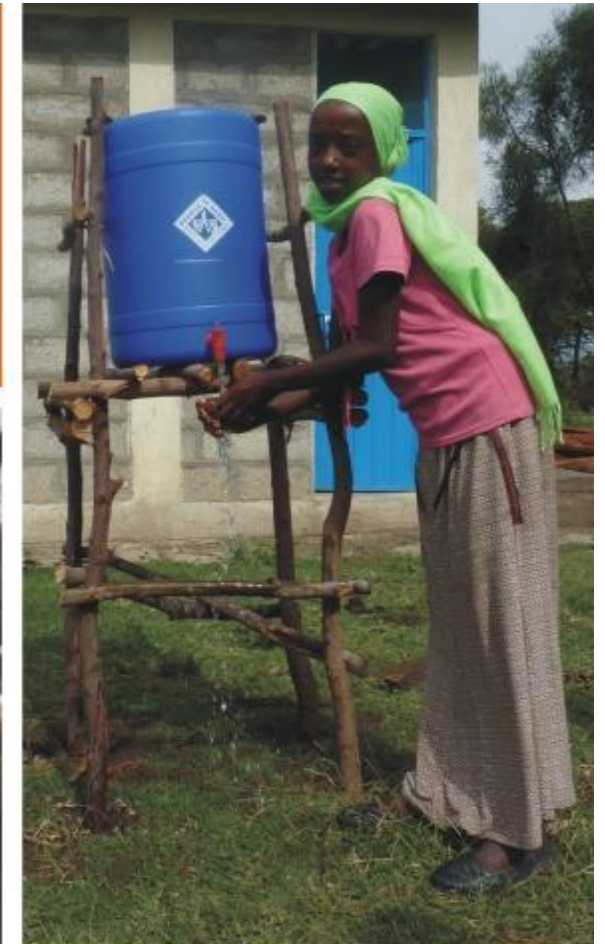


Water, Sanitation and Hygiene Program Strategy 2015 – 2020

People In Need (PIN) Ethiopia



EXECUTIVE SUMMARY

Water, hygiene and sanitation (WASH) is one of the PIN's priority sectors in Ethiopia. We focus on delivering **integrated sustainable WASH services within a multi-sectorial approach in order to strengthen the resilience of the most vulnerable**. We have extensive experience in acute humanitarian response to droughts and epidemics, construction and rehabilitation of sustainable water supply infrastructure, rural water scheme management, community mobilization and hygiene and sanitation awareness. We have successfully implemented a number projects in many areas of SNNPR and Southern Oromia with funding from UNOCHA, ECHO, IRC, Czech Development Agency (CZDA) and private donors.

PIN's strategy for its Water, Sanitation and Hygiene (WASH) Program for 2015-2020 has been designed to ensure **high program quality** and **add value** to existing national and international initiatives. It uses the lessons learnt and acquired expertise from PIN's experience in Ethiopia and aligns PIN to target the root factors of resiliency, health and nutrition security. The strategy was developed using the Theory of Change methodology. An outline of the strategy is provided below:

ABOUT PEOPLE IN NEED

The Czech NGO People in Need (PIN) provides **relief and development assistance in over 20 countries**. With a global annual turnover of 40 million USD and over 1,000 employees, its livelihoods, nutrition, WASH, education and other programs have assisted millions of vulnerable people worldwide. PIN's work is **funded by the European Commission, the Czech Development Agency, UN agencies** as well as private donors. PIN is a member of Alliance2015, a European NGO network.

In Ethiopia, PIN operates since 2004, cooperating with its Government partners on improving food security and natural resources management; enhancing the quality and access to education; enabling rural families to access safe water and sanitation; and strengthening social protection.

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CONTEXT

Despite significant progress towards increased water coverage for all, 46 million Ethiopians suffer from water scarcity¹. In 2011, prevalence of diarrheal disease of children under 5 was at 13.4%². Disease and an unreliable supply of safe water can have a devastating effect on the health, nutritional security and resiliency of a household. Women and girls are most often the primary users, providers and managers of water in their households and are the guardians of household hygiene. If a water system falls into disrepair, women are the ones forced to travel long distances for many hours to meet their families' water needs. At the same time, gender stereotypes concerning abilities and interests of men and women, often create non-equitable and non-representative decision making in the sector.

¹ World Health Organization (WHO)/United Nations Children's Fund (UNICEF), 2012, "Progress on Drinking Water and Sanitation: 2012 Update, WHO Press, Geneva

² Ethiopia Demographic and Health Survey 2011 (prevalence determined as % of children who had diarrhea within the past 2 weeks)

ROOT CAUSES

❖ Poor access and non-sustainability of water facilities

Sustainable access to safe water and improved hygiene and sanitation practices are crucial for achieving social and economic development, improving health and livelihoods. Household access to improved water has increased from 35% in 2005 to 54% in 2011³. However this figure is still relatively low and poor access is further demonstrated by water collection time taking more than 30 minutes for 62.4% of Ethiopian households. With the IPCC predicting more frequent droughts for Eastern Africa due to climate change⁴, combined with population growth, surface water supplies are becoming scarce, less reliable and increasingly polluted thus increasing the pressure on groundwater sources and supplies that require more complex systems of management.



Securing sustainable access and reducing the non-functionality of water schemes still remains a significant challenge. A revision of the Universal Access Plan in 2010 estimated that in Ethiopia almost 50,000 schemes (almost 30% of the total) were non-functional for at least a few days a year⁵.

³ Ethiopia Demographic and Health Survey 2011 (p. 15), Central Statistical Agency, Addis Ababa, Ethiopia

⁴ http://ipcc-wg2.gov/AR5/images/uploads/WGIIAR5-Chap22_FGDall.pdf

⁵ Achieving Water Security: Lessons from research in water supply, sanitation and hygiene in Ethiopia (Chapter 5, p. 110), 2013, Overseas Development Institute, London, UK

Administrative, financial and technical capacity of the water management structures remains to be a challenge in Ethiopia⁶. The modality for **ensuring adequate financial resources** to cover the long-term costs of water schemes has not been sufficiently evaluated, standardized and implemented. The assumption that rural communities should be able to cover all costs is flawed and there is a need for alternative cost-sharing agreements⁷.

❖ Inadequate hygiene and sanitation practices

The Ethiopian government is making significant efforts through the Health Extension Program, further detailed below, to address the **lack of awareness and social norms** that prevent good hygiene and sanitation practices. The Ministry of Health has adopted the Community Led Total Sanitation technique to eradicate open defecation, which has contributed to high increases in latrine coverage. For example, PIN's recent KAP survey conducted in rural areas of Wolayita Zone in SNNPR found that 83 % of households had a latrine. However, just 18 % of household latrines were adequately used⁸. The risk of collapse or inadequate privacy of a latrine can imply the practice of open defecation. PIN's formative research on the barriers to latrine adoption found that **lack of access to good quality materials and skills** prevented households constructing good quality, sustainable latrines. Poor hygiene practices were also demonstrated in PIN's KAP survey in Wolayita which found that only 52% of households stated they washed their hands after using the latrine.

POLICY ENVIRONMENT

The establishment of Ethiopia's *Universal Access Plan* in 2005 has played a central role in obtaining financial and political support to improving access to water supply and sanitation. The impact of increased financing, both from the government and international donors, on water security has been challenged by bottlenecks caused by "weak institutions and difficulties in harmonizing and aligning different financing modalities with core government systems"⁹.

Ethiopia's *ONE WASH Program*, outlined in the *WASH Implementation Framework* launched in 2011, has the potential to make significant improvements to the harmonization, coordination and monitoring of water supply initiatives and existing schemes and thus their sustainability. With a single financing modality, channeled through the Ministry of Finance and Economic Development budget management and planning to ensure scheme sustainability can be improved.

In order to strengthen community management of water schemes, in May 2012 the SNNPR region accepted a new regulation on "*Rural Potable Water and Sanitation Association Establishment*". The

regulation No 102/1012 is a binding legislation that replaces the usual WASH Committees (often informally established without a standardized approach) with Water User Associations that are given legal entitlements with the aim of increasing transparency and management capacities.



Ethiopia's *Health Extension Program* was launched in 2003 with the aim of training and deploying 30,000 frontline, community-based health extension workers to provide a package of "basic and essential promotive, preventive and selected high impact curative health services targeting households"¹⁰. Health Extension Workers (HEW) responsibilities include managing their community-based health post, conduct house-to-house visits (75% of their time is allocated to this) and preventative outreach services, refer cases to health centers, identify and train volunteers ("Health Development Armies") and provide reports to district hospitals¹¹. The houses selected for home visits are given "model" status, based on their motivation to adopt new behavior and serve as role models. Each HEW should train 360 model households per year, each training lasting 96 hours¹², based on the following 17 topics¹³:

⁶ Achieving water security: Lessons from research in water supply, sanitation and hygiene in Ethiopia (p. 111), 2013, Overseas Development Institute, London, UK

⁷ Carter R.C., Harvey E. and Casey V. "User financing of rural handpump water services", IRC, The Netherlands

⁸ Calculation is based on the following data: 8.2% of latrines with solid super structure, 14.6% of latrines with solid sub structure, 11.2% with functional door, 11.8% with solid slabs

⁹ Achieving Water Security: Lessons from research in water supply, sanitation and hygiene in Ethiopia (p. 3), 2013, Overseas Development Institute, London, UK

¹⁰ Health Extension Program: PROFILE, Health Extension and Education Centre, Federal Ministry of Health, June 2007

¹¹ Health Extension Workers in Ethiopia: Improved Access and Coverage for the Rural Poor, Bilal et al., available at <http://siteresources.worldbank.org/AFRICAEXT/Resources/258643-1271798012256/Ethiopia-health.pdf>

¹² Health Extension Workers in Ethiopia: Improved Access and Coverage for the Rural Poor, Bilal et al., available at <http://siteresources.worldbank.org/AFRICAEXT/Resources/258643-1271798012256/Ethiopia-health.pdf>

¹³ Health Extension Program: PROFILE, Health Extension and Education Centre, Federal Ministry of Health, June 2007

Hygiene and Environmental Sanitation	Disease Prevention and Control	Family Health	Health Education and Communication
1. Excreta disposal	1. HIV/AIDs and other sexually transmitted infections (STIs) prevention and control	1. Maternal and child health	1. Health Education and Communication
2. Solid and liquid waste disposal	2. TB prevention and control	2. Family planning	
3. Water supply and safety measures	3. Malaria prevention and control	3. Immunization	
4. Food hygiene and safety measures	4. First Aid emergency measures	4. Nutrition	
5. Healthy home environment		5. Adolescent reproductive health	
6. Control of insects and rodents			
7. Personal hygiene			

Health Extension Workers therefore play a critical role in the behavioral change of communities on WASH-related practices. However, despite the fact that 7 of the 17 topics are related to WASH, monitoring and reporting to the district offices tends to focus on other health issues such as nutrition and other disease indicators.

PIN's WASH strategy for 2015-2020 is **aligned with the current policy and program frameworks** of the Ethiopian government. The strategy positions PIN **to add value to existing WASH initiatives** to maximize the health and resiliency benefits for vulnerable communities.

PROGRAM PRIORITIES 2015-2020

The overall goal of PIN Ethiopia's WASH Program strategy is **to contribute to increased resilience, improved health and nutrition security of Ethiopian communities**. The strategy focuses on the following two priorities:

PIN's FIRST PRIORITY: Increased water security for Ethiopian communities

KEY INDICATORS:

- Average water use for drinking, cooking and personal hygiene in any household is at least 15 liters per person per day
- The maximum distance from any household to the nearest water point is 1,5 km¹⁴
- Queueing time at a water source is no more than 30 minutes
- Reduction of share of non-functional water sources,
- Newly rehabilitated or constructed water sources remain functional after the project ends
- Zero faecal coliforms per 100ml of water at the point of delivery



ADDITIONAL RECOMMENDED INDICATORS:

- Reduction of average time between failure and repair of the water sources.
- Maintenance plans in place for every water source
- Regular maintenance of the installed systems and facilities is ensured and users are involved
- Water User Associations have operation and accounting records updated regularly
- Full cost-recovery is functional for water schemes
- Hospitals/health care facilities have a safe drinking water supply
- Schools have a safe drinking water supply
- Spare parts supply chain established
- A number of decision-making positions of Water User Associations are held by women

¹⁴ As per Ethiopia's Growth and Transformation Plan II

FIRST OUTCOME: Ensured sustainability of water facilities

KEY FOCUS ON	DETAILS & JUSTIFICATION
Support of community based & participatory planning, designing and implementation	<ul style="list-style-type: none"> Community ownership of water facilities is critical for their sustainability. PIN uses Integrated Water Resource Management principles and mobilises all sections of communities with a focus on women and marginalized groups to participate in planning, designing and implementing new or rehabilitated schemes.
Strengthened administrative and financial management capacities of WASHCOs (or Water Users Associations) & Woreda Water Offices	<ul style="list-style-type: none"> A strong administrative and financial management capacity of community-based structures responsible for water facilities is essential for sustainability. PIN strengthens capacities at community and Woreda level through trainings and continued follow up and monitoring. PIN ensures representation and participation of women and marginalized groups in decision making. Attention is paid to transparent financial flows. Tariffing is based on a participatory cost-recovery analysis (where possible financial sources aside from tariffs are considered e.g. the Woreda Water Office budget) and the ability- and willingness-to-pay of communities.
Improved information flows and accountability of service provision	<ul style="list-style-type: none"> To improve administrative reporting and improve response times for repairs of water facilities, PIN establishes an innovative reporting system between WASHCOs and the Woreda Water Offices. WASHCOs can report to Woreda Water Offices by sending a text message from their mobile phone, coded for the different issues. The issue is automatically entered into a database at Woreda level that can store the data, this database can be accessed by Zonal or Regional Offices for monitoring purposes.

Long term monitoring and mapping	<ul style="list-style-type: none"> In order to ensure sustainability of water sources PIN has been continuously mapping and monitoring water schemes and sources in selected areas. Newly constructed or repaired water sources are recorded to standardized database. There has been extensive cooperation with woreda water offices to establish functioning water source inventory that has records of maintenance and repair history
Strengthened technical capacities of WASHCOs (or Water User Associations) and Woreda, Zone and Regional level technical support.	<ul style="list-style-type: none"> PIN strengthens technical capacities for the operation, maintenance and repairs of different types of water schemes at the community, Woreda, Zonal and Regional level. With the cooperation of regional experts PIN supports TVET institutions to improve the quality of formal technical education of government technicians. PIN establishes short-term trainings for Woreda and community-level technicians, making use of the high quality facilities and teaching PIN has established at the TVET institutions, and through on-job trainings. PIN also provides simple reference manuals and supports the implementation of scheme maintenance plans.
Appropriate, standardized and locally available technologies	<ul style="list-style-type: none"> PIN reviews existing technologies, consults local stakeholders and government offices and assesses local capacities to manage the technology. PIN prefers to use standardized technologies in order to streamline spare parts supply chains.
Strengthening supply chains for water scheme spare parts & consumables	<ul style="list-style-type: none"> PIN analyses existing supply chains and consults stakeholders (communities, government offices and the private sector) to assess gaps and find solutions. Once the analysis and supply chain strategy is completed, PIN sustainably strengthens linkages through workshops and exchange visits between communities, suppliers and local government offices, as well as continued monitoring and follow up.

SECOND OUTCOME: Improved access to acceptable quality and quantity of water

KEY FOCUS ON	DETAILS & JUSTIFICATION
<p>Standardised high quality technical design and hydrogeological assessments</p>	<ul style="list-style-type: none"> ▪ PIN's qualified engineers work with local and international experts to conduct hydrogeological and technical assessments to design the construction or rehabilitation of water facilities. The engineers and technical experts work in coordination with PIN's community mobilization staff to ensure community participation in the design: so that community needs for the type of structure, location and different water uses (personal, livestock, agricultural and other livelihoods) are considered. In order to ensure high quality assessments, PIN uses standardised assessment checklists.
<p>Building of new, rehabilitating and extending of existing appropriate water sources</p>	<ul style="list-style-type: none"> ▪ Following technical analysis to design WASH structures, PIN ensures that appropriate technologies are incorporated (see first outcome). PIN's engineers closely monitor all construction and rehabilitation projects, ensuring good quality and durability of the wash infrastructure.
<p>Ensuring water quality of new or rehabilitated sources</p>	<ul style="list-style-type: none"> ▪ All new or rehabilitated water sources are subject to water quality testing and action is taken to ensure alignment with national and international standards of water quality. Where there is a risk of deterioration of water quality, PIN establishes water quality monitoring plans with local government offices. ▪ Previously, communities in the Rift Valley would primarily use surface (rain) water for drinking. With the country's development, increasing population and the associated reduction in availability of surface water, communities are becoming more reliant of ground water sources. Therefore in areas, of ground water with high fluoride content, the risk of diseases such as fluorosis is increasing. PIN has been operational in the Rift Valley for over a decade. It uses external research, water quality mapping and consultations with stakeholders to target communities at risk of over consumption of fluoride through drinking water. PIN works with local and international specialist to design and construct fluoride treatment systems. Simultaneously, it analyses and strengthens supply chains for the consumables required.

PIN's SECOND PRIORITY: Improved hygiene and sanitation behavior

KEY INDICATORS:

- Reduction in diarrheal disease
- People demonstrate improved hygiene and sanitation behavior (for key risk practices)
- Zero faecal coliforms per 100ml of water at point of consumption
- Households have improved latrines that are adequately used
- Institutions adequately use, maintain and manage their improved sanitation facility

ADDITIONAL RECOMMENDED INDICATORS:

- Health Extension Workers monitoring and reporting HH hygiene and sanitation practices
- Households with proper hand washing practices (determined through knowledge of 5 critical times and presence of hand washing facility and soap)
- Households with at least two clean water collecting containers of 10–20 litres, one for storage and one for transportation
- Functional artisan groups selling WASH-related services (e.g. latrines, hand washing facilities, soap, household water treatment)
- Latrines sold by local artisans
- Households disposing of child faeces (< 36 months of age) in a hygienic manner
- Schools with separate improved sanitation for boys and girls and Menstrual Hygiene
- Management system in place



FIRST OUTCOME: Increased knowledge and improved attitude with effective health (extension) system	
KEY FOCUS ON	DETAILS & JUSTIFICATION
Effective targeting of key risk practices	<ul style="list-style-type: none"> PIN conducts detailed baselines incorporating knowledge, attitude and practices information and WASH-related health data. The data is reviewed to determine WASH-related diseases with the highest prevalence. Once the diseases are prioritised, data concerning the knowledge, attitude and practices is analysed to select the key risk practices that must be addressed to reduce the prevalence of the prioritised diseases.
Appropriate tools for behavioural change (e.g. CLTS, PHAST, social marketing)	<ul style="list-style-type: none"> Depending on the practice to be addressed, PIN selects the most effective behavioural change methodology or a combination of different ones. PIN primarily works through capacity building the health extension framework and experience includes CLTS, WASH-friendly schools, CHAST, PHAST, Community Conversations and household visits. PIN's social marketing approach uses formative research to determine motivations and barriers to a specific behavioural change. It also analyses the willingness to pay (demand) and access to required materials or facilities (supply) for adopting the behaviour. Based on the formative research it strengthens demand for the improved practice (primarily through Ethiopia's health extension framework) and addresses supply (primarily through capacity building local artisan groups/private sector).
Support health system effectiveness	<ul style="list-style-type: none"> In order to ensure sustained behavioural change a strong health extension system is essential. PIN uses capacity gap assessments to design capacity building strategies for the health extension system. Strategies include Training of Trainers, establishing behavioural change monitoring systems at the Woreda, Health Extension Worker and Health Development Army levels. PIN also plays an active role in promoting for WASH to be maintained as a priority area for the Ministry of Health.
SECOND OUTCOME: Ensured conducive environment for behavior change (access to facilities, materials)	
KEY FOCUS ON	DETAILS & JUSTIFICATION
Capacity building local artisans	<ul style="list-style-type: none"> In coordination with PIN's behavioural change communication strategy, PIN establishes linkages between the government Health Offices and the Micro and Small Enterprise (MSE) office section of the Trade and Industry government offices. The MSE office provides administrative and business plan support to local artisans based in the target communities to create appropriate sanitation and hygiene facilities. PIN supervises the quality of designs and their pricing to match the price determined by the willingness-to-pay survey.
Construction of facilities at schools	<ul style="list-style-type: none"> Community-based institutions such as schools and health posts are often constructed without sanitation facilities or access to water. Schools and health posts are entry points into the community for behavioural change

and health posts	and therefore access to water (e.g. rainwater harvesting) for hand washing and improved sanitation facilities are crucial in setting an enabling environment for practicing improved behaviour . Appropriate sanitation facilities, when combined with culturally-sensitive menstrual hygiene management activities can improve girls' attendance at school.
Offering different financial options	<ul style="list-style-type: none"> In order for households to be able to access improved hygiene and sanitation facilities, PIN facilitates affordable payment options. PIN explores different financing modalities such as microfinance, integrating WASH into the Self Help Group approach, and other community-based cooperative saving groups. For example in the sanitation marketing approach, PIN ensures that there are different latrine design options and prices to ensure access to all.



CROSSCUTTING PRIORITIES

WASH Program's key crosscutting priorities are:

- 1. Know-how development:**
 - Networking for active learning from experienced stakeholders (private sector, universities, NGOs and others)
 - Conducting formative research and ensuring effective data management
 - Investing into staff capacity development
 - Documentation and dissemination of best practices and lessons learnt
- 2. Gender inclusion and pro-poor service delivery through participation of marginalised groups**
- 3. Resilience building¹⁵**
- 4. Integration of PIN's programs**
- 5. Family planning**
- 6. Emergency preparedness and ensuring appropriate transition for recovery post-emergency response**
- 7. Results-based monitoring + post project monitoring**
- 8. Evaluations**

KEY REFERENCE RESOURCES

Among the key reference resources are:

- Health Extension Program in Ethiopia Profile, Health Education and Extension Centre, Ministry of Health, 2007
- CLTS handbook
- National Sanitation Marketing Guideline, Ministry of Health, 2013
- PIN Ethiopia's toolkit for rural sanitation marketing (under development)
- PHAST step-by-step guide, available at http://www.who.int/water_sanitation_health/hygiene/envsan/phastep/en/
- Child to Child Approach
- WASH friendly schools tool kit
- Proclamation on Water User Associations
- Achieving Water Security : Lessons from research in water security, sanitation and hygiene in Ethiopia, edited by Roger Calow, Eva Ludi and Josephine Tucker, RIPPLE/ODI
- SPHERE standards handbook
- WHO Guidelines for drinking water quality, available at http://www.who.int/water_sanitation_health/dwg/guidelines/en/
- Ethiopian standards of water quality
- <http://www.ircwash.org/sites/default/files/Fonseca-2011-Lifecycle.pdf>
- <http://www.odi.org/publications/7258-water-security-ethiopia>



¹⁵ Refer to PIN's Approach to Resilience Building