

Water access and sanitation in Ethiopia

Coordinating multi-stakeholder efforts

Author: Mr Abebe Ayenew, Director of research and development at the Ministry of Water Resources, Addis Ababa, Ethiopia < info@capacity.org >

The water and sanitation targets of Ethiopia's Universal Access Plan are to be reached by 2012. Heinz Greijn talks with Mr Abebe Ayenew of Ethiopia's Ministry of Water Resources about strategies for achieving this goal.

Mr Ayenew, more than 250,000 Ethiopian children die each year from diseases related to poor sanitation and hygiene – the causes of 60% of the overall disease burden in the country. On average, access to safe water supply in rural areas is 49%. Given the pace at which water, sanitation and hygiene (WaSH) programmes in the country are being implemented, do you believe the water and sanitation targets of the Universal Access Plan will be achieved by 2012? Which specific capacities require strengthening most urgently?

I believe we will achieve the targets of 98% water and 100% sanitation coverage set for 2012. However, capacity development is particularly required at the woreda (district) level. Capacity needs at this level include procurement and financial management, as well as technical knowledge. The Ministry of Water Resources has just conducted a mid-term evaluation of our progress, which resulted in some adjustments to our strategy. We will now focus more on low-cost technologies that are suitable to local conditions and will require substantial community involvement. These include hand-dug wells, roof water catchment systems and spring development. We have discussed these strategic adjustments with the regional bureaus and the donors.

Fragmentation of donor support can also be a major obstacle. Ethiopia is supported by dozens of donors and hundreds of NGOs, each with its own criteria and procedures. How is the Ethiopian government addressing this issue?

This is certainly a problem in Ethiopia. The government has established a multi-stakeholder forum at the national level in which donors, NGOs and CSOs participate. The Ministry of Water chairs the forum together with the Ministries of Health and Education. The purpose is to coordinate and prevent duplication of efforts. This forum is essential for tackling this problem of donor fragmentation. In the future similar forums will be established at the regional and woreda levels.



I want to highlight the Research-inspired Policy and Practice Learning in Ethiopia (RiPPLE) programme. Although the focus of RiPPLE is learning, the programme is also helping to improve coordination of multi-stakeholder efforts. Learning and Practice Alliances (LPAs) have been established in selected *woredas* and in three regions, and one LPA has been established at the national level. At all levels RiPPLE brings together groups of stakeholders from organisations to discuss issues of joint interest. Participants may be professionals working at the national, regional or *woreda* level. The RiPPLE programme encourages these professionals to stay in touch with each other and exchange views and experiences, during and between meetings.

The first phase of the RiPPLE programme provided some very important insights about governance, financial planning and sanitation. The goal of the second phase is the implementation of two long-term action research studies in close collaboration with institutional partners from the three regional LPAs.

When I visited Ethiopia about a year ago I found that, at the regional level, data on water, sanitation and hygiene were scattered, and some crucial information seemed to be missing. Typically, the Department of Water Supply had data about water supply coverage, the Department of Education had information on sanitation in schools and the Department of Health had information on the incidence of disease. Data were kept separate. Nobody had a complete overview of resources, or data about disease prevalences. It was very difficult to determine where investments and interventions were needed most urgently. As a result, some communities had many development agents present while others with high disease incidence did not receive any support. How is the Ethiopian government tackling this problem?

The government has recognised this problem and has initiated the development of computerised monitoring and evaluation management information systems (M&E-MIS) for water supply, sanitation and hygiene programme consultancy services. This project is supported by the World Bank. When the system is in place, policy makers and practitioners at the Ministry of Water Resources, regional water resources bureaus and representative *woredas* and towns can access all the information they need. The RiPPLE programme has also done a lot of good work in the area of collecting data from different sources and bringing these together in maps.