera

NB. Data are incomplete for Oddo Shakisso.

Although strengthened sensitisation programme was given in most of sample WBS Woredas, the achievement with respect to that of the national in the sanitation sector is much to be desired. The behavioural change of households in utilisation of sanitation facilities is not evident both in the observation and the data collected during the rapid assessment. Sanitation work appears to be relegated as a secondary activity in Sample WBS Woredas.

Even though WIBS Woredas fared very well indeed with regard to closing the gap and growth performance in sanitation coverage, compared to the national and national-rural performance they have a long way to go.

3.3. Sustainability of Achievements in Service Coverage

The level of sustainability (for an explanation of sustainability please refer to section on sustainability) of achievements in service coverage in the Woredas is shown in the table below.

WOREDAS	HEALTH	BASIC EDUCATION	WATER [^]	SANITATION
1. Samre	*	*	*	X
2. Enebssie	*	*	*	X
3. Dehana	**	*	**	X
4. Angacha	*	*	*	*
5. Jeldu	**	*	X	X
6. Haru	X	*	X	X
7. Dire Dawa	*	*	*	*
8. Abobo	X	*	**	*
9. Wombera	X	X	X	X
10. Lanfro	X	*	**	X

[^] Does not include motorised water scheme.

X Not sustainable

* Sustainable

** Most likely to be sustainable

3.3.1 Sustainability of Achievements in Water Supply and Sanitation

For sustainability to be achieved, three conditions have to be realised. These are (a) effective community participation (which is surely a function of need that directly influences demand creation), (b) strengthened capacity in management, and (c) there must be an appropriate and viable system installed. All the three points functions of the need of the community for basic services which are very important for sustainability considerations. In the sequel, we shall, therefore, consider the applicability of the three points with respect to the service delivery in the different sectors and examine whether some of the achievements in the each sector are sustainable or not

Commenting on the importance of participation on a water project in order to guarantee ownership by the community in the Woreda, a farmer in the kebele focus group discussion in Jeldu Woreda asked,

“How do I claim ownership of a water scheme when I am not convinced of its need, have not contributed a cent or have not thrown a piece of stone to build it?”

The achievements in the water sectors, especially concerning non-motorized water schemes, in **Angacha, Samre, Dehana, Dire Dawa, and Enebsie** are sustainable. Dehana, Abobo,

Lanfro, and Jeldu will most likely be sustainable. On Arsi-Negele and Oddo Shakisso no judgement could be made regarding their achievements' sustainability because of the incomplete data in the sector.

**SUSTAINABILITY OF
ACHIEVEMENT IN
WATER SERVICES**

**ANGACHA
SAMRE
DAHANA
ENEBSIE
DIRE DAWA**

With regard to the achievement in Environmental Sanitation, perhaps only **Angacha, Abobo, and Dire Dawa** are most likely to be sustainable.

The main reasons why the water supply & environmental sanitation service achievement is more likely to be sustainable in the indicated Woredas are given below.

a) Effective Community Participation

WASHE Committees for management of basic water supply and sanitation for water and sanitation and hygiene facilities at Woreda and Kebele levels have been established.

b) Community's Management of services Capability Strengthened

WATER Committee members have been trained in supervision and other basic management activities. They are involved in operation & minor maintenance, supervision, and monitoring. Strengthened management capacity for WATER Committee has been established. WATER committees have the power to set prices, collection, and use of fund and its safekeeping. They have no cost recovery system but they have developed a water revolving fund for sustainable ownership of the community. They are responsible for the management, operation, and control of fund.

c) Systems/Mechanisms have been established

Mechanisms to enhance resource mobilization for the development and expansion of activities have been established. Accountability mechanisms to the community and Woreda Administration have been established. Each WATER committee reports to a general Kebele meeting its yearly performance and its plan for the following year in the presence of the Woreda and kebele officials. The community and the Woreda officials accordingly evaluate the performance of each Committee. This practice has been established, for instance, in Samre, Enebsie and Dahana Woredas.

Systems have been established for technical and managerial support from the Zone and Region, especially in the areas of planning, monitoring and maintenance and repair. The

community has been mobilized to participate in the installation of community water schemes in terms of labor, building a fence and providing a guard for the scheme. The community is also ready to commit more contributions as the demand for safe and clean water has been increased as a result of sensitization interventions and the feasibility experienced by communities. There is also a visible support and commitment of communities and the Woreda Council for water activities.

IV. Resources for WIBS Programme

As can be seen from the Table - A & B below, UNICEF allocated a total of USD 58.55 million for WIBS programme for the period covered between 1994 and 2001. Of this sum, 68.0% or USD 39.8 million has been utilised. The remaining fund (USD 18.7 million (32.0%) though available has not been used by the Woredas. Under this scenario, the country's capacity to benefit from the funds available has been in the neighbourhood of 70% which considering many impediments the programme faced, is not a bad performance. Higher utilisation rate would have been particularly advantageous in a situation where the recipient is not entitled for the unutilised allocation. Hence, funds unutilised are opportunity forfeited/lost as a result of failure to spend it on development activities.

4.1. UNICEF Annual Resources Allocation and Utilization* (1994 – 2001)

Table - A In USD

Years	Allocation				Total	Utilisation	
	GR Value	%	SF Value	%		Value	%
1994	3,370,000	95.0	175,600	5.0	3,546,300	2,312,600	65.2
1995	3,603,199	49.9	3,625,041	50.1	7,228,240	5,294,151	73.2
1996	5,373,900	50.1	5,357,899	49.9	10,731,799	6,585,054	61.4
1997	3,782,020	43.7	4,874,555	56.3	8,656,575	3,333,470	38.5
1998	6,304,555	85.4	1,074,537	14.6	7,379,092	5,010,485	67.9

1999	4,412,719	61.4	2,772,555	38.6	7,185,274	5,541,170	77.1
2000	5,105,046	84.8	917,510	15.2	6,022,556	5,204,245	86.4
2001	6,710,863	86.1	1,087,336	20.0	7,798,199	6,540,019	83.9
Total	38,663,002	66.0	19,885,033	34.0	58,548,035	39,821,195	68.0

Source: UNICEF/Addis Ababa

* Fourth Country Programme and the Bridging Period
GR = General Resources, SF = Supplementary Funds

The eight years resources utilisation performance depicts the phases the programme had undergone during its life. The first four years (1994 –1997) had been the period of familiarisation and lessons learnt. Accordingly, the performance in resources utilisation and for that matter development implementation had been very modest. For instance, the highest annual utilisation rate during the first four years was 73.2% (1995) while the lowest was 38.5% (1997).

The period that could be termed as the second phase covered the years 1998 and 1999 that fall after the mid-term programme review. As a result of the experiences, gained and facilitative measures taken following the review, the performance in resource utilisation and by analogy the programme implementation have improved considerably. In this respect, the highest utilisation rate had jumped to 77.1% as compared to the first four years signifying encouraging trend. This phase, on the other hand, coincided with the end of the fourth country programme.

Fortunately, the improved utilisation rate continued to the third phase of WBS programme that is commonly known as the bridging period. Comparatively speaking, this period has recorded the highest resource utilisation rate over the life of WBS programme. As can be seen from Table - A above, the fund utilisation reached its pick of 86.4% (Year 2000). Other things being equal, allocated resources utilisation depicts the level of development works under taken. As can be seen elsewhere in this report, significant progress has been made in the implementation of WBS programme after the mid term review and during the bridging period.

4.2. UNICEF Resource Allocation and Utilization* by Regions (1994 – 2001)

Table – B

In USD

No.	Regions	Allocation**			Utilisation		Unutilised	
		GR	SF	Total	Value	%	Value	%
1	Addis Ababa	2,042,764	824,346	2,867,110	1,933,384	67.4	933,726	32.6
2	Afar	1,094,030	0	1,094,030	705,890	64.5	388,140	35.5
3	Amhara	6,059,714	3,618,738	9,678,452	6,240,338	64.5	3,438,118	35.5
4	Benshangul Gumuz	1,361,130	1,919,987	3,281,117	1,867,838	56.9	1,413,279	43.1
5	Dire Dawa	997,090	10,000	1,007,090	840,278	83.4	166,812	16.6
6	Gambella	1,013,861	10,000	1,023,861	740,718	72.3	283,143	27.7
7	Harari	1,104,747	131,864	1,236,611	826,427	66.8	410,184	32.2
8	Oromia	12,491,772	3,355,831	15,847,603	11,226,029	70.8	4,621,574	29.2
9	Somali	2,167,324	2,811,116	4,978,440	3,216,064	64.9	1,762,376	35.4

10	SNNPRS	6,655,564	2,535,368	9,190,932	6,849,791	74.5	2,341,141	25.5
11	Tigray	3,675,006	4,667,783	8,342,789	5,374,437	64.4	2,968,352	35.6
-	Total	38,663,002	19,885,033	58,548,035	39,821,195	68.0	18,726,840	32.0

Source: UNICEF/Addis Ababa

* Fourth Country Programme and the Bridging Period

GR = General Resources, SF = Supplementary Funds

** For a year by year and region by region WIBS resources distribution refer Annex - 8

The fund allocation between regions partly depends upon the number of Woreda included in the regions. Further down the line, the utilisation performance also varies from region to region depending upon the region's human resource and infrastructure development that are vital for the implementation of development programmes.

In general, however, regions like Afar, Amhara, Benshangul Gumuz, Somali and Tigray are among those that have relatively lower resources utilisation rate. They are among those regions whose utilisation rate is below two thirds of the allocated UNICEF' material and cash resources. In this regard, it is worth to note that seven out of the eleven regions have utilisation rates between 60% and 70% (refer Table - B). Likewise, one region has below 60% (Benishagul Gumuz). Three regions have rates between 70% to 85%. The three regions that have the first three highest utilisation rates are Dire Dawa (83.4%), SNNPR (74.5%), and Gambella (72.3%).

4.3. Aggregate UNICEF Resource Share and Utilization* (1994 – 2001)

Table – C

In USD

No.	Regions	Woredas	Allocation (GR+SF)*			Utilisation		
			Regional Total	Avg. Per Woreda	Rank	Regional Total	Avg. per Woreda	Rank
1	Addis Ababa	3	2,867,110	955,570	8th	1,933,384	644,461	8th
2	Afar	2	1,094,030	547,015	11th	705,890	352,945	11th
3	Amhara	10	9,678,452	967,845	7th	6,240,338	624,034	9th
4	Benshishagul Gumuz	2	3,281,117	1,640,559	3rd	1,867,838	933,919	3rd
5	Dire Dawa	1	1,007,090	1,007,090	6th	840,278	840,278	4th
6	Gambella	1	1,023,861	1,023,861	5th	740,718	740,718	6th
7	Harari	1	1,236,611	1,236,611	4th	826,427	826,427	5th
8	Oromia	18	15,847,603	880,422	10th	11,226,029	623,668	10th
9	Somali	3	4,978,440	1,659,480	2nd	3,216,064	1,072,021	2nd
10	SNNPRS	10	9,190,932	919,093	9th	6,849,791	684,979	7th
11	Tigray	4	8,342,789	2,085,697	1st	5,374,437	1,343,609	1st
-	Total	55	58,548,035	-	-	39,821,195	-	-

Source: UNICEF/Addis Ababa

* Fourth Country Programme and the Bridging Period

* GR = General Resources, SF = Supplementary Funds

As can be seen from Table – C above, the total sum of fund delivered to the regions seems to favour the three big regions namely Oromia with 18 Woreda, and Amhara and SNNPR with ten Woredas each included in WIBS programme. Nevertheless, in terms of share of fund per Woreda regardless of the sources of fund, provides different scenario. The highest share per Woreda went to the four Woredas in Tigray region (USD 2,085,697 each) followed by Somali and Benishagul Gumuz as the second and the third with USD 1,659,480 and 1,640,559 for each Woreda respectively. The smallest share per Woreda went to Afar (USD 544,015). More or less the same pattern is observed in terms of Woreda wise fund utilisation as well.

A glance at Table - B above could easily show that the difference in the share of the available resources mainly arise from access to the supplementary funds. Some regions have benefited from supplementary fund (SF) more than others tilting the overall resources distribution proportion to their favour (Refer Table - B and Annex - 8 for detail year by year resources distribution for the entire WIBS programme period). In this regard, regions that had a good share of the supplementary fund were Tigray, Amhara, Oromia, Somali, SNNPRS and Benshangul Bumuz National regional states in descending order. On the extreme side, Afar had nothing by way of supplementary fund while Dire Dawa and Gambella had USD 10,000 each during the eight years. UNICEF's explanation to this is that supplementary fund (SF) allocation largely depends on performance, absorption capacity, need and proper utilisation of fund.

V.WES sector in WIBS

WES activities were jointly planned and were expected to be implemented in an integrated manner within the same localities. The integration was made difficult at times because the sector was being managed by two separate bureaux i.e., Water and Health bureau respectively.

5.1. Water supply activities

- Drilling and fitting with hand pumps, small diameter **shallow wells**
- Drilling of **deep wells** and installation of motorised pumps, water tanks and distribution networks.
- Capping and developing of **springs** with on-the-spot distribution or with storage tanks for distribution by gravity or pumping
- **Hand dug wells** to be fitted with hand pumps
- Construction of **ponds** and rain water harvesting structures and cisterns
- **Rehabilitation of defunct schemes**
- **Training** of pump operators, pump attendants, water committees etc.
- **Basic water and hand pump use education**

5.2. Cost of WIBS/WES activities

Though there is wide variation between woredas, water supply and sanitation (implicitly) come among the top priorities of development for a majority of the WIBS woredas. Though no sectoral accounting has been done, of the above allocation per woreda, it is estimated that the **allocation for WES ranged from 20 to 40%**. Again it is estimated that the **Sanitation and Hygiene Education component used 25 to 35% of the WES allocation**. At household level, the major part of the cost of constructing sanitary facilities is borne by families themselves. In order to know the per capita cost of WIBS/ESHE component, a detailed costing has to be carried out.

VI. Constraints/challenges

The WIBS programme was implemented under the influence of a host of constraints and challenges. These constraints had a direct and indirect negative influence on the overall performance and achievement of the anticipated objectives. To mention some of the key constraints:

6.1 Cash Assistance and Supply management

- Unsynchronised Cash Release and Supplies Delivery.
- Delays on Cash Liquidation
- Rigid Supplies Delivery System
- Long Process of Fund Reallocation/Transfer

6.2 Programme Design and Implementation Concerns

- Ineffective monitoring by responsible people
- Too short Planning Time and Limited Technical Assistance
- Non Availability of Key Sector Offices at Woreda Level
- High Turnover of Leadership and Professionals
- Woreda Administrations' Undue Interference

6.3 Other Implementation Issues

- Exclusion of Offices of Agriculture as Programme Implementers
- Absence of Full-time Co-ordinators and Sector Offices Focal Persons
- Paradox of Urban and Rural Dichotomy

VII. Lessons learned

- ❖ Using both female and male extension workers for promoting sanitation is very important
- ❖ Women's organisations are effective conduits for Hygiene Education

- ❖ ESHE projects can't succeed without the political support of the top echelons
- ❖ Schools are good entry points to the community
- ❖ Urban communal latrines can have sustained services if ownership is ascertained to groups of users
- ❖ School latrines with separate compartments, preferably isolated, for boys and girls enhance girls' enrolment in schools
- ❖ All plans and interventions on ESHE must be guided by a baseline survey involving the communities

VIII. Resource materials used.

In order to improve project design and performance UNICEF/WES conducted following surveys, studies, workshops and training:

1. **WIBS baseline survey on each woreda**
2. **Environmental Sanitation case study in Addis Ababa**
3. **Research proposal on KAP of Sanitation in WIBS woredas**
4. **National Participatory Environmental Sanitation Workshop at Samere, Tigray**
5. **Sanitation Survey in Tigray**
6. **KAP on water supply, Environmental Sanitation and Hygiene practices in selected woredas of Ethiopia**
7. **Consultant study for health, and WES in the two WIBS woredas of Benshangul-Gumuz**
8. **VIPP workshop on sanitation**
9. **Hired a consultant to introduce and promote the fabrication of Sanplat slabs**
10. **Conducted PRA exercises at few woredas, sanitation was included**
11. **Prepared guidelines for costing & implementing water supply, Environmental Sanitation projects in the regions and WIBS woredas**

10. RWSEP in Amhara Region Sanitation Strategy

RURAL WATER SUPPLY AND SANITATION PROGRAM IN AMHARA REGION

OVERVIEW OF THE SANITATION STRATEGY IN THE RWSEP

Presentation in the Workshop on National Sanitation Awareness, Nazareth 7-8 November 2002
Mesfin Urgessa, Program Manager of RWSEP

OVERVIEW OF THE SANITATION STRATEGY IN THE RWSEP

1. Introduction

Rural Water Supply and Environmental Program (RWSEP) has been active in Amhara Region, Ethiopia, since the beginning of 1987 E.C. (September 1994 Gregorian Calendar) The first Phase of the Program was 4 years (1987-1990 E.C.) The Phase II was originally also 4 years (1991-1994 E.C.) but was later extended 6 months more. The planning of the Phase III is ongoing and it is assumed to be also 4 years (4/1995-4/1998 EC.). At the moment RWSEP covers 288 Sub-Kebeles in 18 Woredas. Four Woredas are located in South Gondar Zone (Dera, Farta, Fogera and Estie), eight Woredas in East Gojjam Zone (Hulet Iju, Goncha, Enamay, Shebel, Enebsie Sad Mir, Dejen, Enarg Enawga and Bibugn), four Woredas in West Gojjam Zone (Bahir Dar Zuria, Yilmana Densa, Dagadamot and Quarit) and two Woredas in Awi Zone (Ankesha and Guangua). The total rural population living in the 18 Woredas is more than 3 million and the total rural population living in the RWSEP intervention Kebeles is close to 1,2 million.

Total expenditure of RWSEP in Phase I was 49 million Birr including the Government of Finland and Government of Ethiopia contributions. The budget for Phase II was about 66 million Birr jointly by the two Governments.

The main purpose of the program is to build local capacity of the communities to take the responsibility of their own development. Among these the specific objective is to improve the health status of the rural population.

2. Area of focus

The RWSEP sanitation strategy is focusing to the awareness creation and capacity building at the community level. This is done by establishing of links between water and sanitation facilities and human practices, especially with regard to the use, care and maintenance of facilities, preserving of water safety and its use and the disposal of waste and especially human waste.

3. Specific Objectives

1. Increase the latrine coverage in the rural communities
2. Ensure the water is clean from tap to mouth
3. Create awareness in sanitation and personal hygiene
4. Improve the water point environmental sanitation

4. Expected outputs/results

1. Use of alternative non-protected water points decreased
2. Changed attitudes and behavior in sanitation and hygiene
3. Increased demand of household latrines
4. Increased latrine coverage
5. Improved household management and health

5. Target Group

1. Rural communities using the constructed water supply facilities and people living close to them
2. School children in the schools in the project area
3. Special attention to women in the communities

6. Approach

The selected approach is promotional approach in which the community participation play the most important role.

7. Means

1.1. Institutional set-up

Establishment and training of multi-sectoral Water and Sanitation Teams at Region, Zone and Woreda levels as well as use of Kebele Development Committees, Schools, Clinics, Health Units and Development Agents at Kebele level and WATSANCOs Contact Women at village level utilizes all available resources to carry out sanitation and environmental health information dissemination to the grass root level target groups in 288 Sub-Kebeles. The Program uses Zonal Water and Sanitation Team members as trainers to train Woreda level personnel. Furthermore Woreda level Water and Sanitation Team members train school teachers and school directors, Health Unit personnel and Development Agents to carry out the village level training and hygiene promotion as well as WATSANCO, Contact Women and School Sanitation Club training. So far one Regional team, 4 Zonal teams and 18 Woreda teams exists and are functional. Members in the teams are from health, agriculture, water and education sectors. In total 103 (25 female) Woreda Water and Sanitation Team members and 98 (24 female) Health Unit personnel have been trained by the Program. The RWSEP organogram illustrating the program's multisectoral approach is annexed.

1.2. Construction of water points

In order to facilitate and demonstrate the best hygiene practices the Program is facilitating the construction of water points to the rural communities based on the demand. Local artisans trained by the Program together with the communities carry out the construction. The Woreda level personnel from agriculture, health and water sectors facilitate this construction.

Up to now the program has constructed a total of 1,433 new water points and rehabilitated 33 water points constructed by others. Out of these water points 1, 241 are community water points and 232 institutional water points. Total number of beneficiaries using these community water points is 476,220. Accordingly the average rural water supply coverage in the RWSEP Woredas is 15%, in RWSEP Kebeles 41% and in RWSEP Sub-Kebeles 56%. An average of 138,000 students and 1,490 patients are using school and clinic water points daily and these are not included in the coverage calculation.

1.3. Introduction of VIP latrines for institutions

Construction of VIP latrines for schools and clinics in RWSEP intervention area promotes good sanitation practice among school children and personnel and reduces girls' school dropouts. So far 64 schools and 14 clinics have been equipped with proper VIP latrines. Latrines are separate for girls and boys according to the demands of the school communities. All VIP school latrines have hand-washing facility kept functional by the school sanitation clubs. Each of these 64 schools has also their own hand dug well, which also contributes to the good hygiene and sanitation practices.

1.4. Utilization of school teachers and children

Establishment of School Sanitation Clubs to manage the school VIP latrines and to disseminate the hygiene education in the schools and in the households promotes the sanitation and hygiene in the schools and in the communities beyond the schools. So far 134 School Sanitation Clubs have been established and their members trained. Number of one School Sanitation Club members is 30 including two teachers.

A separate School Sanitation Hygiene Education Manual has been prepared, approved by the BoE and BoH and the manual has been added into the school curriculum.

In these schools two periods per week have been assigned for hygiene education. Personal hygiene inspections, cleaning of classrooms and cleaning of school compound are carried out weekly. A separate pit for waste is also constructed for each school.

1.5. Demonstration of household latrines at schools

Construction of household demonstration latrines for schools promotes household latrine construction at household level. So far 66 household demonstration latrines have been constructed for schools. As a result of sanitation and hygiene promotion at schools the families of the school children have constructed 2,621 household latrines during the last two years.

1.6. Ensuring tap-to-mouth hygiene

Training of 4-5 Contact Women for each water point helps to ensure that the water is clean from tap-to-mouth. Each Contact Woman is responsible to teach members of 15 households for tap-to-mouth hygiene, general hygiene and sanitation and house management. So far 5,190 contact women have been trained to serve 1,216 community water point households.

1.7. Utilization of WATSANCO members in hygiene and sanitation awareness creation

The training of WATSANCO members for hygiene and environmental sanitation to keep the water point clean and to encourage the construction of latrines and change hygiene habits increases the awareness of good sanitation and hygiene habits. All WATSANCO members in RWSEP receive this training once and refresher training is carried out every second year. So far 1,241 WATSANCOs (5 members each, 2 female) have been trained.

1.8. Demonstrate household latrine construction for water point users

Two household demonstration latrines for selected households of each water point are constructed in order to demonstrate latrines for the water point users. So far 1,021 water point user demonstration latrines have been constructed.

1.9. Increase cloth washing

Cloth washing basins are constructed with water points. This reduces the workload of women of carrying water to the households for washing purpose and travel long distance to find a river. It also increases the washing of cloths and accordingly improves personal hygiene.

1.10. Separate human and animal water supply

On the request of the community the separate cattle trough outside of the fenced water point area is also constructed. This ensures that animals do not enter the water point area and accordingly possible contamination by animal waste is avoided. Also there is no need to take animals to distant rivers.

1.11. Utilize all available resources at Kebele level

Development Agents in each intervention Kebele are trained in sanitation and hygiene education promotion. These people are called Kebele Program Coordinators (KPC) in the RWSEP implementation and they act as RWSEP representatives in each Sub-Kebele and as secretaries for the Kebele Development Committee meetings. So far 335 KPCs (65 female) have been trained out of which 275 (62 female) still exist in the Sub-Kebeles)

1.12. Demonstrate successful village sanitation and hygiene

RWSEP has established sanitation demonstration village for each Woreda to demonstrate good sanitation practices and proper hygiene behavior. So far 17 sanitation demonstration Kebeles have been established. In these villages each household has a latrine and their household management is properly carried out. As a result of this activity over 5,000 household latrines have been constructed.

1.13. Provide affordable sanitation alternatives

RWSEP has developed simple and affordable household sanitation models. As a result locally made SanPlat mould was developed for the first time by the local workshop in Bahir Dar and after testing moulds were distributed to each RWSEP Woreda. The demand for the moulds is increasing even beyond the Amhara Region (Tigray). The concrete slabs made by the mould costs only Birr 15 and is possible to produce locally and is easy to transport due to its lightweight.

The benefits of the slabs are: it is cheap, light, durable and easy to keep clean. The slab can be transferred to the new pit when the old pit becomes full.

Appropriate technology has been introduced in RWSEP. Private SanPlat slab production centers have been established to meet the increasing demand of SanPlat slabs as a result of the sanitation promotion and hygiene education. So far 10 production centers have been established and a total of 4, 957 slabs have been produced and sold in one year.

1.14. Mirt stove for the improvement of health

The RWSEP has developed a locally made fuel wood saving stove called "Mirt". This stove saves the firewood more than 50 % and cooks "injera" bread efficiently. All materials needed for the stove are locally available. RWSEP has established 10 Mirt stove production centers in which producers have been trained and they have been given the moulds and start up materials. So far 23 (9 female) producers have been trained and supported. At the end of Phase II 14 producers (6 female) are still available. These production centers function on commercial bases.

Mirt is now becoming very popular in RWSEP Kebeles and in addition of saving the firewood the stove also protects women and children from burns and smokes and provides them ergonomic way of working.

1.15. Experience sharing

RWSEP organizes experience-sharing trips for communities who have not yet improved their sanitation and hygiene practices to visit the well functioning sanitation demonstration villages.

1.16. Introduce appropriate technology

In addition to SanPlat slab production RWSEP has introduced ECOSAN latrine especially for the semi-urban population. So far 5 ECOSAN latrines have been constructed, users trained and are in use by the private households. This was done in cooperation with an NGO called SUDEA. Possible ways of reducing costs of ECOSAN latrine construction is under study.

1.17. Develop hygiene education training materials

Sanitation and hygiene education materials such as posters, trainers' manuals and practical education materials for the sanitation promoters and illiterate community members have been developed by the RWSEP. Three different sanitation posters using traditional church painting technique have been tested and produced.

Also School Hygiene Education Manual, Personal Hygiene and Environmental Sanitation Promotion Manual, Water Quality Testing Manual, sanitation brochures and visual aid have been produced.

1.18. Extend sanitation and hygiene promotion to semi-urban areas

In order to demonstrate improved sanitation and hygiene practices also in the crowded semi-urban centers the program together with the BoH has carried out Hamusit urban center sanitation demonstration project. As a preparatory work Knowledge, Attitude and Practice Study as well as Trachoma Survey were carried out in Hamusit. Thereafter detailed implementation plan was prepared with Regional, Zonal, Woreda and Hamusit representatives. The following were planned and implemented:

- Construction of an incinerator for the Hamusit clinic (implemented as planned)
- Construction of 4 group latrines (one implemented)
- Construction of public shower (implemented as planned)
- Construction of public latrine (implemented as planned)
- Construction of septic tank for the two above (implemented as planned)
- Construction of guard house for the three above (implemented as planned)
- Production of 850 SanPlat slabs (implemented as planned)
- Distribution of SanPlat slabs to the households who completed their own latrine (505 distributed)
- Training of WATSAN committee members (51 members out of eight villages trained)

1.19. Utilize IEC for sanitation and hygiene promotion

The RWSEP has used drama, songs and poems as information and communication media. The Woreda and School IEC teams established by the Program are important resources also to disseminate sanitation and hygiene information to the communities. Therefore IEC as an integral part of sanitation has become a major tool for information dissemination.

Some of the very important IEC tools of the RWSEP are quarterly published bi-lingual newsletter called Aggar and also quarterly published Amharic newsletter called Mikikkir. Aggar ensures the information dissemination vertically and Mikikkir horizontally. Mikikkir articles are collected from the Kebele level community development plan quarterly evaluation meetings.

1.20. Consider illiterate

The RWSEP uses listening groups technique to provide hygiene and sanitation education to illiterate community members. Listening groups in three Woredas have been established. Especially Contact Women will be trained by using this technique.

The Project is also in a process to produce health-learning materials for illiterate people. In this respect contacts have been established with the MoH and Jimma University.

8. Impacts

The impacts of the RWSEP sanitation and hygiene education promotion noticed so far can be summarized as follows:

- Increased demand of SanPlat slabs and household latrines
- Improved health of the school students
- Improved cleanliness of schools to serve as models
- Improved cleanliness of households
- Improved food and water storage at households
- Decreased dropouts of girls from schools
- Increased latrine use at household level
- Improved health status of the rural population due to the safe water use and change in attitudes on sanitation

Though the work is at this early stage, we can say that we are able to see a glimpse of hope towards achievement of our objective: That is to improve the health status of the rural population.

Bahir Dar on November 4, 2002

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11. Group work 2 notes and summary

Second day summary

The outcome of the second day groupwork is visible through the Adaba Declaration: Commitment on Sanitation in Ethiopia. See: Annex 12.

Some highlights from the discussion give an impression about the atmosphere.

“It was good to hear that all agree to establish a National Sanitation Platform and secretariat, and identified the same tasks”. Jaap Butter, ESP3, MoWR/DHV

“We have come to a common understanding on environmental sanitation, which is a good foundation for going forward. The second group work showed almost similar solutions to the problems. Where we go from here? We need to make outcome known to many partners. It was a pity that there was no media to cover this meeting. This should be brought to the media, the prime minister and the proposed board members of the platform, NGOs, multilaterals. Consequences of lack of sanitation is equally a concern as HIV aids”. Tekka Gebru, UNICEF, WES

“The result of the last two days is very good achievement, with everybody’s active participation. Next steps require commitment at the highest political level. May be go through our various ministries get the message through to our ministers, bringing them together soon for this national commitment, to convince our vice ministers and ministers”. Getachew Abdi, ESP Coordinator, MoWR

Awareness creation for sanitation through this workshop was achieved at a maximum. I as a specialist have learned quite a bit from presentations and the discussions here. About the world commitment and Ethiopian commitment to sanitation. I have internalised what I am going to contribute in my institute. I thank the workshop and wish it luck. Kebede Faris, Ass Prof, Jimma University

At the end it was agreed that the MoWR and MoH will take follow up action next week. A steering committee will assist, it consists of representatives of the two ministries, EPA, University, ESP, and NGOs.

Day – 2

Group Discussions Presentations

Group – I

P- 1.1

- Inter institutional cooperation / integration
- IEC community based
- Local capacity building
- Micro financing
- The need for budget / finance
- Low administrative capacity to use the available fund effectively
- Integration of water, sanitation and hygiene education

P- 1.2

- Yes, there are problems for automatic cooperation

P- 2.1

- Government commitment to get loans or grants to stimulate the low growth scenario
- Community commitment and participation
- Coordinate fragmented efforts
- The need for monitoring and evaluation mechanism
- Strengthening the soft ware programme as much as hard ware programme
- Design implement able plan
- Establish revolving sanitation fund
- Build and strengthen institutional capacity at all level

P- 3

- Yes, there is a need
- Suggested members:
 - MoH, MoWR, EPA, MoE, MoInf'n, MoCB, Science & Technology Commissionetc
 - Training institutions
 - Communities
 - Professional associations
 - Religious organizations
 - Support agencies
- Tasks:
 - Solicit sanitation funds
 - Create national coordination
 - Promotion
 - Establish curriculum at all levels in schools
- Time frame :
 - Start with in six months
 - Extend until 2015 – up to 50% coverage

Group – II

P- 1.1

- Develop the concept of woreda level programme
 - area based approach
- demand driven and participatory approach contribute for the sustainability of projects

- coordinated effort among stake holders
- integrated approach will lead to effective development
 - impact
 - benefir
- studies on all sanitation issues
- donors and NGOs bypass the existing structur

P- 2

- establishing coordinating organ at all levels
 - develop local fund raising mechanisms
 - sanitation facilities should be considered during construction of any infrastructure
 - there should be enforcing laws and regula
- high involvement of private sectors
- strengthening institutions
- awareness raising towards behavioural change
- integrated and clear master plan for all sanitation and related services

P- 3

- coordinating organ among different ministries
- tasks
 - develop rules and regulations
 - monitoring and evaluations of all sanitation programme
 - asses the capacity of implementing agencies
 - develop standards
 - conduct research
- secretariat : EPA
- Time frame: permanent institution

Group – III

P- 1.1

Adama master plan

- Consultant work – institutions , community
- Focus on future plan
- Does not show how to coordinate different stakeholders

RWSEP

- Institutional coordination
- organogram - / well reflected / indicated
- community involvement – to the grass root level / intervention area
- acceptance and duplication at regional level

UNICEF / WIBS

- institutional coordination / weak at higher stronger at lower level
- communication gap – regions and zones not fully involved

P- 1.2

- yes, but minimal
- what governs
 - ✓ structure
 - ✓ policy
 - ✓ programme

P- 2.1

- target setting linked – financiers
- sanitation mainly depend on individual / house holds / mentality / thinking
- appropriate technology – low cost
- media role
- inter personal communication
- awareness and commitment at all levels
- top agenda for policy makers and individuals
- income generating / cost sharing programme and coordination
- networking efforts
- more fund allocation for rural than urban
 - 80 – 85 % people live in rural area

P- 3

- Tasks :
 - Coordinating role and overtaking the responsibility of stake holders
 - Coordinate over all work at all levels
 - Develop guide lines , manuals, standards, ...
 - Monitoring and evaluation activities
 - Fund / lobby, fund raising
 - Advocacy, training, awareness creation generally
 - Fixing target / national
 - what could be achieved and when, how, by whom
 - Research
- Learn the lesson from HIV secretariat !
- Time frame : as soon as possible

Group IV

P1.1

Key lesson learned from the presentations:

- The need for financial support

- The need for a responsible body for sustainability
- The need for capacity building
- The need for community participation
- The need for simplifying the management structure
- The Environmental Sanitation Programme can succeed if plans are prepared with stakeholders involvement
- The need to have authority with responsibility
- ESP needs political pressure, support and will at the highest level
- Need for cooperation at all levels
- The need for an aggressive promotion
- Condominial sewerage is away to go
- The need for measurable indicators for sanitation projects

IMP targets for 2015

- 20 largest towns urban sanitation MO prepared
- 19 largest towns sewerage
- 24 % rural coverage

Sanitation should be accepted as priority at national and regional level with a focus on prevention
Need to establish an organization or (institution) to implement the IMP in relation to the federal policy

Aggressive resource mobilisation:

- private sector involvement
- soft loans arrangement
- tax relief

Applied research and development programme

Capacity building

Enforcement of codes at all levels

P. 3

National Sanitation Forum

Tasks:

top 3:

- Advocacy
- Coordination
- Soliciting funds

Governed by board consisting of representatives from :

MoH, MoWR MoAgr, MOEd, EPA, MoInf + NGOs and multilateral organizations

The platform should be established as soon as possible, at the latest 2003. PMO as head
Board + secretariat, plus regional council.

12. Adama Declaration

Adama Declaration: Commitment for Action on Sanitation in Ethiopia

The **Workshop on National Sanitation Awareness** bringing together in Adama from 7 – 8 November 2002 a group of 60 professionals representing stakeholders from various ministries, universities, municipalities, NGOs, and multilateral agencies from national, regional, municipal and woreda level in Ethiopia,

- being aware of the commitment world leaders agreed to at the World Summit on Sustainable Development (WSSD) in Johannesburg, to a target of reducing by half the proportion of people who do not have access to basic sanitation by 2015;
- having heard the interest expressed by the MoWR, MoH, EPA and other relevant organisations in Ethiopia to move sanitation action forward at all levels;
- realising that the Ethiopian sanitation coverage of 17 percent is among the lowest in Africa;
- realising that Ethiopia still has a long way to go to reach this sanitation target and has to prepare a workable framework that can help to achieve the target;
- having heard presentations of successful sanitation and hygiene promotion interventions, but realising the severity of the situation;
- agreed that this workshop may be considered as a first step in the required direction and **therefore recommend to the Government of Ethiopia:**
 - to establish as soon as possible a National Sanitation Platform, for regular communication, and information exchange, with a secretariat preferably in the PMO that can take the necessary action on the long term, possibly even after 2015;
 - to use the lessons learned from the case studies on sanitation and hygiene to prepare a concerted national framework for sanitation development;
 - suggested tasks of the platform include: information collection, organisation and dissemination, as well as knowledge sharing, for example through a newsletter on sanitation;
 - advocacy for the cause of sanitation amongst the federal and regional institutions, politicians, international partners and public at large;
 - solicit funding for sanitation development;
 - to create strong co-operation amongst relevant governmental organisations, support organisations such as NGOs and the community;
 - to guide, monitor and evaluate the programme to achieve the sanitation goal;
 - to invite the two ministries that organised this workshop to take up follow up action as soon as possible to help establish the platform;

Declared in Adama, 8 November, 2002