ONE WaSH NATIONAL PROGRAMME ANNUAL REPORT 2008EFY

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List of abbreviations and acronyms

AAWSA	Addis Ababa Water and Sewerage Authority
AfDB	African Development Bank
Akvo FLOW	A data collection tool from Akvo (previously Field Level Operations Watch)
AWD	Acute Watery Diarrhoea
BCBT	Build Capcity Build and Transfer
BOT	Build Operate and Transfer
BSG	Benishangul Gumuz
CCRDA	Consortium of Christian Relief and Development Associations
CDC	Centers for Disease Control and Prevention
CFT	Community Facilitation Team
CGD	Child, gender and differently abled feature
CLTSH	Community-Led Total Sanitation and Hygiene
CMP	Community Managed Project
CRS	Catholic Relief Services
CSA	Central Statistical Agency
CWA	Consolidated WaSH Account
COWaSH	Community-Led Accelerated WaSH
DD	Dire Dawa
DFID	Department for International Development
EDHS	Ethiopian Demographic Health Survey
EFY	Ethiopian Fiscal Year
E-SHIP	Ethiopian Sanitation and Hygiene Improvement Programme
EMIS	Education Management Information System
ESDP	Education Sector Development Programme
EPHI	Ethiopian Public Health Institute
EU	European Union
FDRE	Federal Democratic Republic of Ethiopia
FMSEDA	Federal Micro and Small Enterprises Development Agency
FMHACA	Food, Medicine and Health Care Administration and Control Authority
FSM	Faecal Sludge Management
GDP	Gross Domestic Product
GPI	Gender Parity Index
GTP	Growth and Transformation Plan
HEP	Hygiene and Environmental Program
HMIS	Health Management Information System
HRD	Humanitarian Requirements Document
HWTS	Household Water Treatment and safe Storage
IBEX	Integrated Budget and Expenditure system
IDA	International Development Association
IM	Information Management
IUSHS	Integrated Urban Sanitation and Hygiene Strategy
IUSHSAP	Integrated Urban Sanitation and Hygiene Strategic Action Plan
JICA	Japan International Cooperation Agency
JMP	Joint Monitoring Program
JSI	John Snow Inc.
JTR	Joint Technical Review
KPI	Key Performance Indicators

M&E	Monitoring & Evaluation
MFI	Micro Finance Institution
MDG	Millennium Development Goal
MIS	Management Information System
MoE	Ministry of Education
MoFE	MoEFCC Ministry of Forestry and Environment, Forestry and Climate Change
MoFEC	Ministry of Finance and Economic Cooperation (previously MoFED)
MoH	Ministry of Health
MoU	Memorandum of Understanding (signed in March 2013 between OWNP partners MoWIE, MoH, MoE and MoFED)
MoUDH	Ministry of Urban Development and Housing
MoWIE	Ministry of Water, Irrigation and Electricity
MHM	Menstrual Hygiene Management
MNCH	Maternal Neonatal and Child Health
MSE	Micro and Small Enterprise
MSF	Multi-Stakeholder Forum
MSP	Multi-stakeholder Platform
NGO	Non-Governmental Organisation
NWCO	National WaSH Coordination Office
NWI	National WaSH Inventory
NWSC	National WaSH Steering Committee
O&M	Operation and Maintenance
ODF	Open Defecation Free
OWNP	One WaSH National Program
POM	Programme Operations Manual (for Consolidated WaSH Account)
PSI	A non-profit organisation (formerly Population Services International)
RWCO	Regional WaSH Coordination Office
RWS	Rural Water Supply
RWSS	Rural Water Supply and Sanitation
SCADA	Supervisory Control and Data Acquisition
SDG	Sustainable Development Goal
S&HWG	Sanitation and Hygiene Working Group
SNNPR	South Nations, Nationalities and Peoples Region
SWA	Sanitation and Water for All
SWaSH	School Water, Sanitation and Hygiene
TTLM	Teacher Training and Learning Material
TVETC	Technical and Vocational Education and Training College
TWU	Town Water Utility
UNICEF	United Nation Children's Fund
UWSS	Urban Water Supply and Sanitation
VFM	Value for Money
WaSH	Water, Sanitation and Hygiene
WaSHCO	Water, Sanitation and Hygiene Committee
WHO	World Health Organisation
WIDB	Water and Irrigation Development Bureau
WIF	WaSH Implementation Framework
WMP	Woreda Managed Project
WRDF	Water Resource Development Fund
WRM	Water Resource Management
WSUP	Water and Sanitation for Urban Poor

WSWG	Water Sector Working Group
WWC	Woreda WaSH Consultant
WWT	Woreda WaSH Team

Foreword

To be added

Executive Summary

Purpose of this report

This report is the first integrated report on the One WaSH National Programme (OWNP). It is based on a joint effort to collect data and report across four ministries of water, health, education and finance, the Consolidated WaSH Account (CWA) group of donors, other donors and non-government organisations (NGOs) and a variety of sources of secondary data that were available at the time of writing this report.

The motivation for this report stems from the fact that until this date reporting on WaSH in Ethiopia has been produced individually by the various line ministries, donors and NGOs according to their respective programmes and projects. The goal of OWNP is to gradually integrate all these reporting systems into one report that collates and combines multiple sources of data from all of these organisations in line with its goal of converging to "one plan, one budget, and one report". In producing this report, it became apparent that systems used to collect and report data are still in the process of integrating to a level necessary to produce data for reporting against the programme's Results Framework. These gaps have been identified clearly in the report, not as a means of criticism, but to draw attention of decision makers in these organisations to prioritise their monitoring and evaluation (M&E) systems in such a way that this data can be available when the next edition of this report is published in 2009EFY.

Approach

This report assesses progress, at an overall programme level, of the OWNP against 17 key performance indicators (KPIs) that comprise the OWNP Results Framework defined in the One WaSH National Programme Document[1]. For eight of these KPIs, there was insufficient data or data was not available in a format that could be used to report against these KPIs. [Refer to section 8.]

The rest of the sections provides details of achievements and challenges in each of the OWNP programme components – urban WaSH, rural WaSH, institutional WaSH (i.e. WaSH in schools and health centres) and programme management and capacity building for implementing One WaSH. [Refer to sections 2, 3, 4 and 6.]

Although not a programme component, a chapter is included on emergency WaSH recognising that this component was vital in 2008EFY when Ethiopia was affected by severe floods and droughts. [Refer to section 5]

The report mainly relies upon secondary sources of data collated from various organisations, aiming to maximise the use of existing data, information and systems wherever possible. In addition, data was requested for the report by circulating a data collection form through the National WaSH Coordination Office (NWCO) to:

- Regional Water Bureaus: Budget and expenditure data on water supply data was obtained from each region through the MoWIE. Data provided by Somali and Oromia regions was not complete at the time of writing this report.
- Christian Relief and Development Association (CCRDA) Water and Sanitation Forum: The CCRDA was set up with the intention of creating a common platform through which various NGOs active in Ethiopia could report on their work to the government. A simple questionnaire was circulated through the CCRDA to obtain data on WaSH programmes funded and implemented by NGOs. This was completed by 18 NGOs, including most NGOs with larger WaSH programmes in Ethiopia.

[1] Government of Ethiopia (2013). *One WaSH National Programme Document*, Section 8.2, p.67

Programme Progress against One WaSH Results Framework

One WaSH KPI	Indicator definition	2008EFY Status	Commentary
OUTPUT and OUTCOME Indicators			
1. Access	Water supply access coverage as per service level standard for GTPII, and calculated as the percentage of population with access to improved (as per JMP definition) drinking water services. Rural: percentage of rural population with access to improved drinking water services as per GTPII service level standard (25 l/c/day within 1.0 km). Urban: percentage of population with access to improved drinking water services as per GTPII service level standard (100, 80, 60, and 50 l/c/day for category 1,2,3 and 4 respectively on premises, and 40 l/c/day within 250 m for category 5 towns.	Rural: 47.3 million or 63% rural population with access to improved water supplies Urban: 52.5% of urban population have supplies meeting new GTPII standards	Data reported by MoWIE based upon administrative reports submitted by regions. The GTP2 standards are substantially revised from GTP1 where the target was 15 l/c/day within 1.5 km in rural areas and 20 l/c/day within 0.5 km in urban areas. Adjustments were made to regional figures at federal level to correct for variations in reporting. Additional data on the use of improved water sources is reported in the EDHS2016.
2. Functionality	Rural: Percentage of improved water supply schemes that are functional (at time of spot check) Urban: Percentage of TWUs supplying water for more than 16 hours a day for all customers; Percentage of nonrevenue water	Rural: Average non-functionality rate of 11% Urban: insufficient data	Rural data reported by MoWIE based upon administrative reports submitted by regions. Spot checks may not be systematically organised and records are limited as asset inventory is not yet updated continuously or systematically. This is planned following the NWI2. Reporting on urban water supply indicators to regions and MoWIE is limited.

3. Quality	Percentage of water quality tests complying with national drinking water quality guideline; Percentage of wastewater tests complying with WHO guideline	Insufficient data	No water quality data included in this report. Results on a major survey undertaken in 2016 are expected to be available in early 2017.
4. Sanitation	Percentage of people with access to improved human excreta removal	Rural: 61% have some form of facility Urban: 93% have some form of facility	Three relevant indicators are included in the HMIS: - Proportion of households' access to latrine facilities (HMIS C1.3.1) - Proportion of households using Latrines (HMIS C1.3.2) - Kebeles declared 'Open Defecation Free' (HMIS C1.3.3). EDHS2016 also reports detailed data on sanitation.
5. Handwashing	Percentage of households with access to handwashing facilities	Insufficient data	EDHS2016 included handwashing observations but results were not available at time of writing this report (expected early 2017). The CLTSH impact evaluation by BDS (2016) included handwashing data from a large survey across multiple regions.
6. School WaSH	Percentage schools with a better than 1:100 tap: student ratio, and adequate human excreta removal as better than 1:40 stance for females and 1:75 for males.	Primary: 11% with appropriate water facility and 4% with all WaSH elements Secondary: 24% with appropriate water facility and 10% with all WaSH elements	In 2008, the Ministry of Education collected extended data on school WaSH from all schools nationally. Revised questions are part of the standard Education Management Information System (EMIS) questionnaire, and were reported at national level through EMIS. Disaggregated data from the EMIS are

			suitable for calculating the OWNP WaSH in school indicators, but this has not yet been done at the time of writing this report.
7. Health WaSH	Percentage of health facilities with adequate water supply facilities, and percentage with improved human excreta removal	Insufficient data	A relevant indicator is included in HMIS. Indicator CB1.3 provides data on 'Health institutions with functional infrastructure' combining electricity, water supply and sanitation facilities, but data was not available at the time of writing this report.
8. Management	Rural: Percentage of active WaSHCOs/ Hygiene and Sanitation Community Groups; Urban: Percentage of active Water Boards	Insufficient data	Data is reported on establishment of new WaSHCOs, and the legalisation of WaSHCOs.
9. Gender	Rural: Percentage of WaSHCOs/ Hygiene and Sanitation Community Groups with 50% of members women at decision making position; Urban: Percentage of water boards with 50% of members' with women at decision making position	Insufficient data	Establishment of WaSHCOs is reported by MoWIE (2016). Additional information on the burden of water collection on women and girls is reported in EDHS and school WaSH indicators include separate provision for boys and girls.
10. Equity	Woreda/kebele deviation from the national average number of persons per improved water point	Insufficient data	Disaggregated spatial data not available for calculating this indicator at time of writing this report, but will be collected through NWI2 in 2017.
11. Capital cost	Per capita investment cost	Insufficient data	Not included in this report.
12. Operation & Maintenance	Rural: Percentage of WaSHCOs covering O&M costs; Urban: percentage of water utilities covering O&M and replacement costs	Insufficient data	Not included in this report.

IMPACT INDICATORS			
13. Under-5 child mortality	Under-5 child mortality divided by the number of under- 5 children	Infant mortality, child mortality and under-5 child mortality are all continuing to decline (2016EDHS). For the 5-year period preceding the 2016 EDHS survey, under-5 child mortality was 67 deaths per 1000 live births compared to 88 in 2011, 123 in 2005 and 166 in 2000.	Reported in EDHS
14. Under-5 diarrhoea incidence	Number of under-5 children with diarrheal diseases divided by the total number of under- 5 children	The 2016 EDHS reported that 12% children under 5 experienced diarrhoea in the 2 weeks preceding the survey. The corresponding figure reported in EDHS2011 was 13%.	Reported in EDHS
15. Time saving	Difference between time taken to fetch water before the new water point construction and after construction	45% of households spent 30 minutes or longer to obtain their drinking water in 2016 according to the EDHS2016, with 53% needing to spend this time in rural areas as compared with only 13% in urban households. This is an improvement from 5 years previously. In 2011, 56% spent more than 30 minutes, 64% in rural areas and 21% in urban areas.	Data not available at scheme level, although the OWNP impact evaluation will collect relevant data. The time burden of water collection is reported by EDHS.
16. Enrolment of female students in school	Difference between female students after construction to number of female students before construction divided by female students before construction of water supply and sanitation facilities	The national GPI is currently at 0.91, below the target for this year in the ESDP V (0.94) (MoE, 2016). The figures are influenced by the high result in Addis Ababa of 1.20, which shows that more females are attending school than males. The lowest GPI is in Somali at 0.83 and Harar at 0.86.	Data are not available at scheme level, but overall trends are reported in the General Educational Statistical Abstract (MoE, 2016)

17. Dropout rate of female students	Difference between female student dropout before construction to female student dropout after construction divided by female student dropouts after construction of water supply and sanitation facilities	The Grade 1–8 dropout rate for females was 10.8% in 2008 (compared to the target of 10 for 2008) (MoE, 2016). Dropout rates over the past few years have been steady around this level, but were much higher 5 years ago when they reached 15%.	Data are not available at scheme level, but overall trends are reported in the General Educational Statistical Abstract (MoE, 2016). The Gender Parity Index (GPI) in use by the MoE is defined as female gross enrolment ratio divided by male gross enrolment ratio for all levels. In a situation of equality between boys and girls the gender parity index (GPI) is 1, whereas with highest inequality it is close to 0.

Financial Status of One WaSH National Programme

The following table shows the overall budget allocation and expenditure from multiple sources across regions. In general, utilisation of budgeted funds by regions have been 70% of budgets on average with some regions outperforming this average and others below this average. Utilisation of total budgeted funds for One WaSH has been 81%. (See Section 7 for further discussion of finances.)

Region/ Institution	Regional Budget		CWA		SDG		Own sources (urban)		Others		Unicef		Govt. (Emergency)		NGO		Total		Utilisation (%)
	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	
Tigray	207	202	311	163	110	110			74	72	96	96					798	643	81%
Afar	131	110	65	21					43	33	46	46					285	210	74%
BSG	82	65	48	27					-	-	7	7					137	99	72%
Oromia			845	316					35	21	142	142					1,022	479	47%
Amhara	813	413	531	487	664	664					149	149					2,157	1,713	79%
Somali			227	161							46	46					273	207	76%
Harari	10	10	23	17	81	81			3	4	2	2					119	114	96%
SNNPR	294	248	461	161	100	86					51	51					906	546	60%
Dire Dawa			36	19					54	34	1	1					91	54	59%
Addis Ababa	2,288	2,286					12	12	309	309	-						2,609	2,607	100%
Gambella	3	2	34	16	90	85					7	7					134	110	82%
WRDF			86	2							-						86	2	2%
Federal sector ministries			96	25							387	387					483	412	85%
Total	**3,828**	**3,336**	**2,763**	**1,415**	**1,045**	**1,026**	**12**	**12**	**518**	**473**	**934**	**934**	**587**	**502**	**2,062**	**1,764**	**11,749**	**9,463**	**81%**
Utilisation (%)		*87%*		*51%*		*98%*		*100%*		*91%*		*100%*		*86%*		*86%*		*81%*	

Figures for regions were provided by the regional offices in response to a written request for current financial status by the federal Ministry of Water Irrigation and Electricity. There was no data provided by Somali and Oromia regions at the time of writing this report. Regions, other than the city administration of Addis Ababa, were also not in a position to provide data on own sources of finance for urban WaSH.

Budgets for emergency relief and from the 18 NGOs who reported through the CCRDA were available as a total without region-wise allocations or with utilisation figures. For the purpose of this report, utilisation was assumed to be an average of the utilisation rates across other sources of finance.

Key Issues and Lessons Learnt

This report is based on collation of data from the sector ministries, donors, non-government organisations and other organisations involved in One WaSH. The production of this report has helped in the assessment of the state of data on WaSH programmes in Ethiopia but has also highlighted areas where there needs to be more work on setting up and integrating data collection systems. This is evident from the fact that of the 17 KPIs in the OWNP Results Framework, there was insufficient data to make a meaningful comparison or judgement of progress for at least eight.

- **Standardisation of indicators**: With multiple agencies operating across various components of a very large programme, indicators around which data needs to be collected need to be standardised further. Currently, different organisations use different definitions of indicators, many of which need to be updated to meet the GTPII requirements. This is especially important now that the GTPII has been launched which, in certain cases, will need indicators to be redefined to meet reporting requirements that are different from its predecessor GTPI. For data to be comparable across projects, there needs to be a common core indicator set based on the same definitions around which all agencies can collect data.
- **Standardisation of reporting formats**: Different organisations involved in One WaSH collect data according to their own formats which makes comparison difficult. Once indicators are standardised, it is also important that organisations collect data based on a common format, at least for a common core set of indicators which can be used to report progress against the OWNP Results Framework.
- **Data collection protocols**: In several cases where data exists, collection of data has not been consistent across time periods thus making it difficult to draw conclusions on trends. Once indicators and reporting templates are standardised, it is also important that organisations collect data at a consistent frequency according to pre-defined protocols so that multi-sector reporting for this report can be based on data that is systematically and regularly collected at the same time each year.

The issues highlighted above should be qualified by an acknowledgment of the fact that integration of data collection and reporting on One WaSH is a recent initiative and is a work in progress. This report is the first attempt at integrated reporting for all WaSH programming in Ethiopia. It seeks to evolve from a situation where data collection and reporting have hitherto been driven by individual needs of line ministries and other organisations. This process will be expectedly gradual. (See Section 8 for a discussion of further recommendations.)

It should also be noted that the various line ministries of water, health, education and finance are in different stages of computerisation of their reporting systems. Over the next two years, it is anticipated that integrated reporting on One WaSH will become relatively easier as the Ministry of Water Irrigation and Electricity move to an IT-enabled Management Information System (MIS) which will collect and report data electronically. Also scheduled in 2017 is an update of the National WaSH Inventory, where data will be collected and reported on digitally. These advances should make it possible for all four line ministries involved in WaSH programming to share data for integrated reporting more efficiently in the near future.

1.0 Introduction

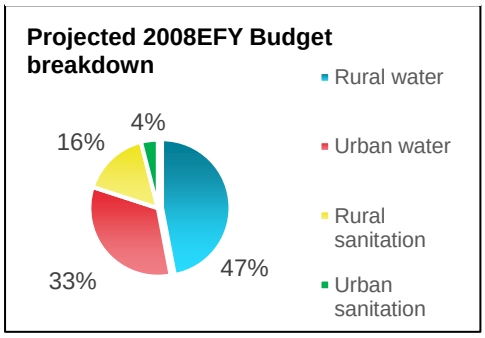
This 2008 Ethiopian fiscal year (2008EFY) report on the One WaSH National Programme (OWNP) relates to the 2008 Ethiopian fiscal year which runs from 8 July 2015 to 7 July 2016 in the Gregorian calendar[2]. The OWNP is the Government of Ethiopia's main mechanism to deliver on its commitments to improve Water, Sanitation and Hygiene (WaSH) access and services. The point of this report is to synthesise the results of multi-sector and multi-stakeholder efforts under the OWNP. Additionally, it is hoped that by sharing results of the achievements under the OWNP in 2008EFY, it will inform better decision-making and further collaboration.

1.1 One WaSH National Programme (OWNP)

The OWNP is a sector-wide approach to Water, Sanitation and Hygiene (WaSH) that involves four key Ethiopian government ministries and their related sectors to modernise the way that WaSH services are delivered to people[3]. The OWNP contributes to improved health and well-being of communities in rural and urban areas by increasing equitable and sustainable access to water supply and sanitation, and through the adoption of good hygiene practices. It combines a comprehensive range of water, sanitation and hygiene interventions that include capital investments to extend first-time access to water and sanitation as well as investments focused on developing the enabling environment, building capacity, ensuring the sustainability of service delivery, and behavioural change. It addresses WaSH provision for households, rural and urban communities, as well as WaSH at schools, health and other institutions.

Led by a National WaSH Coordination Office (NWCO) working with Regional Water Coordination Offices (RWCOs) and all lower levels of government, the OWNP combines the efforts of the Ministry of Water, Irrigation and Electricity (MoWIE), the Ministry of Health (MoH), the Ministry of Education (MoE) and the Ministry of Finance & Economic Cooperation (MoFEC). It brings together government, development partner and Non-Governmental (NGO) activities in WaSH in an increasingly coordinated programme. The total planned programme investment was estimated in 2013 at 2.4 billion USD over a seven-year period (2013-2020; based on GTPI targets at that time). The projected breakdown of budget at that time across rural water, urban water, rural sanitation and urban sanitation was 47%, 33%, 16% and 4% respectively. Financing was projected from government (53%), development partner grants and loans (34%), communities (8%), and Non-governmental Organisations (NGOs) (5%).

Figure 1: Projected 2008EFY Budget Breakdown



The OWNP operationalises the Memorandum of Understanding (MoU) and the WaSH Implementation Framework (WIF) signed by the Ministries of Water and Energy, Health, Education and Finance and Economic Development in November 2012 and March 2013, respectively. The first phase ran from July 2013 to June 2015 and will shortly be evaluated. This first phase coincided with the latter part of the first Growth and Transformation Plan (GTPI) which covered 2011-2015. The second phase of the OWNP runs from July 2016 to June 2020, coinciding with the second Growth and Transformation Plan

[2] Ethiopian fiscal years are referred to by their year in the Julian calendar e.g. 2008EFY refers to the period 8 July 2015 to 7 July 2016 and with addition of the suffix EFY. Other dates are referred to using the Gregorian calendar.
[3] FDRE, 2013

(GTPII). The 2008EFY was therefore the first year of the second phase of the OWNP, and a transition year guided by the revisions made to strategy and targets as set out under GTPII.

1.2 Growth and Transformation Plan II

The Second Growth and Transformation Plan (GTPII) aims to provide the basis to realise Ethiopia's vision of becoming a lower middle income country by 2025. It is built on sectoral policies, strategies and programme lessons drawn from the implementation of GTPI and informed by the post-2015 Sustainable Development Goals (SDGs; see Annex 1 for a summary of WaSH monitoring for the SDGs). GTP II aims to achieve an annual average real GDP growth rate of 11 %.

Major WaSH objectives of GTPII are the provision of access to safe and sustainable water supply, improving wastewater disposal systems, improving potable water supply services and accessibility, improving urban sewerage systems, monitoring the quantity and quality of water resources and mitigating flood and runoff impacts.

According to the basic GTPI standard, 100% national potable water supply coverage will be attained by 2020. To this end, government and community organisations involved in urban and rural water supply will be strengthened to assist in achieving this. The role of Technical and Vocational Education and Training College (TVETC) will be to help to build technical capacities and the private sector will be further engaged.

Hygiene and sanitation promotion through the Health Extension Programme will be strengthened to scale-up Open Defecation Free (ODF)[4] kebeles. A national sanitation marketing strategy will also be implemented to generate demand and create access to supplies and services for the construction of improved latrines. Special attention is given to urban sanitation. There are also other national developments going underway specific to the WaSH sector during this period (2008EFY) of GTP II.

1.3 Consolidated WaSH Account (CWA)

The Consolidated WaSH Account (CWA) is the part of the OWNP that is implemented through the pooled financing arrangement and its related management structures and processes. The current financiers of the CWA are the World Bank, African Development Bank (AfDB), UK Department for International Development (DFID), and UN International Children's Emergency Fund (UNICEF), and the Government of Finland are expected to participate soon.

Activities funded from the CWA are implemented following a Programme Operational Manual (POM). Like the OWNP, the CWA activities fall into four major components; (1) Rural WaSH, (2) Urban WaSH, (3) Institutional WaSH and (4) Programme management and capacity building. The CWA activities aim to provide access to improved water supply and sanitation services for a total of 5.9 million people across 382 woredas and 144 medium and small towns. This includes a total of 10,360 institutional WaSH facilities to be constructed or rehabilitated.

Programme management units (in water, health and education) and coordination offices have been put in place at all levels to oversee implementation of CWA activities, with the close support of Finance at all levels, and the World Bank. Woreda and Town WaSH consultants (WWCs) and Community Facilitation Team (CFT) provide critical local capacity at district level.

[4] ODF meaning that community members are using sanitation systems rather than practising open defecation.

The CWA arrangements are still considered by many as being synonymous with One WaSH or the One WaSH Program, which was also a term used to describe the forerunner International Development Association (IDA)/DFID/AFDB funded water and sanitation project. This is not the case and still causes confusion and there is a need for awareness raising that the CWA is a part of a wider One WaSH National Programme (OWNP).

1.4 OWNP M&E and this report

This report has been produced as part of an overall effort to improve M&E for the OWNP, the OWNP was launched in 2005EFY. During 2008EFY, the National WaSH Coordination Office with the support of consultants and key stakeholders produced a comprehensive plan to strengthen OWNP M&E and improve the use and dissemination of data. An impact evaluation was also designed and conducted for the OWNP and the draft report is submitted to DFID on end of Dec 2016 (with data collection started this year; see Annex 3). A workshop on the baseline round of data is due to be organised in Feb 2017.

The overall strategy that was adopted for OWNP M&E by the NWCO involves strengthening the data collection and reporting systems within the WaSH ministries and improving the sharing of data. Each of the WaSH ministries has its own established systems to collect WaSH related data (Table 1 below).

Table 1: Management Information Systems with WaSH indicators

WaSH ministry	Monitoring and reporting systems	Key issues with respect to WaSH
Water	National WaSH Inventory, administrative reporting by regions	NWI is going to be updated in 2017. Data was not available at the time of writing this report; There is a lack of operational computerised systems to support reporting due to the limitations of the current WaSH M&E MIS.
Health	Health Management Information System (HMIS), Ethiopia Demographic and Health Survey (EDHS) by the CSA collects health and demographic data	Includes 4 key WaSH indicators (3 at household level and 1 at health institutions); proposals to extend number of indicators on Hygiene and Environmental Health has been proposed.
Education	Education Management Information System (EMIS), annual data collection through school census	Extended data in 2008EFY covering new indicators related to WaSH will be implemented. Identified need to improve training in data collection on WaSH indicators in order to improve data quality.
Finance	Integrated Budget and Expenditure system (IBEX)	Currently only WaSH financial data for the CWA is easily accessible.

1.4.1 Integrated Annual Reporting

There is a proposal to create a comprehensive set of water, sanitation and hygiene indicators and they should be linked through a set of interventions through the OWNP. The logic being that none of these,

on their own, is enough to deliver the expected health and well-being outcomes. Coordination is considered vital to make it possible to realise the programme objectives. In practise, water, sanitation and hygiene are challenging to coordinate because implementation is carried out through multiple line ministries in Ethiopia. Each of these ministries are in turn supported by many development partners, NGOs and a private sector that is not joined up and has their own timelines and reporting commitments. Within WaSH itself there are many separate professional communities that don't always have opportunities to share information or learn from one another. This report therefore is an attempt to synthesise the results of what is a complex multi-sector and multi-stakeholder programme.

Apart from simply sharing results of the achievements under the OWNP in 2008EFY, the aim of the report is to support increased coordination and over time increased coherence through a better and more holistic understanding and simultaneous integration of WaSH. The report showcases examples of inter-sector coordination and collaboration where possible.

In addition, the report supports the WaSH sector effort to gradually move towards 'one plan, one budget, and one report'. Such an effort could lead to a situation where WaSH could avoid the overburdening of government at different levels, and improve the efficiency of the sector overall through better integration and coordination of activities.

2.0 Approach and Methodology of the Report

The report brings together information reported by the four WaSH ministries from their information systems and annual reports and other sources, relevant findings on WaSH from surveys undertaken by the Central Statistical Agency (CSA), and additional key reports, studies and assessments undertaken by the wider sector in 2008EFY.

The four WaSH ministries have all signed a data exchange agreement making a commitment to share WaSH related data from their monitoring systems for the purposes of this report and wider OWNP M&E. The overall report is guided by the OWNP Results Framework with a focus on the programme KPIs that are adjusted as per GTP II standards.

The report mainly relies upon secondary sources of data, aiming to maximise the use of existing data, information and management systems wherever possible. Limited additional primary data collection for the report involved:

- **Budget and expenditure data on water supply data collected using a simple format circulated to each region through the MoWIE.** Follow-up to complete the survey included regional visits. Only two regions failed to submit information, Oromia and Somali.
- **NGO WaSH activities and outputs using a simplified questionnaire, conducted through the Christian Relief and Development Association (CCRDA) Water and Sanitation Forum.** This was completed by 18 NGOs, including the majority of NGOs with large WaSH programmes.

Primacy is given in this report to the officially reported national results of the WaSH ministries. Where possible, additional sources of information are included to corroborate these sources, fill gaps in data and highlight differences. This includes data collected by the CSA through nationally representative household surveys such as the 2016 Ethiopia Demographic and Health Survey (EDHS), see Box 1 below. The comprehensive and accessible reporting[5] of the CWA was also widely utilised. Other cases and examples, not necessarily based on national scale or nationally-representative data are used throughout the report to illustrate other key issues and progress made by the OWNP.

[5] (NWCO, 2016)

The preparation of the report was guided by the OWNP reporting task force that was established by the NWCO under the direction of the National WaSH Steering Committee (NWSC), and comprising representatives of the NWCO, WaSH Ministries, Development Partners and NGOs. This task force met three times at different stages of report preparation, and members provided detailed feedback on the accuracy of data and the content of drafts of the report.

A consultative meeting held on 28 December 2016 involved 50 participants from WaSH sector organisations and provided further peer review and feedback on the report. The feedback from the consultative meeting was incorporated into this report. The report was prepared as collaboratively as possible. Notable of mention is the collaboration with the MoE. This collaboration extended beyond just providing data for this report, the MoE requested training to make use of their WaSH data. This training helped the MoE to complete and extend its own annual report with the same analysis then being used in this report. This ensured greater support and coordination and better data quality.

The 2016 Ethiopia Demographic and Health Survey (EDHS)

An important source of information on WaSH outcomes and impacts in 2008EFY report is provided by the 2016 EDHS. This survey was implemented by the CSA for the Ministry of Health (MoH) and involved data collection from January to June 2016 (i.e. the second half of 2008EFY). The survey is based on a nationally representative sample of the population, and involved 16,650 households across Ethiopia. A key feature of the survey is the separate questionnaires for women and men. Following the 2000, 2005, and 2011 EDHS surveys, the 2016 EDHS provides valuable information on trends in key demographic and health indicators over time. The key indicators report was available at time of writing this report. The full 2016 EDHS will be published in the first quarter of 2017.

Source: CSA and ICF (2016)

2.1 Results framework and key performance indicators

The OWNP main instruments for monitoring, verification and impact assessment consist of a results framework and key performance indicators. The Programme's Results Framework contains outputs, outcomes, indicators and impacts for each Programme component and for the Programme as a whole. The programme document identified 12 OWNP key performance indicators relating to outputs or outcomes. It is important to mention that some of these indicators included sub-indicators, and a further 5 indicators at the impact level (Table 2 below).

Table 2: OWNP Key performance indictors

Indicator	Indicator definition used in this report (based on OWNP results framework)	Sources of data for this report, and notes
OUTPUT and OUTCOME Key performance indicators		
1. Access	Water supply access coverage as per service level standard for GTP2, and calculated as the percentage of population with access to improved (as per JMP definition) drinking water services. Rural: percentage of rural population with access to improved drinking	Data reported by MoWIE based upon administrative reports submitted by regions. The GTP2 standards are substantially revised from GTP1 where the target was 15 l/c/day within 1.5 km in rural areas and 20 l/c/day within 0.5 km in urban areas. Adjustments were made to regional figures at federal level to correct for variations in reporting.

	water services as per GTP-2 service level standard (25 l/c/day within 1.0 km). Urban: percentage of population with access to improved drinking water services as per GTP-2 service level standard (100, 80, 60, and 50 l/c/day for category 1,2,3 and 4 respectively on premises, and 40 l/c/day within 250 m for category 5 towns .	Additional data on the use of improved water sources is reported in the 2016 EDHS.
2. Functionality	Rural: Percentage of improved water supply schemes that are functional (at time of spot check) Urban: Percentage of Town Water Utilities (TWUs) supplying water for more than 16 hours a day for all customers; Percentage of nonrevenue water	Rural data reported by MoWIE based upon administrative reports submitted by regions. Spot checks may not be systematically organised and records are limited as asset inventory is not yet updated continuously or systematically. This is planned following the National WaSH Inventory II (NWI2). Reporting on urban water supply indicators to regions and MoWIE is limited.
3. Quality	Percentage of water quality tests complying with national drinking water quality guideline; Percentage of wastewater tests complying with WHO guidelines	No water quality data included in this report. Results on a major survey undertaken in 2016 are expected to be available in early 2017.
4. Sanitation	Percentage of people with access to improved human excreta removal	Three relevant indicators are included in the HMIS: - Proportion of households' access to latrine facilities (HMIS C1.3.1) - Proportion of households using Latrines (HMIS C1.3.2) - Kebeles declared 'Open Defecation Free' (HMIS C1.3.3). EDHS 2016 also reports detailed data on sanitation.
5. Handwashing	Percentage of households with access to handwashing facilities	EDHS 2016 included handwashing observations but results were not available at time of writing this report (expected early 2017). The Community-Led Total Sanitation and Hygiene (CLTSH) impact evaluation by BDS (2016) included handwashing data from a large survey across multiple regions.
6. School WaSH	Percentage schools with a better than 1:100 tap: student ratio, and adequate human excreta removal as better than 1:40 stance for females and 1:75 for males.	In 2008EFY, the Ministry of Education collected significantly extended data on school WaSH from all schools nationally. Revised questions are part of the EMIS questionnaire, and were reported at national level through the EMIS.

		The disaggregated data from the EMIS are suitable for calculating the OWNP WaSH in school indicators, but this has not yet been done at the time of writing this report.
7. Health WaSH	Percentage of health facilities with adequate water supply facilities, and percentage with improved human excreta removal	A relevant indicator is included in the HMIS. Indicator CB1.3 provides data on 'Health institutions with functional infrastructure' combining electricity, water supply and sanitation facilities, but data was not available at the time of writing this report.
8. Management	Rural: Percentage of active WaSHCOs/ Hygiene and Sanitation Community Groups; Urban: Percentage of active Water Boards	Data is reported on establishment of new WaSHCOs, and the legalisation of WaSHCOs (see Box 4)
9. Gender	Rural: Percentage of WaSHCOs/ Hygiene and Sanitation Community Groups with 50% of members women at decision making position; Urban: Percentage of water boards with 50% of members' with women at decision making position	Establishment of WaSHCOs is reported by MoWIE (2016). Additional information on the burden of water collection on women and girls is reported in EDHS, and school WaSH indicators include separate provision for boys and girls.
10. Equity	Woreda/kebele deviation from the national average number of persons per improved water point	Disaggregated spatial data not available for calculating this indicator at time of writing this report, but will be collected through NWI2 in 2017.
11. Capital cost	Per capita investment cost	Not included in this report.
12. Operation & Maintenance	Rural: Percentage of WaSHCOs covering O&M costs; Urban: percentage of water utilities covering O&M and replacement costs	Not included in this report.
IMPACT Key performance indicators		
13. Under-5 child mortality	Under-5 child mortality divided by the number of under- 5 children	Reported in EDHS
14. Under-5 diarrhoea incidence	Number of under-5 children with diarrheal diseases divided by the total number of under- 5 children	Reported in EDHS
15. Time saving	Difference between time taken to fetch water before the new water point construction and after construction	Data not available at scheme level, although the OWNP impact evaluation will collect relevant data. The time burden of water collection is reported in EDHS
16. Enrolment of female students in school	Difference between female students after construction to number of female students before construction divided by female students before construction of water supply and sanitation facilities	Data are not available at scheme level, but overall trends are reported in the General Educational Statistical Abstract (MoE, 2016;)
17. Dropout rate of female students	Difference between female student dropout before construction to female student dropout after construction divided by female	Data are not available at scheme level, but overall trends are reported in the General Educational Statistical Abstract (MoE, 2016;). The Gender Parity Index (GPI) in

	student dropouts after construction of water supply and sanitation facilities	use by the MoE is defined as female gross enrolment ratio divided by male gross enrolment ratio for all levels. In a situation of equality between boys and girls the gender parity index (GPI) is 1, whereas with highest inequality it is close to 0.

Source: FDRE, A Multi-Sectoral SWAP Programme (OWNP) Document Final, August 2013

2.2 Limitations

As with all reports there will be limitations. The following key limitations of this report can be identified as:

- **Available data sources**: the report is largely based upon existing data sources and data that has been made available by all WaSH ministries and stakeholders. However, in some cases, insufficient was available. It is to be noted that data from the urban development ministry is not captured in this report since the ministry is not a member of the WaSH steering committee and hasn't signed inter-ministerial data exchange agreement yet.
- **Indicators**: there is little agreed standardisation of indicators, and often inadequately developed definitions of indicators. Additionally, indicators are frequently changed. This has been a challenge. Work on improvement of indicators across WaSH is needed to fully align with the GTP II (IRC/ Coffey, 2015), and improved protocols agreed for updating indicators should be done.
- **Data trends:** there is limited data available to derive trends for key indicators.
- **WaSH ministry capacity:** The report has been produced by consultants supported by the NWCO and a task force. Ideally there should be increasing ownership of the report within WaSH ministries, and capacities developed within NWCO and WaSH ministries to produce the report.

2.3 Key Results

The key results found through the assembly of the synthesis report is provided in this section. This report is structured largely following the four components of the OWNP which are:

- Rural and pastoralist WaSH
- Urban WaSH
- Institutional WaSH
- Programme Management and Capacity Building

A section is also included on emergency WaSH recognising that this component was vital in 2008EFY and is increasingly integrated within the OWNP. Substantial information is also included on WaSH sector investments, and at the end conclusions are drawn and recommendations summarised for both improved programme implementation and future reporting.

3.0 Rural WaSH

Rural WaSH includes rural water supply, as well as rural sanitation and hygiene interventions. WaSH at schools and health facilities include activities in rural areas, but these are reported under the institutional WaSH section in this report.

3.1 Rural Water Supply

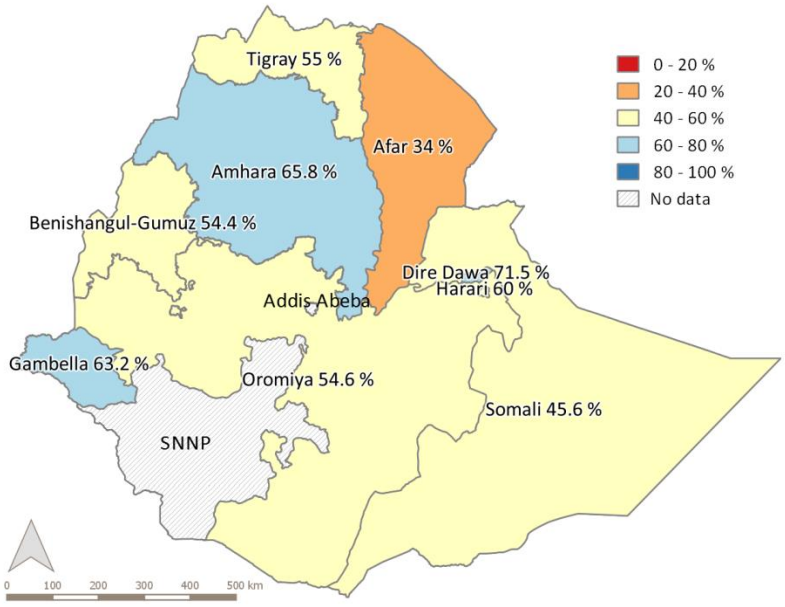
Four different implementation modalities were identified for rural water supply in the WaSH Implementation Framework (2005EFY/2013). They are listed as:

- **Woreda-managed projects**: are a conventional form of community-managed water supply where are projects are developed through woreda water offices with partners and then 'handed-over' to WaSHCOs who assume the responsibility for their operation and maintenance. CWA financing to rural water supply focuses on this model.
- **Community-managed projects**: are developed through innovative financing via Micro-Finance Institutions (MFIs) and community contracting so that communities build their own schemes under the close supervision and support of woreda water offices and other partners (see Box 1 for more details).
- **NGO projects**: are developed through more varied processes by NGOs, but schemes are typically handed-over to WaSHCOs like woreda-managed projects.
- **Self-supply projects**: include two types of schemes. There are 1) group-led self-supply which involves small groups and up to 50% subsidy and is similar to a form of community water supply with higher community contributions, smaller schemes and less formalised management arrangements; and 2) household-led self-supply involving own investment by households in developing their own water supplies, typically through hand-dug or manually drilled wells and rainwater harvesting ponds (see Box 3).

3.1.2 Achievements: Extending Access to Safe Water

The MoWIE reported on water supply and sanitation performance through the annual report of its Water Supply and Sanitation Directorate (MoWIE, 2016). Data for 2008EFY is summarised in Table 3 below (rural, urban and total figures are shown here, in order to facilitate comparison), and rural water supply access coverage is illustrated in Figure 2 (on left).

Figure 2: Rural water supply access coverage (% rural population)



During 2008EFY more than 4.5 million people were provided with new water supplies meeting the GTPII standard. This extended rural water supplies to an estimated 47.3 million people or 63% of the rural population (up from 59% at the end of 2007EFY). Note that due to the new (high) standards under GTPII in urban areas, coverage in rural areas is now calculated to be higher than in urban areas. It should also be noted that since the standards have increased to a higher level, the numbers have dropped as they are now not fully compliant. Regional variations are highlighted in Table 3. Afar has the lowest access to rural water supplies, while of the large and highly populated regions, Amhara has the highest coverage. Pastoralist areas in regions such as Afar, Somali and parts of SNNPR have generally low coverage and specific WaSH demands which requires tailored approaches.

In deriving these figures, MoWIE made adjustments to reported rural figures from regions to compensate for the higher standards under GTPII, while data was often calculated following GTPI norms. Figures reported by the regions were multiplied by a coefficient of 0.67 to make this adjustment.

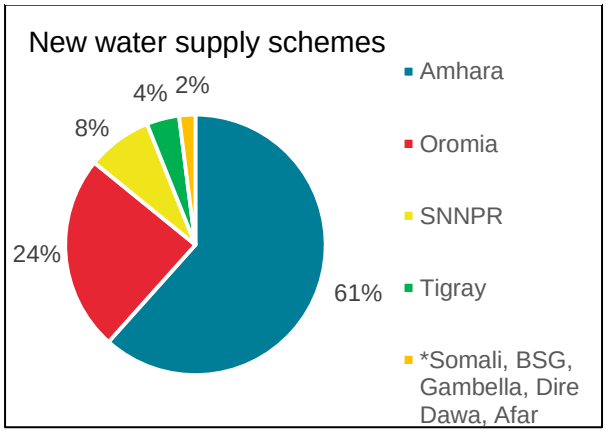
Improved guidance for regions on monitoring and reporting under GTPII is urgently required to improve the accuracy of estimates in 2009EFY.

Table 3: Beneficiaries and water access coverage by region, 2008EFY (rural highlighted)

	Beneficiaries			Access coverage %		
	Rural	**Urban**	**Total**	**Rural**	**Urban**	**Total**
Tigray	101,884	29,574	131,458	55	54	54.2
Afar	53,175		53,175	34	39	36
Amhara	1,473,594	173,796	1,647,390	65.8	59.9	65
Oromia	1,619,467	307,536	1,927,003	54.6	45.5	53.3
SNNP	1,053,553		1,053,553	47.1[1]	73.7[1]	49.4[1]
Somali	112,636	110,181	222,817	45.6	51.2	46.4
BSG	38,966		38,966	54.4	45.8	52.6
Gambella	11,035	1,555	12,590	63.2	34.5	55.9
Harar	67,684	79,770	147,454	60	67	63.3
DD	8,289		8,289	71.5	55	61.1
AA		1,580,000	1,580,000		92	92
Total	4,540,283	2,282,412	6,822,695	63.1	52.5	61

Notes: [1]Figures provided directly by the region for this report. *Sources: MoWIE (2016), AAWSA (2016) and SNNPR BoWR*

Figure 3: New Water Supply Schemes



Under CWA funding, durin2008EFY a total of almost 5000 (4,967) new rural water supply schemes were completed with a further 142 existing schemes expanded and 315 schemes rehabilitated. This is estimated to have provided potable drinking water to over a million (1,015,000) rural beneficiaries. This included 2064 hand dug wells, 1923 on-spot springs, 593 shallow wells, 68 deep boreholes, 16 rural piped systems and 301 community systems with rope pumps. Construction of a further 1624 new rural water supply schemes was also underway at the end of the year. Out of the completed new water supply schemes, 61% were in Amhara region, 24% in Oromia, 8% in SNNPR and 4% in Tigray. The remaining 2% were in the Somali, BSG, Gambella, Dire Dawa and Afar regions. The achievement was 54% of the annual plan for the CWA (9,228 schemes) indicating the need for continued follow up and commitment from regional implementing partners.

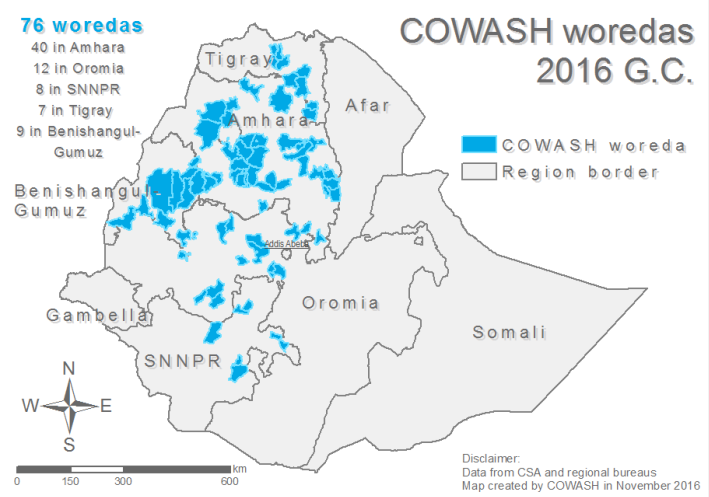
As noted above, rural water supply under the CWA follows the Woreda-Managed Project (WMP) modality. The construction of schemes under the Community-Managed Project (CMP) modality is summarised in Box 2.

Box 1: Implementation of the Community Managed Project Approach

The community managed project (CMP) approach has become one of the most popular implementation modalities for water supply within the country and a strong supporter of WaSH integration through inclusion of health and education sector activities. CMP with the support of COWaSH (co financed by the government of Ethiopia and Finland) is being implemented as an integrated programme including household sanitation, school WaSH, water resources management through water safety plans, and business development to support maintenance and sanitation markets.

With the support of long-term Finnish-funded technical assistance and innovation, the approach was being implemented in 5 regions and 76 woredas (and 1,198 kebeles) by the end of 2008. The key feature of the process is that communities manage implementation, rather than schemes being handed over. Funds are channelled to communities and strong management processes are supported to make this possible.
The achievements reported are strong when assessed against OWNP key performance indicators. In 2008, COWaSH was able to report:

- 2467 new rural water schemes and 463,344 beneficiaries
- A high functionality rate of 93%
- 121 schools and 36 health facilities provided with water, and 48 schools and 19 health facilities equipped with latrines
- 813 intervention kebeles (or 69%) declared ODF



CMP is however not available as an implementation modality in all woredas, and there are barriers to extending the approach. Most critical, the routing of funds via MFIs has been determined as infringing fiduciary requirements with respect to fund flows. Despite a redesign of the fund flows to channel funds through the standard regional and woreda channels and government banks, rather than MFIs, the revised implementation guideline was not approved in 2008EFY. The CWA does not currently facilitate implementation of the CMP modality. Implementation continues, with a new phase of COWaSH support to start later in 2016, but despite the Government of Funding joining the CWA, this continues under bilateral support arrangements to the federal level and regions.

CMP implementation through COWaSH is achieving high levels of leverage. In the next phase (COWaSH III) about a third (32%) funds come from bilateral (Finnish) support, a further 10% from communities, but the majority (58%) comes from the Government of Ethiopia through the regions. About half of the programme is located in Amhara, but all regions are investing government money in the approach. Increasingly the CMP modality is also facilitating infrastructure development with a wider range of technologies to include multi-village schemes and boreholes as well as more simple hand dug wells, spring protection and latrines.

Source: Community-lead WaSH (COWaSH) Project Phase I & II Completion Report (2011-2016) and COWaSH Phase III launch presentation.

This included reaching over 460,000 people with new water supplies through this modality with its focus on community engagement in the development process.

NGOs mainly focus their WaSH activities in rural areas. According to a limited survey of 18 NGOs (see Annex 2), including some of those with the largest WaSH programmes, in 2008EFY NGOs supported construction of at least 2,143 new rural water supply schemes reaching 756,300 beneficiaries (assuming GTPII norms).

Self-supply as a supported modality for rural water supply provision is relatively new and monitoring is challenging due to the large number of household level facilities. The reporting format used by MoWIE in 2008EFY included as technologies (in addition to community level options):

- family-level wells with rope pumps;
- community or group wells with rope pumps;

- household-level roof rainwater harvesting;
- family-based bio-sand filters;
- and other types of self-supply.

Where regions reported on self-supply, such as Oromia, Amhara and SNNPR, only rope pump installed family wells were included. Oromia had a 2008EFY plan of 6,660 wells to be created with zero reported, Amhara had planned for 420 new family wells out of which 278 were achieved, and SNNPR has planned for 2,765 out of which 315 was achieved. Further information on activities to support self-supply, known as self-supply acceleration, coordinated by a task force are included in Box 2 below.

Box 2: Self-supply acceleration: supporting households to help themselves

Self-supply acceleration: supporting households to help themselves

Some OWNP partners subsidise household Self-supply facilities for example through providing rope pumps or household water treatment products and others not. The national guidelines for self-supply do not support such subsidies, apart from the case of group-led self-supply where up to 50% subsidy is permitted. The Self-supply Task Force works actively to address such challenges. Their activities include national and regional level support and capacity building, regular meetings (10 held during 2008EFY), production of a bi-monthly newsletter and implementation of projects with partners. In September 2015, a self-supply retreat involved regional self-supply focal persons and key implementing partners across six regions. Implementation activities were undertaken in collaboration with Japan International Cooperation Agency (JICA), the Millennium Water Alliance (with CARE International, Catholic Relief Services (CRS), World Vision, IRC and AquaforAll), and water.org.

The rope pump is a low-cost technology that is recognised to be especially relevant for self-supply. The project 'Rural Water Supply, Sanitation and Livelihood Improvement through Dissemination of Rope Pumps for Drinking Water' implemented by a project team based in Addis Ababa and Hawassa, working closely with the Government of Ethiopia at federal and regional levels supported by JICA-funding, came to a conclusion in 2008EFY (it officially ended December 2016). Key achievements were the establishment of a national standard for rope pumps, introduction of micro finance schemes to support the purchase of rope pumps, and the strengthening of private manufacturers. Over 200 households in SNNPR purchased rope pumps and their traditional hand dug wells were upgraded, showing the potential of the technology and the related supply chains. Also, 11 TVETC instructors were trained as rope pump trainers and they now give training on rope pump manufacturing, installation and maintenance. The experiences and lessons learnt through the project have also been consolidated in high quality manuals and guidelines in English and Amharic. Some 10,000 rope pumps were also procured by Water and Irrigation Development Bureau (WIDB) in SNNPR and delivered to zonal and woreda offices. Installation and maintenance trainings were organised in 3 zones outside the project areas to further develop the capacity of woreda technicians and village technicians to install and support the use of such pumps.

A major event nationally was the Self-Supply Fair organised as part of the World Water Day events in March 2016. This brought together government officials, private service providers and development partners to discuss options, practices and challenges. A private sector Self-supply service providers, suppliers, and manufacturers catalogue was prepared, and seminar held. However, the existing Self-supply implementation policy guidelines remain weakly communicated to different levels of government, and the concept remains unclear which has led to limited support and promotion. More promotion of the policy guidelines and the concept of self-supply acceleration is recommended through assignment of full time staff at the national and regional levels and more promotion at the woreda level.
*Sources: MoWIE Self-*Supply *Task Force, JICA (2016)*

An additional source of data on drinking water is provided by the nationally representative EDHS 2016 survey, including critical data for the OWNP on aspects such as the burden of water collection for women and children, and the practice of household water treatment (Table 4 below). Since similar questions are asked in each five-yearly survey, trends can also be reliably identified.

The EDHS 2016 results indicate that 57% rural households obtained their drinking water from an improved source (in the latter half of 2008EFY). This is an improvement since five years earlier (EDHS 2011) when 42% of rural households obtained drinking water from an improved source. The figure is also broadly comparable with the MoWIE annual performance report results reported above, especially given that these figures are calculated in very different ways.

Table 4: Household drinking water in rural areas (source: EDHS2016)

Source of drinking water	%
Improved source of drinking water*	
Piped into dwelling/yard/plot	1.8
Piped to neighbour	1.1
Public tap/standpipe	18.9
Tubewell/borehole	13.1
Protected dug well	7.0
Protected spring	13.9
Rain water	0.7
Bottled water/improved source for drinking	0.0
Unimproved Source of drinking water*	
Unprotected dug well	43.4
Unprotected spring	5.1
Tanker truck/cart with small tank	24.7
Surface water	0.4
Bottled water, unimproved source for drinking	13.2
Other sources	0.1
Time to obtain drinking water (round trip)	%
Water on premises	5.6
Less than 30 minutes	41.7
30 minutes or longer	52.6
Don't know/missing	0.2
Person who usually collects drinking water	%
Adult woman	68.2
Adult man	8.3
Female child under 15 years old	12.5
Male child under 15 years old	4.1
Other	1.3
Water on premises	5.6
Water treatment prior to drinking	%
Boil	2.0
Bleach/chlorine added	2.5
Strained through cloth	1.9
Ceramic, sand, composite, or other filter	0.9
Solar disinfection	0.1
Let it stand and settle	0.3
Other	0.1
No treatment	92.1
Percentage using an appropriate treatment method (boiling, bleaching/chlorine, filtering, and solar disinfection)*	5.5

*Note: sample size was 13,266 *Please note: the numbers in Improved and unimproved source of drinking water will not = 100%.*

In rural areas, the most common sources of protected drinking water identified by the survey are public tap or standpipe (19%), protected spring (14%) or tube well/ borehole (13%). Common sources that are not protected are unprotected springs (25%) and surface water (13%). Only 6% of households in rural areas have drinking water at their premises according to the EDHS 2016. Calculating the difference between the number of households with water on premises, and the number supplied on premises by piped water it can be inferred that 4% households have access through self-supply at the home such

as a traditional well or unprotected spring. Other households may be served through the sharing of self-supply i.e. neighbours' facilities.

An average non-functionality rate of 11% was reported by MoWIE (2016). Improvements in the monitoring of functionality are expected following the second National WaSH Inventory (see Annex 3) which aims to put in place the capacities and systems needed for continuous monitoring of this critical indicator. With respect to management of rural water schemes, MoWIE (2016) reported the establishment of 24,590 WaSHCOs in 2008 (50% women), strengthening of 62,145 WaSHCOs and a further147 WaSHCOs received legal status. The process of WaSHCO legislation remains slow (as discussed in Box 4: Progress in legalisation of WaSHCOs).

On average 53% of households in rural areas spend 30 minutes or longer to obtain their drinking water according to EDHS2016 findings. The burden falls disproportionately on women and children. In rural households, adult women are more than eight times as likely as adult men to fetch the water for the household (68% versus 8%). Female children under age 15 are more than three times as likely as male children of the same age to collect drinking water (1% versus 4%). While the overall burden is declining (62% in EDHS2011), these figures are little changed from 5 years previous.

More than 9 in 10 rural households (92%) do not treat their drinking water finds the 2016EDHS. The most commonly used method of water treatment is adding bleach or chlorine (3 percent). Overall, 6% of rural households use an appropriate treatment method. Slightly higher levels of treatment were reported in the CLSTH impact evaluation undertaken by BDS (2016) where 13% households said that they treated their drinking water. EDHS future survey findings are expected to take water safety into account to comply with JMP and SDGs.

Box 3: Pastoralist WaSH

Pastoralist WaSH

Pastoralists obtain more than half their income from livestock and livestock products. They practise mobility to avoid risk, responding to climatic conditions and roaming to ensure healthy livestock and rangelands. A further category of agro-pastoralists is defined as those who practise some degree of mobility but obtain less than half their income from livestock, with most coming from crop cultivation.

The arid and semi-arid areas of the country cover 61% of the land area and are home to millions of pastoralists across diverse ethnic groups. The pastoral areas are the major source of supply to the highlands of Ethiopia of livestock for draught power, meat, and breeding animals. Pastoral livestock are also a source of export revenue.

Pastoralist production systems, once a model of adaptive environmental balance, are under ever-increasing threat. Population growth, climate change, and policy trends are placing enormous pressure on pastoralist communities and placing them at high risk of accelerating environmental shocks such as droughts. These vulnerabilities are exacerbated by a lack of services in under-developed pastoralist areas. Water resources and WaSH policy require that planning, implementation, operation and maintenance and financing of water supplies should take due consideration of livestock watering requirements.

Pastoralist communities in Ethiopia exhibit some of the lowest water and sanitation coverage rates in the world. The International Rescue Committee (IRC) and CARE under the USAID financed Water, Sanitation, and Hygiene Transformation for Enhanced Resilience (WATER) project - which ended during 2008EFY - contributed to improving pastoralists' access to clean and sustainable water sources, hygiene awareness and access to sanitation, and rangeland management practices. Ultimately, project activities were designed to enhance resilience and reduce conflict for beneficiary pastoralist communities in Somali, Oromia, and Afar regions.

Building on this project, USAID is supporting a new Lowland WaSH Activity which is implemented with regional governments and NGOs in Afar, Somali and SSNP regions.

Source: International Rescue Committee (2016)

3.1.3 Key challenges and recommendations

The country faces two main challenges in rural water supply: 1) extending access to improved water supplies to the remaining unserved population; and 2) sustaining services provided by existing schemes. It is expected that as coverage now increases above 60%, progress will slow and costs may increase as the easiest to reach communities are seems to be covered and services have to be extended into more remote and difficult to reach locations. More refined monitoring will be required to observe such trends and inform possible solutions.

The second National WaSH Inventory (NWI2) planned for early 2017 provides an opportunity to collect improved baseline data in rural (and urban) water supply in order to plan for the equitable extension of rural water supplies, and will provide a greatly improved dataset for asset management to promote improved functionality and better services. It is strongly recommended that the sector need to review and approve the rural piped water schemes strategy and guidelines which are developed through the financial support of the COWaSH programme. A critical innovation in NWI2 is providing the capacity for continuous updating and use of the data to improve operations and maintenance in line with the service delivery approach adopted under GTPII.

This report was able to include only limited information on inequities in rural water supply, although it is clear that coverage is lowest in emerging regions, and that high burdens of water collection put women and children at disadvantage. Further information for 2008EFY will be available as the full EDHS2016 results are made available, and OWNP impact evaluation and the World Bank's WaSH Poverty Diagnostic (see Annex 3) are also expected to shed further light on this critical issue.

Other challenges in monitoring and improving rural water supplies are that:

- There is limited data to show trends against indicators that do not change, with the most consistent source available in 2016 being EDHS data.
- Monitoring against GTPII rather than GTPI standards needs to be better supported through clear indicators, definitions and good training at all levels.
- Data is not currently easily disaggregated between service delivery models although this is a critical component of the OWNP strategy, and there is no or limited information on how different service models fit together towards reaching universal coverage. Value for Money analysis for example is currently limited by a lack of comparable input (cost), output, and outcome data for the rural water supply interventions.
- Monitoring Self-supply remains a particular challenge as it is unlikely to be captured through the National WaSH Inventory and is best tracked through household surveys.
- Water quality is not widely monitored and household water treatment is not commonly practised and it can't confidently be reported that the safe drinking water provision target of GTP II is fully met or not.
- The progress of WaSHCO legalisation is slow, and data records on legalisation are not currently linked to other inventory information. This could be addressed during NWI2.

Box 4: Progress in Legalisation of WaSHCOs

Progress in Legalisation of WaSHCOs

Legal recognition and certification gives communities the right to: own the assets they have, open a bank account under the name of the association, access financial services, establish official contractual agreements, resolve water related disagreements, own name and stamp, establish and collect tariffs and to have legal receipt book and

issue official receipts when collecting tariff. Above all, it will give chance to account for operation and maintenance of the WaSH facilities in the respective localities and by doing so can add value to ensure sustainably of schemes.

All regions have now issued proclamations for the formal establishment of rural as well urban service providers in water supply. In some regions the proclamations combine both urban and rural, giving more emphasis to urban water supply than the rural. A few regions issued separate proclamations for rural and urban water. The next step is developing and issuing regulations and directives, which only SNNP and BSG regions have implemented. Amhara has drafted a directive and Oromia is in the process to start drafting.

The SNNP region issued its rural potable water and sanitation association establishment regulation on May 18, 2012 (No. 102/2012). Directives and guidelines have also been published. This regulation establishes community elected Rural Potable Water and Sanitation Associations at all water points and Rural Potable Water and Sanitation Associations' Federation at Kebele level. Similarly, the BSG region issued a proclamation for the determination of the organisation and the powers and functions of Rural Domestic Water Supply Users' Associations in proclamation no. 71/2008 and related directives were issued in November 16, 2015.

So far, according to findings of the Joint Technical Review held in 2008EFY, about 50% of the WaSHCOs in SNNPR are legalised (10,500 schemes) with a related database established. The legalised WaSHCOs have a standard certificate issued by the Region and provided by Woredas. In BSG, four woredas have established and legalised Water Users' Associations at woreda level and some rural piped schemes constructed in two woredas.

The practical outcomes reported from the water supply legislation in SNNPR and BSG are: increased understanding on the ownership of the water scheme; increased understanding of accountability towards the public; increased understanding of government responsibilities in water supply service provision; improved tariff collection and more bank savings; improved functionality management rate and increased female participation.

Source: NWCO (2015)

3.2 Rural Sanitation and Hygiene

Ministry of Health structures, from federal to kebele levels, work to provide health services across the entire country. The critical vehicle for improving sanitation and hygiene is the Health Extension Programme (HEP) which has been in place since 2003 (and since 2009 in urban areas). Out of 16 packages, seven are dedicated to Environmental Health including sanitation and hygiene. Activities are led by 38,000 (given the possible turnover of staffs) Health Extension Workers (HEWs) assigned to each kebele and provided with the necessary training on all the components of the package. HEWs follow the Community-Led Total Sanitation and Hygiene (CLTSH) approach, and government has prepared and endorsed CLTSH training and implementation guidelines and a verification and certification protocol to support these activities. HEWs work under health posts, and through the one to five networks organised as Health Development Armies (HDAs) to implement all the components of the HEP. In some regions, the HDAs are being transformed into the Women Development Army (WDA) to further strengthen the role of women in the implementation of the packages.

The One WaSH National Programme (OWNP) is an important conduit and focal point for commitment of stakeholders to improving rural sanitation (Box 6).

3.2.1 Achievements: Reducing Open Defecation

Table 5 summarises key data derived from the HMIS for the three household sanitation indicators (latrines, use of latrines and ODF). Data on latrines are also disaggregated between improved and unimproved facilities. A limitation for this report is that these data were not available disaggregated between rural and urban areas. The figures are therefore total figures, but largely exclude Addis Ababa where no data were available from the HMIS. The maps illustrate regional variations (Figure 2).

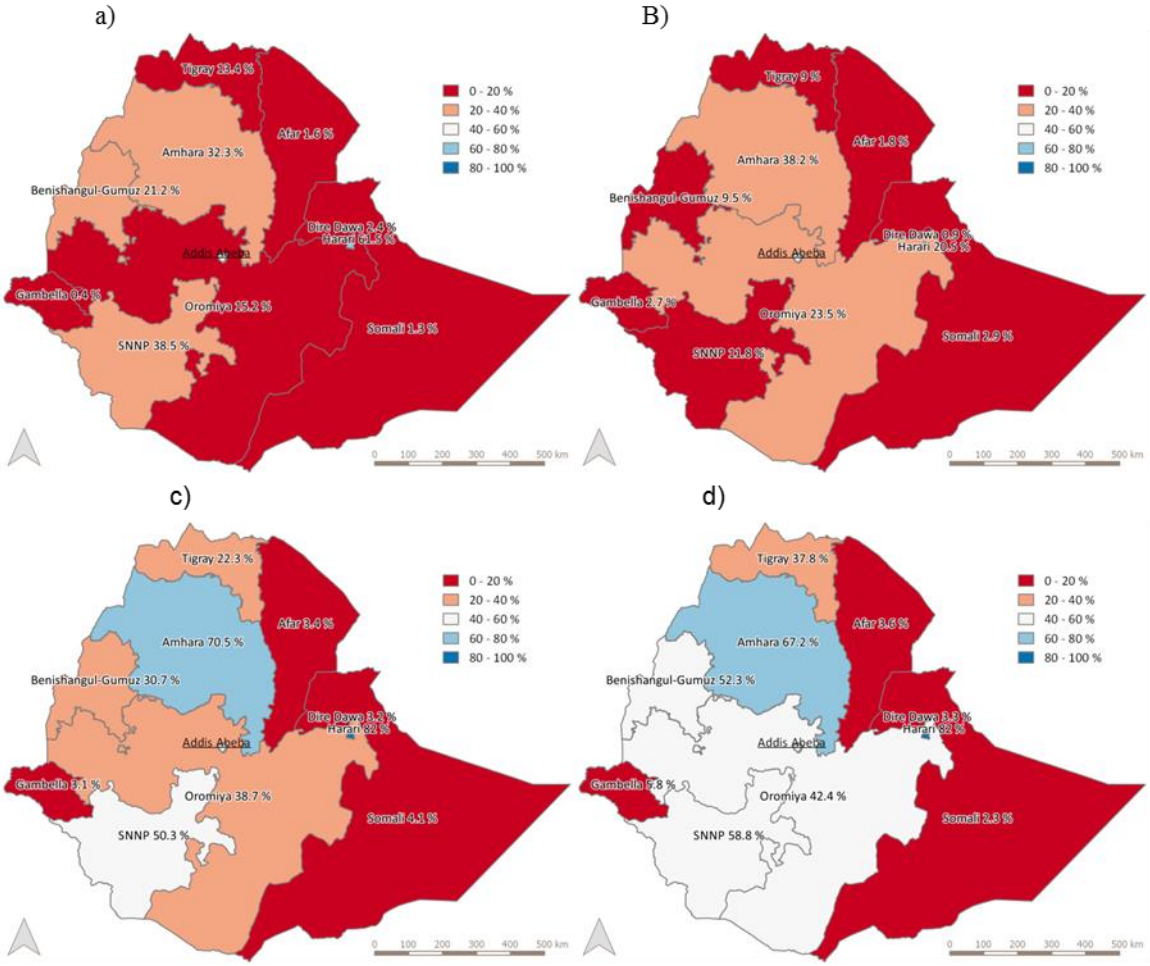
At the end of 2008EFY, 22% of households had an improved latrine (handwashing facility + slab + ventilation pipe). A similar number (24%) had unimproved facilities, while a total of 46% had either an improved or unimproved facility. The number reported to be using latrines is slightly higher and about half of the number of households (49%).

A total of 5078 kebeles had achieved ODF status at the end of 2008EFY according to HMIS data. The cumulative number reported in the MoH annual report was a little higher at 6,830 (MoH, 2016). There were 906 rural woredas in 2007EFY according to the CSA, and 15749 kebeles excluding Somali region, where there were 1224 kebeles in 2016 according to Somali regional BoFED. This would imply that about 5100-6800 kebeles out of a total of almost 17000 (16973) were ODF. This is equivalent to 30-40% of rural kebeles.

Table 5: Household sanitation data at end 2008EFY derived from HMIS

Indicator	Tigray	Afar	Amhara	Oromia	Somali	BSG	SNNPR	Gambella	Harar	Addis Ababa	Dire Dawa	National
HMIS HEH indicator												
No of households with improved latrine (handwashing facility + slab + ventilation pipe)	106,784	5,707	187,7224	1,740,305	24,860	22,566	461,218	2,531	12,937	nd	905	4,255,037
Expressed as %	9.0	1.8	38.2	23.5	2.9	9.5	11.8	2.7	20.5	nd	0.9	22.3
No of households with unimproved latrine	159,649	5,005	1,587,424	1,121,260	11,222	50,124	1,505,719	415	38,785	nd	2437	4,482,040
Expressed as %	13.4	1.6	32.3	15.2	1.3	21.2	38.5	0.4	61.5	nd	2.4	23.5
No of households with any type of latrine facilities (unimproved and improved)	266,433	10,712	3,464,648	2,861,565	36,082	72,690	1,966,937	2,946	51,722	nd	3342	8,737,077
Expressed as %	22.3	3.4	70.5	38.7	4.1	30.7	50.3	3.1	82.0	nd	3.2	45.8
No of households using latrine	450,812	11,591	3,301,688	3,135,886	20,298	123,963	2,300,809	5500	51727	nd	3370	9,405,644
Expressed as %	37.8	3.6	67.2	42.4	2.3	52.3	58.8	5.8	82.0	nd	3.3	49.3
No of kebeles declared open defecation free	271	62	,2010	966	53	63	1,629	2	12	9	1	5,078
Planning data (MoH)												
Household size	4.4	5.7	4.3	4.8	6.6	4.5	4.9	4.6	3.9	4.1	4.5	4.7
Total population	5,247,005	1,812,002	2,1134,988	3,5471,955	5,748,998	1,066,001	19,170,007	435,999	246,000	3,433,794	466,000	90,373,536
Total households	1,192,501	317,895	4,915,113	7,389,991	871,060	236,889	3,912,246	94,782	63,077	837,561	103,556	19,097,111

Figure 4: Household sanitation access and use at end 2008EFY based on HMIS data a) unimproved latrines, b) improved latrine, c) any type of latrine, d) using latrine.



Box 5: Political Prioritisation and Leadership in Sanitation

Political Prioritisation and Leadership in Sanitation

WaterAid undertook a comparative study on political support for sanitation during 2008EFY. Advocates for sanitation argue that in most countries lack of high-level political commitment has been the key blockage for progress in the sector. Internationally, there has been a remarkable increase in political commitment to sanitation over the past 15 years. Sanitation was included as a specific Millennium Development Goal (MDG) target in 2002, 2008 was made the International Year of Sanitation, the agreement of a human right to sanitation in 2010 represents an important milestone, and the sanitation and hygiene target under Sustainable Development Goal (SDG) 6 represents a significant deepening of ambition, aiming to “achieve access to adequate and equitable sanitation and hygiene for all and end open defecation” by 2030.

However, WaterAid argue that not enough attention has been given to what happens when high-level political commitment, i.e. ministerial and above, is in place. Existing effort to translate high-level political commitment into outcomes has focused on the institutional ingredients that underpin a functioning sanitation sector, such as the presence of dedicated targets and policies, and clear institutional roles and budget lines for sanitation.

The launch of Ethiopia's Health Extension Programme in 2003 by the Ministry of Health provided a foundation for promotion of sanitation, backed by the presence of two female health extension workers in each Kebele. These efforts informed the development of an overarching strategic framework in 2009 under the label Community-Led Total Sanitation and Hygiene (CLTSH).

Despite struggling to meet its sanitation targets, Ethiopia has seen rapid reductions in rates of open defecation from very high levels in 1990. In this context, several interviewees highlighted the inclusion of sanitation and hygiene promotion in the Health Extension Programme as being the most influential among the various initiatives signalling high-level commitment. The system is arguably well suited to increasing coverage of basic latrines, self-constructed by households using locally available materials.

Ethiopia's rural sanitation sector has made significant progress in translating high-level commitment into prioritisation through its extensive government bureaucracy and manpower, and sector approaches have evolved a number of times in response to key challenges, such as the need to build in a greater emphasis on promotion. Elements of the wider political and governance context appear to have been instrumental to those successes, but may also help to explain the challenges faced.

Source: WaterAid (2016)

EDHS2016 provides additional information on sanitation which is disaggregated between rural and urban settings (Table 6). Six out of ten households (61%) have access to some form of facility. The majority (55%) of households in rural areas use an unimproved latrine (pit latrine without a slab or open pit). A large proportion, approximately four out of every ten (39%) of rural households have no facility at all. However, open defecation is declining. There has been an improvement since the 2011 EDHS, when 45% of all households in rural areas did not have a toilet facility. Only 4% of rural households use an improved and not shared toilet or latrine facility, and a further 2% of rural households use facilities that would be considered improved if they were not shared by two or more households. Future EDHS data are expected to capture facilities with child, gender and differently abled features to comply with SDGs and enable to track how the country is addressing equality.

Table 6: Household sanitation facilities in rural areas (source: EDHS2016)

Improved, not shared facility	**%**
Flush/pour flush to piped sewer system	0.0
Flush/pour flush to septic tank	0.1
Flush/pour flush to a pit latrine	0.4
Ventilated improved pit (VIP) latrine	0.0
Pit latrine with a slab	2.3
Composting toilet	1.0
Total improved, not shared	**3.9**
Shared facility[1]	**%**
Flush/pour flush to piped sewer system	0.0
Flush/pour flush to septic tank	0.0
Flush/pour flush to pit latrine	0.2
Ventilated improved pit (VIP) latrine	0.0
Pit latrine with slab	1.4
Composting toilet	0.2
Total shared	**1.8**
Unimproved facility	%
Flush/pour flush not to the sewer/septic tank/ pit latrine	0.0
Pit latrine without slab/open pit	55.2
Bucket	0.0
Hanging toilet/hanging latrine	0.0
No facility/bush/field	38.8
Other	0.3

Improved, not shared facility	%
Total unimproved	**94.3**

Notes: [1]*Facilities that would be considered improved if they were not shared by two or more households*
Sample size: 13266 households

A further detailed source of information on sanitation and hygiene, and the process of CLTSH implementation (see Box 6: Learning from CLTSH Implementation Process
), is available from the impact evaluation of the CLTSH in 86 UNICEF woredas and a further 40 woredas under the Ethiopia Sanitation and Hygiene Improvement Programme (E-SHIP) (BDS, 2016). The latter initiative started in 2013 and was implemented by the Ministry of Health and financed by the Global Sanitation Fund. The purpose of this evaluation was to see how these CLTSH programmes were effectively implemented and to draw lessons from the process. In addition, Kamal Kar, the originator of CLTS, came to Ethiopia in April 2016 to run the CLTS Rapid Appraisal Protocol Tool which provides a quick assessment of the national state of CLTS and review of strategies to reach open defecation free status across the country (UNICEF, 2016).

The BDS study was undertaken in a total of 24 interventions and 24 control kebeles, and involved more than 3000 households. In the control woredas, 33% defecated in the open (under bushes, field or river), while 58% used their own latrine. In intervention woredas, 27% of households defecated in the open while 61% used their own latrine. Facilities were traditional pit latrines for 93% and 85% of households in the control and intervention woredas, respectively. About 11% of households in the control woredas, and 14% in the intervention woredas shared latrines with other households.

Box 6: Learning from CLTSH Implementation Process

Learning from CLTSH Implementation Process

Some of the key findings of an impact evaluation of CLTSH on the implementation process were:

- The National CLTSH Implementation Guideline was available in almost all of the evaluated woreda health offices
- Very few health posts assessed were found to have the guideline. The actual implementers of CLTSH, the health extension workers, were not using the guideline which is believed to have strong effect on the quality, effectiveness and sufficiency of CLTSH implementation at the grass root level
- Trained-trainers and trained facilitators were available in all of the 8 evaluated regions to undertake responsibilities for facilitator training and community triggering, indicating that skilled personnel to implement CLTSH was not a problem.
- Where CLTSH was initiated, triggering was realised in most (77%) of the development units
- Most of the kebeles triggered using CLTSH approach did not produce development unit level action plans, a key output of the processes of triggering that guides the implementers during the implementation and follow up phases of the CLTSH program
- All expected outputs (action plan, roles and responsibilities of CLTSH team members defined, bye-laws) were achieved in 8 of the 24 evaluated development units. Though the consolidation meetings after triggering were conducted at good rate, the outputs expected were not achieved as intended.
- Post-triggering trainings of HEWs run by trained facilitators, and almost half of the training programmes did not consider the key contents which characterise the post-triggering capacity building elements indicated in the National CLTSH Implementation Guideline. Training programmes facilitated by untrained trainers are believed to be one of the major causes of poor outputs of CLTSH implementation.

- Though regular reporting is considered as one of the means of community led post-triggering follow up, no reporting format was used by CLTSH team members to report to HEWs. This showed a weak link between community led post-triggering follow up and organisation level post-triggering follow up.
- Willingness to improve household latrines is high but local artisans and enterprises, who are key forces to produce improved sanitation and hygiene facilities, were not present in eighteen of the 24 kebeles evaluated. Only six of the 24 evaluated kebeles had initiatives with the intention of improving household financial capacity so that households could easily purchase improved sanitation and hygiene facilities.

Source: Based on BDS (2016)

The same study provides a source of data on handwashing practices in 2008EFY. Only 16.5% households in the operational areas reported hand-washing at the four critical times (BDS, 2016). 26.5% of the interviewed households had hand-washing stations near or inside the latrine compared to 18.5% in the control areas. Most, 84% and 69% of these hand-washing stations in intervention and control areas, respectively, were filled with water. It was observed that 30% and 42% of the hand-washing stations were with soap and 31% and 4.5% were with ash in operational and control areas, respectively.

The CWA is making a major contribution in sanitation and hygiene. Under CWA funding in 2008EFY, a total of 79,812 people were trained in hygiene and sanitation leading construction of 335,735 improved household sanitation facilities and reaching an estimated 1,678,675 beneficiaries (NWCO, 2016). As a result of the CWA interventions to date, 487 kebeles have been declared as ODF. Most progress is reported in Amhara and Tigray regions (96%). Problems affecting the reliability of data from some regions have also been reported.

Many NGOs also focus on rural sanitation and hygiene interventions. According to the limited data available (see Annex 2) the number of kebeles declared ODF as a result of NGO activities was at least 421 and involving the constructed of at least 261,499 latrines by rural households.

Progress on sanitation marketing is being made through a multi-stakeholder initiative (Box 7) following the endorsement of the Sanitation Marketing guideline (MoH, 2013). However, this has not yet translated into shifting households up the sanitation ladder from unimproved to improved facilities.

Box 7: Sanitation Marketing and Business Development Initiative

Sanitation Marketing and Business Development Initiative

During 2008EFY the Sanitation Marketing Multi-Stakeholder Platform (MSP) has developed under the leadership of the MoH and FeMSEDA, and with the continued support of the World Bank. Working groups were established to support the TVET process for developing new areas of training, both in relation to technology construction and business development. This included the development of Occupational Standards, relevant curriculum and Teacher Training & Learning Material (TTLM). These were complete and translate during a workshop supported by the World Bank during August and September 2015. Following the completion of the TTLM the National Sanitation Marketing and Business Development Initiative was launched by the MSP in December 2015. An important intention was that resources from the OWNP-CWA programme could be harnessed to support the initiative at Regional level.

To commence the process of initiating the initiative at Regional level, Regional representatives from Health Bureau, TVET and Micro & Small Enterprise Development Agencies engaged in a training of implementers and trainers on the curriculum, TTLM and testing tool in December 2015. During February 2016, these representative were provided refresher training and undertook examination to be certified in this new area. Representatives from all Regions were certified and returned to their Regions to commence the initiative.

A number of actions were identified as required to kick start the initiative, including establishment of a Regional Working Group, holding of a launch Event, and putting in place an MOU and action plan between Regional actors to guide the process. The World Bank has provided technical assistance to the Regions who have come forward with requests for additional support and to date the project has worked with 6 Regions to move the initiative forward. As a result, Benishangul Gumuz, Tigray, Dire Dawa and Oromia have all held planning and launch events, as well as developed an action plans and MOU. SNNPR has also developed an action plan and MOU, but was not able to hold the launch event in EFY08 due to other end of year commitments. Tigray has made a formal request to place a full time technical assistance support in the Regional Health Bureau to coordinate the Sanitation Marketing and Business Development Initiative, and other Regions have included this support in their ONWP procurement plans. The MSP has been following the progress and plan some learning events in FY09 to support Regions to share experiences.

Regional Progress in Sanitation Marketing and Business Development Initiative as of end of June 2016

Regions	Establish Working Group	Hold Launch Event	Draft MOU & Finalize Action Plan	Sign MOU	Potential Enterprise Identified	Skills Gap Analysis	CB Training Provided
Benishangul Gumuz							
Tigray							
Dire Dawa							
Oromia							
SNNPR							
Amhara							

Source: World Bank

3.2.2 Key Challenges and Recommendations

Five clear messages emerged from a joint analysis of reviews on rural sanitation in 2008EFY[6] and are confirmed by data presented in this report from HMIS and EDHS2016:

- Open defecation continues to decline with a dramatic drop since 1990.
- There are strong regional disparities in coverage (Figure 2) and in the emerging regions open defecation is still dominant. A redoubling of effort is needed to promote household sanitation in emerging regions, whilst in others, concentration on improving existing coverage is required.
- The majority of household toilets are unimproved. To ensure public health goals are being met, simple local solutions to make slabs washable and include drop hole covers and handwashing stations are needed. Private sector engagement in supply chains remains underdeveloped, and Sanitation Marketing requires continued development to provide the products and services required for improved facilities.
- A renewed focus on monitoring for ODF outcomes is required. Currently the levels 1 and 2 of the national ODF protocol are not being routinely monitored, and differing definitions of 'improved' sanitation exist across the country.
- The post-ODF follow-up of the CLTSH approach is limited. Very few communities are recorded as having reached 'level 2' of ODF. A post-ODF guideline is currently under review by the Ministry of Health (see Annex 3).

The practice of handwashing and household water treatment and safe storage remain at low levels and reduce continued promotion efforts.

[6] UNICEF, 2016

Further challenges in monitoring rural sanitation and hygiene can be identified through the preparation of this report:

- There are concerns about data quality for the household sanitation indicators collected through the HMIS. Although there is an alternative robust source of data provided by the EDHS which provides additional data, this is only a five yearly survey. It is recommended that under the OWNP M&E support to the NWCO, concerted efforts are made to improve data collection on WaSH indicators through the HMIS system. Possible interventions that have been identified including improving guidelines on WaSH data collection targeted at Health Extension Workers and health posts and centres, and high quality training cascaded through all levels of health management.
- At the same time, there is a strong interest of the Health Extension and Primary Health Care Directorate to increase the number of WaSH-related indicators to cover aspects that are currently not monitored (Box 8: Proposed additional indicators on Hygiene and Environmental Health
-). It may be possible that new indicators are introduced at the same time as improving the quality of data collection for existing indicators, or that parallel data collection systems are established but this requires careful planning and coordination between the concerned directorates under the MoH.

Box 8: Proposed additional indicators on Hygiene and Environmental Health

Proposed additional indicators on Hygiene and Environmental Health

These indicators are proposed by the Health Extension and Primary Health Care Directorate under the MoH and presented to the Policy Planning Directorate in the same ministry. If these indicators are once agreed and customised in the HMIS, they will strongly enable the sector to generate dependable evidences.

1. Access to latrines (households, schools, health facilities, public institutions etc.)

% of households with access to improved latrine facilities
% of households with access to an unimproved latrine facility
% of kebeles declared open defecation free (ODF)

2. Hygiene:

% of the households with hand washing facility
% of schools with separate latrine facility for male and female
% of health facilities with complete WaSH facilities (water, toilet, incinerator, placenta pit)

3. Water Treatment and safe storage

% of households using drinking water from protected sources
% of households using point of use water treatment technologies
% of households storing water with narrow necked containers

4. Living Environment

% of households with properly managed solid waste
% of households with properly managed liquid waste
% of households with separate kitchen
% of households with separate animal pens

Source: MoH Hygiene and Environmental Health (HEH) case team

4.0 Urban WaSH

Ethiopia is one of the fastest urbanising societies globally. While the country's population is largely rural, with only 20% living in towns and cities according to the CSA (2013), the World Bank (2015) calculated that the number of people living in towns and cities will increase from 15.2 million in 2012 to 42.3 million by 2037, increasing at 3.8% per year, or would actually triple by 2034 based on their own higher growth rate projection (5.4% a year).

Urbanisation is identified as an opportunity for economic growth around the new industries and services that towns, cities and their citizens can support[7]. However, a current lack of infrastructure is identified as one critical gap and a risk to the success of urbanisation policies. The WaSH sector has responded to increasing focus on urban as well as rural areas.

4.1 Urban Water Supply

4.1.1 Achievements: Extending Services in a Context of Rapid Growth

As noted above, MoWIE reports on water supply and sanitation performance through the annual report of its Water Supply and Sanitation Directorate (MoWIE, 2016). Although urban water supply data are included, these are less extensive than for rural water supply. Additional figures included in Table 7 were also derived from the Addis Ababa Water Supply and Sewerage Authority annual performance report.

Table 7: Beneficiaries User Numbers and Water Coverage by Region, 2008EFY (urban highlighted)

	Beneficiaries			Access coverage %		
	Rural	**Urban**	**Total**	**Rural**	**Urban**	**Total**
Tigray	101,884	29574	131,458	55	54	54.2
Afar	53,175		53,175	34	39	36
Amhara	1,473,594	173796	1,647,390	65.8	59.9	65
Oromia	1,619,467	307536	1,927,003	54.6	45.5	53.3
SNNP	1,053,553		1,053,553	47.1[1]	73.7[1]	49.4[1]
Somali	112,636	110181	222,817	45.6	51.2	46.4
BSG	38,966		38,966	54.4	45.8	52.6
Gambella	11,035	1555	12,590	63.2	34.5	55.9
Harar	67,684	79770	147,454	60	67	63.3
DD	8,289		8,289	71.5	55	61.1
AA		1,580,000	1,580,000		92	92
Total	4,540,283	2,282,412	6,822,695	63.1	52.5	61

Note: [1]Figures provided directly by the region for this report. *Sources: MoWIE (2016) and AAWSA (2016)*

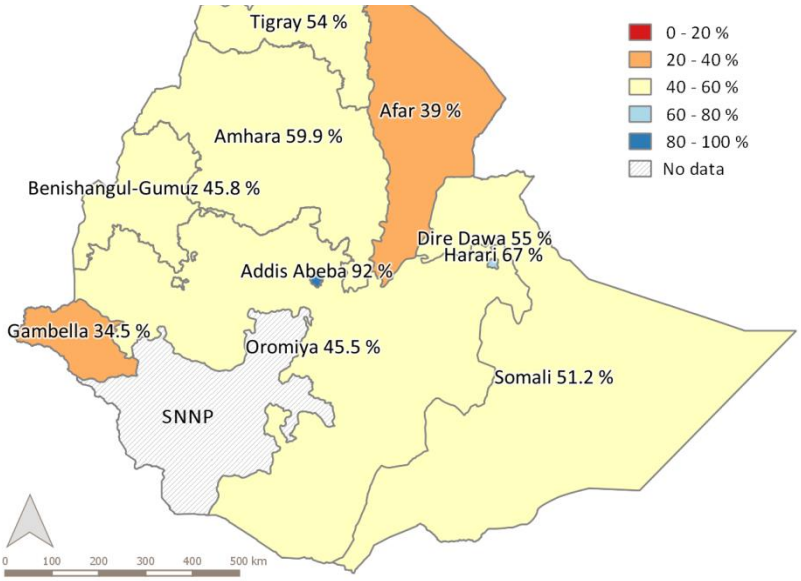
During 2008EFY, an estimated 2.3 million people living in towns and cities were provided with new water supplies meeting the increased GTPII standard to some extent. Urban water coverage was estimated as 52.5% which is lower than previous years. This is due to the revised definition of the standard for urban water supply which now includes increased volumes of supply per capita ranging from 40l/c/d for category 5 towns to 100l/c/d for category 1 town as shown in table 2. These volumes are used in the estimations of coverage by regions, although there may be variations in the way TWUs are calculating and reporting given the lack of guidelines or specific training.

Regional variations are highlighted in Figure 5. Gambella and Afar have the lowest access to urban water supplies, while the capital Addis Ababa has the highest coverage.

[7] World Bank, 2015

An additional source of data on drinking water in urban areas is also provided by the nationally representative 2016EDHS survey, since data are disaggregated between rural and urban areas 2016EDHS results indicate that 97% urban households obtained their drinking water from an improved source (in the latter half of 2008EFY). This is a slight improvement since five years earlier (2011EDHS) when 95% of urban households obtained drinking water from an improved source. The figure is much higher than the MoWIE annual performance report results reported above, owing to the revised definition of MOWIE indicators in line with GTPII standards (see Table 2) and the lower standard (an improved source) of EDHS2016. The differences between coverage and service levels are further illustrated for small towns in Box 10.

Figure 5: Urban water supply access coverage (% urban population)



An estimated 77% of households had water on premises according to EDHS2016, noticeably greater than 50% as reported 5 years earlier. The most common sources of protected drinking water are piped supplies into the home or yard (63%) followed by public standpipes (13%) and the use of neighbours piped supplies (12%).

Table 8: Household drinking water in urban areas (source: EDHS2016)

Source of drinking water	%
Improved source	
Piped into dwelling/yard/plot	63.0
Piped to neighbour	12.3
Public tap/standpipe	13.1
Tube well/borehole	3.2
Protected dug well	1.5
Protected spring	3.3
Rain water	0.0
Bottled water/improved source for drinking	0.9
Unimproved Source	
Unprotected dug well	2.7
Unprotected spring	0.2
Tanker truck/cart with small tank	1.3
Surface water	0.5
Bottled water, unimproved source for drinking	0.7
Other sources	**0.0**
Time to obtain drinking water (round trip)	
Water on premises	76.8
Less than 30 minutes	10.2
30 minutes or longer	12.6

Don't know/missing	0.4
Person who usually collects drinking water	
Adult woman	16.6
Adult man	2.8
Female child under 15 years old	1.9
Male child under 15 years old	0.9
Other	1.0
Water on premises	76.8
Water treatment prior to drinking	
Boil	2.8
Bleach/chlorine added	6.1
Strained through cloth	0.5
Ceramic, sand, composite, or other filter	1.6
Solar disinfection	0.0
Let it stand and settle	0.0
Other	0.4
No treatment	88.4
Percentage using an appropriate treatment method*	10.5

Note: sample size 3,384

On average 13% of households in urban areas spend 30 minutes or longer to obtain their drinking water according to 2016EDHS findings. Although the numbers of water on premises has increased, for those without such close access, the burden of collection falls disproportionately on women as in rural areas. In urban households, adult women are six times as likely as adult men to fetch the water for the household (17% versus 3%). Female children under age 15 are more than twice as likely as male children of the same age to collect drinking water (1% versus 2%).

Box 9: WaSH in Small Towns

WaSH in Small Towns

The vast majority of the urban settlements in Ethiopia are small (2000-20,000 population) and medium (20,000-50,000) towns (MoWIE 2014). These small and medium towns are considered strategic for water and sanitation improvement due to: rapid population growth, limited attention received to date by smaller towns as compared to bigger urban areas, relatively low institutional capacities, and their importance as centres of local business and growth within their rural hinterlands. With a high concentration of people and inadequate services, such small and medium towns are considered to have high potential for serious disease outbreaks and negative health impacts.

Water coverage does not show the whole picture. A study under UNICEF's One WaSH Plus Project in 16 small and medium towns in four regions of Ethiopia found a high proportion of people (82%) with access to improved water and sanitation services, consistent with other major datasets and reports for urban Ethiopia. However, when service characteristics such as reliability, quality, quantity and accessibility (including travel and queuing time) of water are considered, and for sanitation, quality and use, a different picture emerges. Only a small minority of households, 9% for water and 3% for sanitation, were found to receive services that meet standards set in the Ethiopian government's first Growth and Transformation Plan (GTP I). Under the second Growth and Transformation Plan (GTP II), standards for urban water services have been set higher and current performance levels are even lower.

Source: Adank et al. (2016)

An important vehicle for the development of urban water supplies is the Water Resources Development Fund (WRDF). The fund was established to facilitate the development of urban water supplies on a cost

recovery basis, providing on-lending facilities to medium and large towns for water supply expansion works. In 2008EFY, the Fund was implementing three major projects. The five secondary towns urban water supply and sanitation project (Dire Dawa, Hawassa, Jimma, Gonder and Mekele) will be completed in 2017. This project is financed by World Bank and the results are captured in regional reports. Projects in 20 medium towns are financed by the CWA with study and design underway for 18 towns and two at the construction stage. The EU/Italy and France basket fund urban water supply and sanitation project is at the planning stage. This project will finance water supply and sanitation improvements in 25 towns.

In addition to the improvements in medium towns being financed through the WRDF, the CWA is investing substantially in small towns. During 2008EFY, a total of 85 small towns (out of 124 being supported under the CWA) had completed study and design reviews. Water supply system construction has been completed in 7 towns (all in Amhara region) benefiting a total population of 59,026 and 31 further towns are at different stages of construction. Towards improving small town water supply management, 17 water utilities, 48 water boards and 12 urban water committees have also been established with CWA support.

With its importance as the capital and being by far the largest city in the country, Addis Ababa is also a focus of urban water supply improvements (see Box 10: Improvement of Water Supply in Addis Ababa). It could be noted that additional focus shall also be given to water safety to avoid the AWD incidence of 2008EFY.

Box 10: Improvement of Water Supply in Addis Ababa

Improvement of Water Supply in Addis Ababa

Addis Ababa Water and Sewerage Authority (AAWSA) has in place a programme to improve provision of adequate, reliable and affordable water in the city. In 2008, the authority added 166 thousand cubic meters supply (per day) to the system benefiting more than 1.5 million residents. These efforts were started in previous years but were completed in 2008. In addition, AAWSA has projects underway to add a further 277 thousand cubic meters daily capacity. Further, the Authority has undertaken studies of surface water resources for the proposed Sibilu Dam that in future could add another 425 thousand cubic meters supply per day. Another important strategy pursued by AAWSA is to improve operational efficiency by reducing water loses and optimising the system. A central Supervisory Control and Data Acquisition (SCADA) system has been established, sustainable power supplies installed and watershed development studies undertaken in 2008EFY.

Source: AAWSA (2016)

4.1.2 Key Challenges and Recommendations

In cities and towns, where access to improved water supplies is already high (97%) the principal challenges are 1) to expand systems and access to cope with rapidly increasing populations, and 2) to raise service levels to meet GTP II standards. This includes improving water quality, and a major challenge in Addis Ababa and some other towns in 2008EFY was the outbreak of AWD (see Box 21 in emergency WaSH section). Some of the related implementation challenges that are currently faced include:

- limited sector capacities to manage complex urban water supply projects.
- difficulties securing reliable and safe water sources for growing towns and cities.
- delays (and quality of works) in study, design and implementation of projects due to the low capacity of private sector consultants and contractors.
- challenging supply chains for specialised equipment and components.

- price escalations and gaps in financing associated with delays at various stages of complex projects.

Challenges in monitoring and reporting on urban water supplies are significant. TWUs are numerous and separate entities, with reporting processes that are not as extensive as for woredas reporting on rural water supply to regions. Many towns are not familiar with GTP II indicators and a clear and comprehensive guideline is lacking for TWUs to report consistently to regions. The NWI2 (Annex 3) provides an opportunity to strengthen such reporting and develop the capacity for TWUs to report more regularly and consistently against updated indicators. While beneficiaries can be more easily estimated for new schemes or the extension of existing schemes, this is much harder for some other urban water interventions like loss reduction and system optimisation. And given the lengthy duration of urban water supply projects it is more difficult to report outputs (and beneficiaries) meaningfully on an annual basis.

4.2 Urban Sanitation and Hygiene

4.2.1 Achievements: Taking on the Health and Environmental challenge

According to the EDHS2016, one in six (16%) of urban households has access to an improved sanitation facility, while a further 35% have access to shared facilities which are an important form of provision in cities and towns. Many households (40.5%) use basic pit latrines that are unimproved, and one in every 13 households (7%) has no facility at all and practise open defecation.

Just over 2% households in the survey had sanitation facilities connected to reticulated sewerage systems. Such systems still play a minor role, so faecal sludge management to empty on-site pit latrines and septic tanks is important for sustainable sanitation and protection of the environment.

Table 9: Household sanitation facilities in urban areas (source: EDHS2016)

Improved, not shared facility	**%**
Flush/pour flush to piped sewer system	1.8
Flush/pour flush to septic tank	2.8
Flush/pour flush to a pit latrine	1.4
Ventilated improved pit (VIP) latrine	0.4
Pit latrine with a slab	9.4
Composting toilet	0.1
Total	15.9
Shared facility	
Flush/pour flush to piped sewer system	0.5
Flush/pour flush to septic tank	1.7
Flush/pour flush to pit latrine	3.0
Ventilated improved pit (VIP) latrine	1.1
Pit latrine with slab	27.7
Composting toilet	0.5
Total	34.6
Unimproved facility	
Flush/pour flush not to the sewer/septic tank/ pit latrine	0.8
Pit latrine without slab/open pit	40.5
Bucket	0.0
Hanging toilet/hanging latrine	0.6
No facility/bush/field	6.9

Other	0.8
Total	49.5

Notes: [1]Facilities that would be considered improved if they were not shared by two or more households
Sample size: 3384 households

During 2008EFY, an Integrated Urban Sanitation and Hygiene Strategy (IUSHS) was developed, seeking to address the challenges in access to sanitation services and management along the entire sanitation chain. This filled a critical gap in urban sanitation policy (see Box 11: Integrated Urban Sanitation and Hygiene Strategy (IUSHS)
. The strategy development involved a major collective effort of the Ministry of Health, the Ministry of Urban Development and Housing, the Ministry of Water, Irrigation and Electricity, the Ministry of Environment, Forestry and Climate Change, the Ministry of Culture and Tourism, Ethiopian Institute of Water Resources, and FMHACA. It was led by the Urban Sanitation Task Force and supported by DFID and UNICEF, international and local consultants led by Water and Sanitation for the Urban Poor (WSUP), as well as the World Bank, WHO, WaterAid Ethiopia, JSI, PSI and others.

Box 11: Integrated Urban Sanitation and Hygiene Strategy (IUSHS)

Integrated Urban Sanitation and Hygiene Strategy (IUSHS)

"The pace, scale and density of Ethiopia's urban growth calls for an urgent paradigm shift in sanitation management. The success of new directions for, and corresponding investment in, urban sanitation will be measured by the way in which they offer Ethiopia's urban people – at home and at work – cleaner, more attractive cities, with better services they can afford and are willing to pay for. This calls for a mind-shift in the way Ethiopia tackles urban sanitation improvement.

This Strategy is a start because it makes it clear that sanitation improvement in urban areas needs to go beyond the approaches that have served rural sanitation well. Promotion of hygiene awareness, behaviour change and household investment in toilets are necessary, but need to be integrated with a robust chain of services to support improved household sanitation, with effective systems to collect and deliver liquid and solid wastes for safe management, disposal and possible re-use.

A structured approach, considering, wherever possible, decentralised systems, is therefore needed for town and city administrations to build such a comprehensive service chain, with a range of collection, transport and treatment options suited to different areas and circumstances, and safe disposal or re-use without health or environmental hazards.

The Strategy also outlines the scope to engage MSEs and private sector role-players in sanitation improvement, with significant job creation within and beyond government. In taking the approach further, regulatory systems must be stepped up to control and ensure quality of services, to facilitate optimal use of the private sector, and harmonised to manage public health and environmental risks systematically.

Improved management of water supply, liquid waste, solid waste and drainage as well as awareness promotion and behaviour change are interdependent. An integrated approach is therefore of upmost importance to generate the desired impacts, as well as better decision making in terms of planning and management of resources and mobilisation of funds. Federal and regional co-ordination is essential, but urban sanitation improvement must be driven and led at town and city level. This will require bold leadership, effective champions and strong management to drive new ways of working and addressing cross-cutting issues such as equity, gender and environment.

A strong monitoring and evaluation system needs also to be in place to track progress and support planning and sector investments."

Source: Reproduced from executive summary of the Integrated Urban Sanitation and Hygiene Strategy (FDRE, 2016)

Stakeholders are already responding to the IUSHS and developing approaches to sanitation in the urban context. The One WaSH Plus programme (implemented by UNICEF with the Government of Ethiopia and with DFID funding) is piloting approaches to integrated urban sanitation, going beyond simply adapting CLTSH approaches to the urban context (Box 12: Coordinating Sanitation in the Small Towns Context
).

Box 12: Coordinating Sanitation in the Small Towns Context

Coordinating Sanitation in the Small Towns Context

In eight towns across four regions, this involves building new infrastructure such as sludge drying beds and landfill sites, piloting public latrines and new water and sanitation facilities at schools. A comprehensive package of software interventions supported by World Vision also includes sanitation and hygiene behaviour change; solid and liquid waste business development; social accountability dialogues; inclusion of vulnerable groups; and addressing menstrual hygiene management. Activities have triggered the construction of latrines by households, although to date these are largely unimproved facilities.

As a result of the establishment of sanitation and hygiene task forces, weekly cleaning campaigns in market places and bus stations have been introduced; public latrines have been rehabilitated and fines introduced for unsafe waste disposal or open defecation in a number of towns. Twenty-seven satellite villages are reported to be open defecation free (ODF). Towns are not yet ODF but levels of open defecation have been reduced. Social accountability dialogues have also made a difference; by users, providers and authorities jointly focusing on specific issues, communication and coordination has improved between sectors in municipalities and woredas and overlapping mandates have been addressed. The programme has taken integrated sanitation and hygiene in small urban contexts significant strides forward and important lessons have been learned.

Source: One WaSH Plus Programme mid-line survey, UNICEF

Under CWA financing, urban sanitation interventions are also prioritised. A total of 63 public latrines and 32 communal latrines had been planned to be constructed in 2008EFY. Instead, the achievement was 20 public latrines and 1 communal latrine benefiting an estimated a total of about 16,000 small town residents but far below the intended target. Low capacity of consultants and contractors tends to contribute to delays in study, design and implementation of urban sanitation projects.

Responding to the challenge of the SDGs (Annex 1) to extend sanitation services beyond the household, public toilets are receiving more investment and innovation, especially in Addis Ababa (Box 13: Public latrines in Addis Ababa
).

Box 13: Public latrines in Addis Ababa

Public latrines in Addis Ababa

Open defecation is still a problem in Addis Ababa despite the cities rapid development. Public toilets were first built in Addis in 1947, but only 63 public toilets were constructed until 2009. Since 2009, after a mandate was given to Addis Ababa Water and Sewerage Authority, 332 public toilets (117 mobile, 27 permanent and 188 communal) were constructed with a budget of almost USD 9 million. These public toilets are located on major streets, bus and train stops and terminals, market places and in low income neighbourhoods. The design of the toilets is inclusive for people with disabilities, children, gender and the elderly. The construction of these toilets has also created jobs for 1,160 unemployed people. Each toilet is managed by a group of five to 10 people. Side businesses of selling tea and coffee and small shops are integrated.

The NGO PSI has extended this approach to not just to build toilets, but to build toilet businesses that can be sustainably run by locals under a franchising model. The 'Liyou Class' toilets in Addis Ketema sub-city are run by private entrepreneurs and small groups.

Sources: AAWSA, PSI

In view of the above, other towns are expected to benefit from the toilet business experience of Addis Ababa.

Furthermore, an effort to provide school and public toilets with child, gender and differently abled features is underway in eight small and medium towns from One WaSH Plus project being funded by DFID and UNICEF. Construction of facilities for solid waste and faecal sludge management has also started.

4.2.2 Key Challenges and Recommendations

The key challenges in urban sanitation are to keep up with population growth, and to improve the quality of facilities and the management of wastes. It is to be noted that there was an AWD outbreak in Addis Ababa and other cities due to limitations in waste management. Although urban sanitation coverage is higher than rural sanitation coverage, it lags far behind urban water coverage. Almost half of the urban population lacks access to improved private or shared sanitation facilities.

Urban sanitation interventions are hampered by fragmented institutional arrangements and a lack of coordination with urban infrastructure development, challenges which the IUSHS seeks to address. A Strategic action plan is under development and approval to implement this new strategy.

Going beyond the construction of public and communal latrines, a specific challenge is putting in place proper latrine management. The running of such facilities as a source of jobs and income generation for micro and small enterprises is an area innovation (Box 13: Public latrines in Addis Ababa).

With exception of parts of Addis Ababa, all cities and towns depend on faecal sludge management services because there are no sewer systems. Most towns however lack effective liquid waste management services and sludge is generally not properly collected, transported and disposed (see Box 14: Faecal Sludge Management in Ethiopian Towns).

Box 14: Faecal Sludge Management in Ethiopian Towns

Faecal Sludge Management (FSM) in Ethiopian Towns

While there had been improvements in access to basic latrines, most of the latrine facilities are dry pits 2-3 meters deep, with no lining (except for some masonry at the very top) and a simple concrete slab. Ventilated improved pits (VIPs) remain relatively uncommon. Liquid waste from households and non-domestic institutions is released directly to drainage, gardens and yards, or streets. The awareness of communities towards liquid waste management is comparatively low.

Effective FSM services cover the entire chain from containment to treatment and reuse. Vacuum trucks are the dominant and the preferred solution for sludge extraction and transportation. There is also manual extraction but this is not widespread due to cultural and logistical limitations. Even the most generous estimates show that less than 50 towns currently have vacuum trucks. When pits get full, households simply dig a new pit if they have space. Often, households and especially the urban poor, do not have access to sufficient space to dig a new pit. Some 50% of latrines in Addis Ababa are estimated to be full.

Almost all towns lack proper sludge treatment facilities relying on simple dumping sites outside of the town. The plants that do exist are also often not well operated or are completely neglected.

Sources: World Bank (2016), Beyene et al. (2015)

Given the fragmentation of the urban sanitation sub-sector and more limited history of efforts to improve institutional coordination, monitoring is little developed investment has been limited. However, major new investments are now being developed including with World Bank support (see Annex 3).

5.0 Institutional WaSH

5.1 WaSH in Schools

Every year the Ministry of Education collects information on WaSH in schools as part of the annual school census. Typically, data collection is started around November, with results being reported through the Education Management Information System (EMIS) and published around a year later in the annual Education Statistics Abstract. In the 2008EFY school census questionnaire, new and improved questions were added in the area of WaSH (Water, Health and Sanitation) to provide better data for policy-making and action on these critical issues (see Box 15: The New WaSH in Schools Census
). The more detailed questionnaire included questions about the type of water source and type of toilets available as well as collecting data on handwashing facilities.

The data reported in this section is therefore based upon data collected roughly mid-way through 2008EFY and reported in the 2008EFY Education Statistics Abstract.

The analysis presented is only for those schools which responded to this section of the questionnaire and not the total number of schools. Over 30,000 primary schools and almost 3,000 secondary schools completed the questionnaire.

Box 15: The New WaSH in Schools Census

The New WaSH in Schools Census

In 2008, the Ministry of Education collected data for the first time using an extended WaSH in schools questionnaire. The data was collected as part of the annual school census covering all educational institutions in the country, with data collection starting in November 2015, and reported through the Education Management Information System and in the annual education statistics abstract (as well as in this report).

There are now 39 questions covering water, sanitation, hygiene and sustainability. These go beyond just identifying whether schools have water or not, by including service indicators such as whether the water supply is functional and whether access is available to the disabled and young children. Sanitation indicators cover separate provision for boys and girls, the disable and young children but also whether latrines or septic tanks are safely emptied and whether school compounds are free from wastes. Hygiene questions cover whether handwashing facilities are available, whether soap is available and whether there is provision for menstruating girls. Sustainability questions focus on whether schools are generating or accessing funds for school WaSH and how children, parents and teachers are organised for O&M and to sustain school WaSH.

It is an impressive achievement to have institutionalised improved annual data collection on WaSH within the EMIS. This has the potential to greatly support the MoE in its efforts to improve school WaSH. The next challenge, recognised by MoE, is now work to improve the quality of data collection with better training and support provide to data collectors that are educationalists and not WaSH specialists.
Source: School WaSH questionnaire, Ministry of Education

5.1.1 Achievements: Primary Schools

At primary school is where children develop behaviours that will last into adulthood. Access to safe water and the use of clean toilet facilities at school is therefore vital for the health of children throughout their lives.

Most primary schools do not have a water supply with only 38% provided with water. Furthermore, almost one fifth (21%) of water supplies at school are unprotected, which puts children at risk if supplies are contaminated. Some water supplies are also broken or unreliable. The 'adequate water indicator' combines some of the indicators in the questionnaire to reflect those schools which had a protected and functional source that supplies water for 5-7 days (i.e. all of the days that children are in school). Only 11% primary schools had adequate water according to this measure. Provision for the disabled and young children is also limited with less than a fifth of schools having water supplies that are suitable for these groups of children. The water supply facilities are considered accessible to younger children and children with physical disability if they are able to get a drink of water from the faucet, pump or drinking water container without the help of a teacher or older student (Box 16 illustrates how such challenges affect children in later life).

Box 16: WaSH and Disabilities

WaSH and Disabilities

At schools and throughout life, access to water and sanitation is more challenging for the disabled. Berhane Daba helped form the Ethiopian Women with Disabilities National Association (EWDNA) under the national Disabled People's Organisation (DPO) to tackle such issues. She explains that women with disabilities face a double burden: having a disability and being a woman. One area that is often overlooked is access to water and sanitation, she says: "The toilets in my school were not accessible in my situation so I had to spend the whole day without eating or drinking to avoid having to use the toilet. To make things worse, there were no facilities for menstrual hygiene management." Decades later, the situation is still the same in many schools, public places and other institutions.

People with disabilities often rely on other people's help to access water and sanitation facilities and suffer discrimination within the household when family members are not willing to support them. Berhane tells the story about a "girl in a rural village tasked to keep the house clean and cook for the whole family because she was not allowed to go to school. The biggest challenge she faced every day was accessing the water needed for cooking and cleaning. Her family did not support her at all so she had to pay her brother by giving him her share of food to fetch water for her." Berhane says the key to improving WaSH for the disabled is including people with disabilities at the different levels of planning, design and implementation. The needs and interests of people with disabilities are often forgotten when they are not physically present.

Source: COWaSH

There are significant regional variations in water at schools. Addis Ababa has the best provision for primary schools with 98% schools having water, and nearly all of the sources are protected and also accessible to special needs and young age groups. However, even here many supplies are unreliable so only 66% schools are assessed to have adequate water. Gambella, Harar and Dire Dawa also reported high levels of access to water at schools. However, outside the capital, the percentage of schools with adequate water at primary schools falls in the range 0-20%. The Somali region questionnaire responses to water questions were often incomplete and many responses on the type of water sources were 'other' which led to these being counted as unprotected water sources and the very low score in that region.

Table 10: Water Facilities at Primary Schools

Region	No. responses	% water	No. sources	% sources protected	% sources unprotected	% accessible for special needs	% accessible young children	% adequate water[1]

Tigray	2,044	18%	373	96%	4%	18%	18%	5%
Afar	534	35%	180	80%	20%	6%	7%	8%
Amhara	8,621	36%	3,142	89%	11%	14%	18%	14%
Oromia	13,733	38%	5,249	78%	22%	16%	18%	11%
Somali	1,051	34%	357	5%	95%	34%	32%	0%
BSG	513	41%	211	77%	23%	13%	18%	2%
SNNP	5,775	39%	2,260	78%	22%	19%	20%	9%
Gambella	284	65%	185	84%	16%	46%	47%	12%
Harar	83	76%	63	90%	10%	34%	53%	16%
Addis Ababa	785	98%	773	98%	2%	86%	91%	66%
Dire Dawa	102	80%	82	94%	6%	30%	46%	20%
Total	30,594	38%	11,647	79%	21%	17%	19%	11%

Note: [1]The 'adequate water indicator' includes those schools which had a protected and functional source that supplies water for 5-7 days. *Source: MoE, 2016*

Most primary schools have some sanitation facilities, with 86% having some toilet or latrine provision. However, most provision is traditional pit latrines and only 31% school toilets or latrines are classed as improved. Many schools lack adequate separate facilities for boys and girls, with only 38% having separate latrines for boys and 37% having separate latrines for girls. The provision of sanitation facilities appropriate for students with special needs and young age groups is also very low, 37% and 54%, respectively. Despite the fact that 86% of schools have latrines either traditional or improved, only half of the schools (49%) are free from open defecation (ODF). The contrast is vivid for regions such as Amhara, Tigray and Dire Dawa where more than three-quarters of the schools have access to latrines, but less than a quarter are reported as being ODF. Similar to the regional variation observed in access to water-supply in schools, there is considerable regional variation in access to sanitation with Addis Ababa reporting the best sanitation provision at primary schools, and Afar the lowest.

Table 11: Sanitation Facilities at Primary Schools

Region	No. res-ponses	% toilets [1]	% trad-itional[2]	% imp-roved [3]	% schools with boys only pits	% schools with girls only pits	% access-ible special needs[4]	% toilets access-ible young children[5]	% free ODF
Tigray	2,023	77%	8%	92%	31%	31%	23%	28%	23%
Afar	457	11%	39%	61%	30%	31%	56%	72%	11%
Amhara	8,621	82%	63%	37%	35%	34%	24%	36%	23%
Oromia	13,802	93%	73%	27%	35%	33%	40%	64%	69%
Somali	984	52%	33%	67%	53%	47%	2%	3%	2%
BSG	460	60%	69%	31%	37%	39%	53%	62%	43%
SNNP	5,677	91%	72%	28%	45%	43%	41%	52%	42%
Gambella	276	56%	73%	27%	35%	33%	100%	100%	58%
Harar	83	92%	63%	37%	32%	29%	30%	62%	71%
Addis Ababa	749	99%	14%	86%	43%	45%	84%	96%	94%
Dire Dawa	100	92%	66%	34%	43%	43%	57%	76%	9%

Total	31,209	86%	69%	31%	38%	37%	37%	54%	49%

Notes:

[1]The percentage represents the number of schools with sanitation facilities. It doesn't indicate functional sanitation facilities.
[2]Out of total percentage of schools with latrines
[3]Out of total percentage of schools with latrines
[4]Latrines follow inclusive design and accommodate needs of people with disability. For example, the toilets are closer, located within 30 meters; path to toilets is wide and clear; toilet doors open and close with ease; at least one of the cubicles has adequate floor space to allow a wheelchair; there are grab bars (hand rails) to support sitting down or getting up
[5]Toilet facilities are appropriate for younger children; drop hole is smaller than normal to prevent small children from falling in; squatting plate foot pads are designed for small children; door handle is low enough to reach; compartment is not so dark that it frightens children.
(Source: MoE, 2016)

As well as water supply and latrine provision, handwashing is vital to ensure schools are healthy environments for children. Only about one fifth of primary schools (21%) reported handwashing facilities and very few had soap available, only 5%. Hygiene education and menstrual hygiene management education were undertaken in about two thirds and one third of schools respectively. Provision of facilities for menstrual hygiene management is only available at 20% of the primary schools.

The 'Safe WaSH at Schools' Indicator combines indicators in the questionnaire to identify schools that have a protected water source which is functional and meets demand, as well as improved latrines and handwashing facilities. Only 4% or 1 out of every 25 schools meets this standard. Under such a situation a lot of effort and resources are required to meet SDG standards.

It should be noted that budgets for WaSH are also only available in 21% of primary schools.

Table 12: Hygiene and WaSH at primary schools

Region	% schools with hand-washing facilities [1]	% always with soap	% Safe WaSH at schools[2]	% H&S education [3]	% menstr-ation education	% menstr-ation sanitation facilities[4]	% WaSH budget available
Tigray	19%	5%	4%	59%	34%	20%	0%
Afar	5%	1%	2%	59%	23%	3%	1%
Amhara	14%	2%	3%	71%	22%	19%	21%
Oromia	16%	4%	4%	75%	35%	12%	17%
Somali	1%	3%	0%	9%	13%	5%	2%
Benishangul-Gumuz	34%	6%	0%	41%	29%	24%	23%
SNNP	34%	7%	2%	59%	50%	37%	25%
Gambella	5%	0%	0%	6%	35%	8%	11%
Harar	51%	18%	5%	72%	47%	47%	35%
Addis Ababa	97%	55%	31%	95%	76%	67%	96%
Dire Dawa	59%	12%	4%	77%	11%	45%	0%
Total	**21%**	**5%**	**4%**	**68%**	**34%**	**20%**	**21%**

Note:

[1]The percentage represents the number of schools with hand washing facilities. It doesn't indicate functional hand washing facilities.

[2]Safe WaSH at Schools Indicator is the percentage of schools that have a protected water source which is functional and meets demand, plus the school has improved toilets and handwashing available.

[3]Education on personal hygiene and hand washing with soap or ash is provided through special sessions as part of life skills training modules or as part of the regular curriculum

[4]Hygienic sanitary pad disposal facilities are available inside toilet cubicles or other private MHM rooms; private washing facilities, such as tap and basin, are available inside a lockable toilet stall; water is available inside the toilet; sanitary pads are provided by the school; menstrual hygiene education sessions are provided for girls

(Source: MoE, 2016)

Box 17: School WaSH indicators identified in the new National School Water Supply, Sanitation and Hygiene (SWaSH) Implementation Guideline

School WaSH indicators identified in the new National School Water Supply, Sanitation and Hygiene (SWaSH) Implementation Guideline

The new SWaSH implementation guideline identified the following major indicators and minimum standards for School WaSH:

Water:

- Access to safe water: provision of safe water with a distance of up to 100 meters or up to 10 minutes round trip from the school. And the water facility has to be accessible for children and children or staff members with disability.
- Water quantity: provision of safe water for schools with a standard of 5lits/school children and staff members/day and one faucet for 100 students.
- Water Quality: As per the national standard, the water supplied has to meet the minimum parameters of bacteriological, physical and chemical quality of drinking water.
- Scheme functionality: The water scheme provides enough (5 litres/school children and staff members/day including water for drinking and handwashing. And the system has to provide water throughout the year with maximum of a week time maintenance period or down time.

Sanitation:

- Access: Improved latrines are easily accessible to all, including students and staffs with disabilities and are located at a maximum distance of 30 meters for schools and the facilities should be gender disaggregated blocks 20 meters apart and MHM facilities within the building. Latrines should have privacy and safety.
- Number: One cubicle for 25 girl students and female staffs, and for 50 boys and male staffs.
- Urinals: One urinal is for 150 girl students and female staffs and for 200 boys and male staffs (optional when there is water availability in the school).
- Utilisation: All facilities has to be clean and functional at all time in the year and regular de-sludge when the latrines fill (50cm remaining to fill).
- Solid Waste: Availability of dust bins in the class room and compound, recycled/reuse and final disposal pit.
- Liquid waste-availability of proper disposal areas/soakaway pits

Hygiene:

- Handwashing Facilities: Reliable handwashing facility, with soap or a suitable alternative and water, should be available in or near (3 meters) school latrines. The number of faucets for hand washing should be equivalent to the number of seats of latrines. If piped network is not available a minimum 20 litres Jerrycan has to be place permanently.
- School WaSH Clubs for Promotion: Existence of functional school WaSH clubs. Girls' participation. SWaSH clubs would be formed or strengthened and involved in maintaining cleanliness of latrines, classrooms, school compound and students hygiene monitoring.

- Menstrual Hygiene Management (MHM): Access to girls' friendly latrine design with space, private washing areas and a place for disposal of solid sanitary pads. Availability of low cost disposable pads and menstrual hygiene management promotion in the schools. There should be adequate and affordable anti-pain drugs.

Cleaning and Waste Disposals:

- School compound must be swept regularly (at least once a week)
- Outside and inside areas are maintained free of sharp objects and other physical hazards.
- Bins should be provided for the collection of solid waste.
- Source separation and recycling of waste may be carried out. Special bins will be provided for organics, paper and plastics separately.
- Paper and plastics will be sent for recycling especially when collection agents or the recycling agents are available in the district.
- Where composting of organic fraction of waste is carried out, it should be done under strict supervision of a teacher who has the technical know-how.
- Solid waste is collected from classrooms and offices daily and is disposed of safely.
- Wastewater is disposed of quickly and safely.

Source: National School Water Supply, Sanitation and Hygiene (SWaSH) Implementation Guideline

5.1.2 Achievements: secondary schools

Unlike primary schools, most secondary schools do have a water supply (see Table 13 below). Across the country 63% secondary schools are provided with water, and most of these supplies are protected (95%). A majority (70%) are also accessible for children with special needs. However, as for primary schools the reliability of water supplies is a critical issue, and 24% secondary schools have adequate water supplies if protection, functionality and supply for 5-7 days is considered.

There are significant regional variations as at primary level with Addis Ababa similarly having the best provision in secondary schools. The Somali data is incomplete as at primary school level.

Table 13: Water Facilities at Secondary Schools

Region	No. responses	% water	No. sources	% sources pro-tected	% sources unprotected	% access-ible for special needs[1]	% adequate water[2]
Tigray	186	70%	53	100%	0%	41%	11%
Afar	24	79%	16	88%	13%	26%	8%
Amhara	433	72%	317	98%	2%	64%	26%
Oromia	1,261	58%	807	95%	5%	70%	21%
Somali	119	34%	-	-	-	51%	0%
Benishangul-Gumuz	65	60%	42	95%	5%	41%	18%
SNNP	613	53%	384	91%	9%	95%	24%
Gambella	53	87%	43	100%	0%	76%	19%
Harar	13	92%	14	93%	7%	25%	31%
Addis Ababa	206	98%	205	99%	1%	77%	74%
Dire Dawa	21	100%	23	96%	4%	33%	38%
Total	2,994	63%	1,904	95%	5%	70%	24%

Note:

[1]The water supply facilities are considered accessible to children with physical disability, if they can easily reach the faucet, pump or drinking water container to get a drink of water.

[2]The 'adequate water indicator' includes those schools which had a protected and functional source that supplies water for 5-7 days.

Most secondary schools have some sanitation facilities, as primary schools, with 87% having some toilet or latrine provision. However, a lot of provision is traditional pit latrines and only 41% school toilets or latrines are classed as improved. Many secondary schools also lack adequately separated facilities for boys and girls, with only 21% of schools having separate latrines for boys and only 18% for girls. None of the schools have latrine provisions that are accessible for students with special needs and young age groups. As a result of inadequate sanitation provision, only about two thirds (69%) of schools were assessed to be free from open defecation. Despite higher proportions of schools having sanitation facilities in Tigray, Amhara and SNNPR, the percentage of schools reported to be open defecation free in the regions is low in comparison.

Table 14: Sanitation Facilities at Secondary Schools

Region	No. of responses	% toilets[1]	% traditional	% improved	% schools with boys only pits	% schools with girls only pits	% accessible special needs[2]	% free OD
Tigray	172	85%	3%	45%	39%	33%	0%	42%
Afar	21	76%	25%	0%	19%	20%	0%	69%
Amhara	433	96%	30%	48%	33%	30%	0%	57%
Oromia	1270	88%	49%	40%	34%	30%	0%	75%
Somali	117	32%	0%	0%	0%	0%	0%	45%
BSG	61	61%	68%	11%	32%	33%	0%	73%
SNNP	592	92%	44%	44%	33%	23%	0%	65%
Gambella	50	74%	32%	51%	21%	18%	0%	97%
Harar	14	93%	23%	38%	36%	35%	0%	77%
Addis Ababa	199	97%	7%	40%	33%	35%	0%	93%
Dire Dawa	21	100%	43%	33%	37%	35%	0%	71%
Total	2950	87%	38%	41%	33%	28%	0%	69%

Notes:
[1]The percentage represents the number of schools with sanitation facilities. It doesn't indicate functional sanitation facilities.
[2]Latrines follow inclusive design and accommodate needs of people with disability. For example, the toilets are closer, located within 30 meters; path to toilets is wide and clear; toilet doors open and close with ease; at least one of the cubicles has adequate floor space to allow a wheelchair; there are grab bars (hand rails) to support sitting down or getting up.

Handwashing provision is somewhat better in secondary schools, but still only about half of secondary schools (46%) reported handwashing facilities and very few had soap available, only 7%. Hygiene education and menstrual hygiene management education were undertaken in about two thirds (68%) and a half (47%) of schools respectively. Provision of facilities for menstrual hygiene management is only available at 34% secondary schools.

The 'Safe WaSH at Schools' Indicator combines indicators in the questionnaire to identify schools that have a protected water source which is functional and meets demand, as well as improved latrines and handwashing facilities. Only 10% or 1 out of every 10 schools meets this standard.

Table 15: Hygiene and WaSH in Secondary Schools

Region	% schools with hand-washing facilities[1]	% always with soap	% Safe WaSH at schools	% H&S education[2]	% menstruationmenstruation education	% menstruationmenstruation sanitation facilities[3]	% WaSH budget available
Tigray	35%	1%	7%	72%	49%	36%	3%
Afar	44%	6%	0%	73%	40%	19%	0%
Amhara	34%	3%	9%	81%	48%	28%	0%
Oromia	44%	4%	9%	71%	38%	18%	0%
Somali	26%	0%	0%	13%	16%	21%	0%
Benishangul-Gumuz	54%	8%	0%	45%	38%	49%	0%
SNNP	44%	7%	9%	64%	65%	53%	0%
Gambella	22%	0%	2%	19%	19%	27%	0%
Harar	77%	23%	0%	55%	45%	77%	0%
Addis Ababa	98%	37%	29%	89%	82%	79%	0%
Dire Dawa	90%	0%	14%	72%	56%	62%	0%
Total	46%	7%	10%	68%	47%	34%	0%

Notes:

[1]The percentage represents the number of schools with hand washing facilities. It doesn't indicate functional hand washing facilities.

[2]Education on personal hygiene and hand washing with soap or ash is provided through special sessions as part of life skills training modules or as part of the regular curriculum

[3]Hygienic sanitary pad disposal facilities are available inside toilet cubicles or other private MHM rooms; private washing facilities, such as tap and basin, are available inside a lockable toilet stall; water is available inside the toilet; sanitary pads are provided by the school; menstrual hygiene education sessions are provided for girls

(Source: MoE, 2016)

5.1.3 Key challenges and recommendations

Nationally only 11% of primary schools have an appropriate water facility that meets the needs of the students and teachers that attend the school, while only 4% of primary schools have all the required elements – water, sanitation and handwashing facilities - that are needed to protect children's health. Only 24% of secondary schools have an appropriate water facility that meets needs, while only 10% of secondary schools have all the required WaSH elements.

Box 18: School WaSH Bottleneck Analysis

School WaSH Bottleneck Analysis

A study by WaterAid provides new evidence on WaSH in Schools and impacts on the quality of education. The study identified that despite the OWNP component on institutional WaSH, there was a lack of a specific WaSH in Schools Strategy. Schools also lack guidelines for managing WaSH facilities the study finds. The Design and Construction Manual for primary schools (developed with UNICEF support) provides a guiding document that shows the minimum national standard for WaSH in Schools, but this has not yet been fully cascaded down to local levels. ESDPIV had component on WaSH in schools that aimed to increase schools' access to water from 34% to

64% by 2015, but there was no specific target for sanitation and hygiene. The study identified major gaps in financing, amongst others, and concluded that WaSH in schools is a neglected and overlooked area in the development of the education sector and in the wider WaSH sectors. The lack of sustainable access to WaSH in schools is, according to the study, adversely affecting the learning and teaching process and limiting the performance of students.
Source: GAA Economic Development Consult (2015)

Although many schools have some WaSH facilities, there is a huge need for further provision to ensure a full WaSH package is available at all schools. There are large regional variations, with Addis Ababa having the most schools with complete WaSH provision and Somali with the most improvement needed. Many regions do not have safe WaSH provision at any of their secondary schools, this includes Afar, Somali, Benishangul-Gumuz and Harar.

The very low proportion of ODF schools at both primary and secondary level, despite access to sanitation facilities, may indicate the absence of adequate sanitation and hygiene education. It may also indicate that latrines do not provide adequate safety, privacy and comfort for boys and girls, younger children and students with special needs. The data show provision of separate latrine facilities for boys and girls is very low both at primary and secondary school levels and most facilities are not accessible to students with special needs especially in secondary schools. The results suggest schools need to go beyond providing access to sanitation facilities, to improving the service levels provided by the facilities as well as improve hygiene and sanitation education.

The absence of budget allocation to school WaSH both in primary and secondary schools is a concern. The absence of budget for operation and maintenance of WaSH facilities, including regular cleaning of toilets, emptying of pit latrines and maintenance, affects the level of service and sustainability of the facilities.

CWA financing is being used to ramp up activities on school WaSH. In 2008EFY, under CWA funding, a total of 275 schools were equipped with new water supply facilities with a further 90 under construction. At the same time, 621 school latrines were completed with a further 310 under construction. NGOs are also active in this area, and for example, an initiative was launched in Addis Ababa to achieve universal WaSH access in schools in the capital (Box 19: A new partnership launched for School WaSH in Addis Ababa).

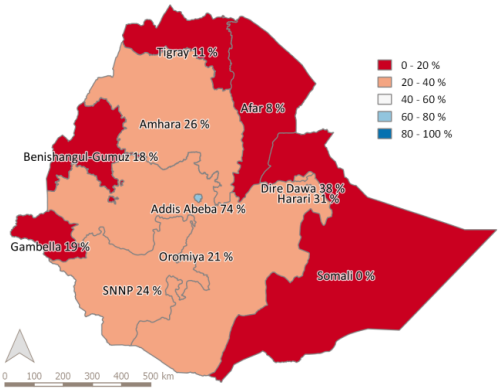
Box 19: A new partnership launched for School WaSH in Addis Ababa

A new partnership launched for School WaSH in Addis Ababa

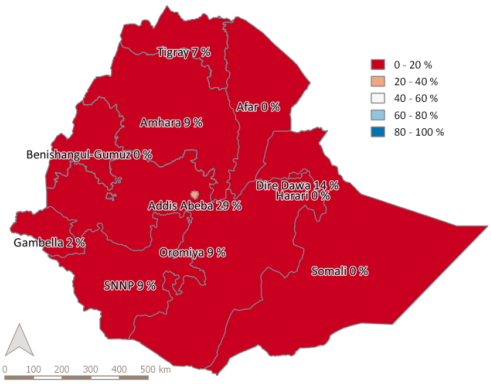
In April 2016, a new partnership was launched that aims to ensure clean water, clean hands, and clean toilets for every public school in Addis Ababa. The NGO Splash and the Addis Ababa Education Bureau (AAEB) presented a comprehensive WaSH study of all 444 government schools across the ten sub-cities of the capital. At the launch workshop findings were shared and partners engaged, including the National WaSH Coordination Office, to develop a 5-year plan to reach every government school and 400,000 Ethiopian children.
Source: Splash

Figure 6: Provision of adequate water and safe WaSH at schools; a) primary water, b) primary WaSH, c) secondary water, d) secondary WaSH.

a)



b)



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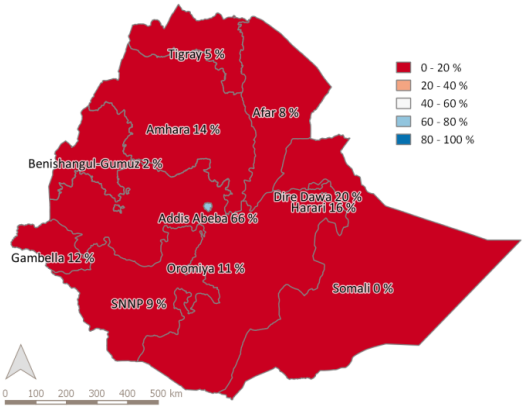

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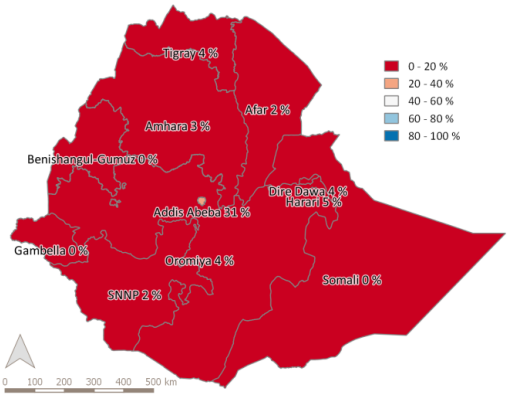


Data collection on WaSH in schools are being affected by non-response to questions, and limited WaSH knowledge of the staff completing the survey. WaSH is a developing area of the questionnaire and the low response rate to some questions as well as data quality, need to be improved in future years. To improve responses, it is intended to provide support from the NWCO and the federal MoE with follow up so that more schools will complete this section of the questionnaire and with a higher degree of accuracy. Improved guidelines on WaSH in school data collection and cascaded training have been proposed.

There is scope to make further use of available data. For example, data on functionality of facilities and the number of taps and latrines per school is captured in the annual survey, but data has not been fully analysed or utilised. Improved reporting could in future indicate the proportion of functioning WaSH facilities and the ratio of latrines per female and male students or the ratio of taps to students. This will improve to measurement of the levels of service provided by WaSH facilities in schools. There are some new initiatives to implement WaSH facilities in schools which could be used to capture data (see Box 20 below).

The new school WaSH implementation guideline, expected to be launched by the government soon, will require the improved EMIS school WaSH questionnaire to be further updated, and provides details that can be used to improve the definition and prioritisation of indicators.

5.2 WaSH at Health Facilities

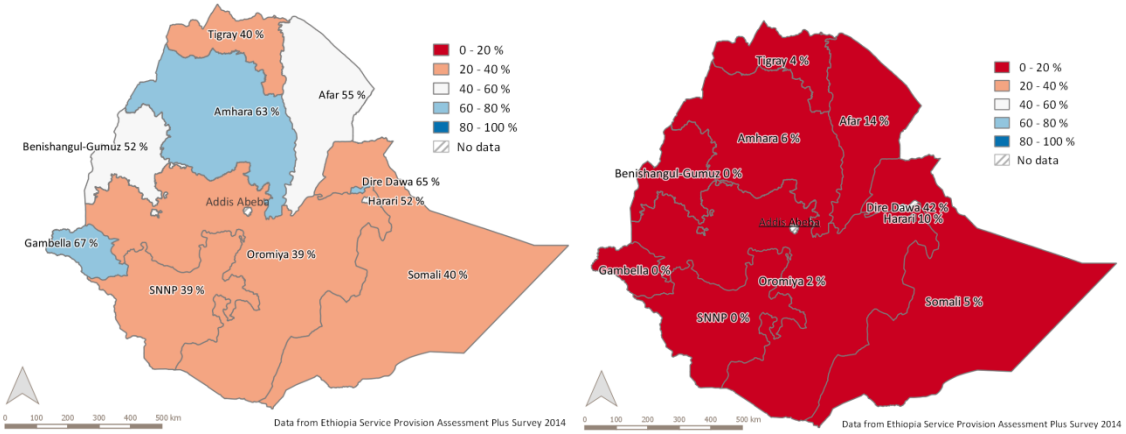
Although the HMIS includes an indicator on WaSH at health institutions, the data for this indicator was not available for the preparation of this report. However, data is available from CWA reporting for 2008EFY and from the Ethiopia Service Provision Assessment Plus Survey (EPHI, 2014). The latter survey involved data collection from the start of 2007EFY but provides the most recent data available from a nationally representative sample of facilities.

5.2.1 Achievements:

The Ethiopia Service Provision Assessment Plus Survey (EPHI, 2014) reported that out of the 802 health posts surveyed in the country, just under half of health (45%) posts had an improved water supply and only 3% had piped water on premises. Just over half (51%) surveyed had latrine facilities for clients. Regional variations are shown in Figure 7**Error! Reference source not found.**. At the 363 other institutions (including hospitals and health centres) surveyed, service provision is better. At 77% of such facilities there was an improved water supply, and in 52% institutions this was piped on premises. At a similar number (74%) of such facilities, client latrines were also available.

a) b)

Figure 7: Provision of WaSH at health posts: a) improved water supply, b) piped water supply, c) client latrine



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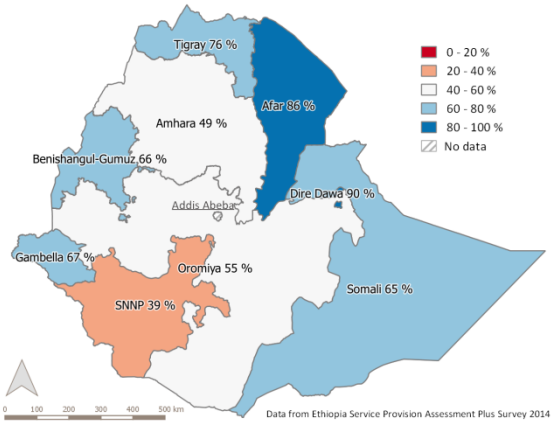
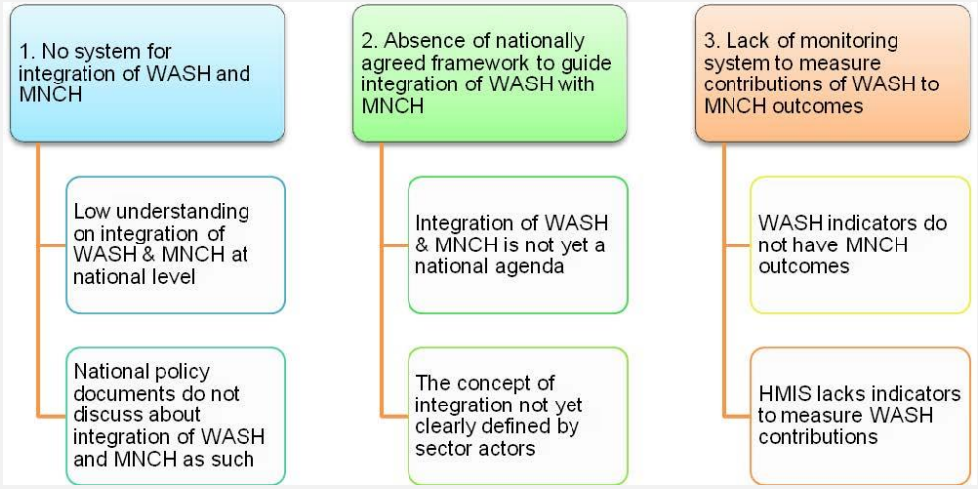


Although the rate of progress was slower than targeted, CWA funding contributed to provision of water supplies at 87 rural health institutions in 2008EFY, while improved latrines were built at 242 facilities and 191 institutions were provided with incinerators and placenta pits[8]. Water supplies were under construction at a further 54 facilities and sanitation provision underway at 229 more institutions.

Box 20: Policy and Practice Bottlenecks and Opportunities for Integrating WaSH with MNCH

Policy and Practice Bottlenecks and Opportunities for Integrating WaSH with MNCH



Strategic level bottlenecks identified were: weak inter-sector coordination and collaboration, tendency to follow sector specific planning processes, and low awareness or knowledge on integration and attitudinal problems. The implementation level bottlenecks identified include: weak inter-sector coordination between water, health and education sectors, lack of strong mechanisms for community participation, poor attitude to change and shortage of budget. Problem associated with the design of facilities, staff commitment, low awareness on the use of WaSH facilities, shortage of finance for operation, maintenance and construction, high patient loads and poor quality spare parts are found to be operational bottlenecks.

Recommendations made are to: improve the enabling environment for the integration of WaSH interventions with MNCH; gearing efforts towards achieving sustainable development goals and targets related to MNCH; innovating, piloting and scaling up of the integration of water supply, sanitation and hygiene with maternal, neonatal and child health and using the clean and safe hospital initiative for enhancing integration of WaSH and MNCH.

Source: GAA Economic Development Consult and Water Aid (2016)

[8] NWCO, 2016

5.2.2 Key challenges and recommendations

Water, Sanitation and Hygiene (WaSH) is an integral component of Maternal, Neonatal and Child Health (MNCH) but remains neglected in health facilities according to a study from WaterAid (see Box 20). This is related to an absence of practical integration between health and water sectors, and the tendency to focus on curative health care. The study found that a well-defined framework and system for integration was missing.

Implementation of WaSH at rural health institutions under CWA funding is reported to have been hampered by the late disbursement of funds to implementing woredas, poor performance of contractors and delays in procurement processes. All regions, except Tigray, were identified as needing special attention to improve performance.

With respect to monitoring, accessing HMIS data that will incorporate additional proposed indicators on WaSH at health institutions could strengthen this report in 2009EFY. This is still given only if the signed data exchange agreement between the WaSH line ministries is an opportunity to ensure the data flow at the required time and standard.

With respect to appropriate technology, IUSHS identifies the limitations of the current sanitation practices in health facilities and recommends. They are:

- the generation of biogas from the generated waste and use the same for incineration at least in hospitals,
- separation of hazardous hospital waste from municipal waste to avoid pollution from hazardous leachates and
- introduce grey water recycling and reuse for watering ornamental trees within the compounds of health facilities.

IUSHS considers such a step to be far reaching as it will serve as a demonstration to other institutions and help the country to address GTP II goals.

6.0 Emergency WaSH

The year 2008EFY required a huge humanitarian response to address the WaSH challenges arising from one of the worst droughts in decades, then subsequent severe flooding as well as major disease outbreaks. The drought was a major event linked to a strong El Niño event where warm waters in the Pacific Ocean have global influences on climate, including droughts in East Africa.

Emergency WaSH requires special interventions and specific capacities, but it is a crucial part of the overall OWNP. The WaSH Cluster is a multi-agency effort tasked with the specific responsibility of coordinating emergency WaSH interventions. It is currently co-chaired by MoWIE and UNICEF.

6.1 Achievements: Responding Quickly to Drought and Floods to Save Lives

The emergency WaSH response in 2008EFY reached more than 10 million people across six regions (see Box 21). This response included government and UN agencies (led by UNICEF) as well as large and small, and both international and Ethiopian NGOs. Most of the response was related to drought, but floods and disease outbreaks also required subsequent action. Outbreaks of Acute Watery Diarrhoea (AWD) spread to Addis Ababa and required a major response (Box 21 below). Water was critical given the drought, with agencies responding with emergency supplies through trucking and water treatment as well as rehabilitating and extending existing water schemes and constructing new systems. Hygiene and sanitation activities were also a major focus.

Box 21: AWD Outbreak Response: Multi-sectoral Action to Combat Disease

AWD Outbreak Response: Multi-sectoral Action to Combat Disease

One of the critical faced challenges in 2008EFY was severe outbreaks of AWD, including in Addis Ababa where thousands were affected. Interventions led by the health sector involved a multi-activity approach, collaborating with other WaSH partners. These aimed to both reduce mortality through treatment, and to reduce spread of the disease.

Contributing factors to the outbreak were identified as the contamination of rivers and springs from liquid and solid waste, irrigation with contaminated wastewater for vegetable farming, unsafe slaughtering and a habit of eating uncooked meat, shortages of water, and open defecation practices by labourers and migrant populations without other options for sanitation.

The response included awareness and sanitation campaigns, distributing water treatment chemicals, remedial works to avoid contamination of water pipes from sewerage, driving water tanks to high risk areas and for washing vegetables produced, constructing and maintaining latrines and emptying ones that were full with sludge, inspecting and enforcing standards at food and drink establishments, promoting handwashing (more than 6000 facilities set up), and improving solid waste disposal.

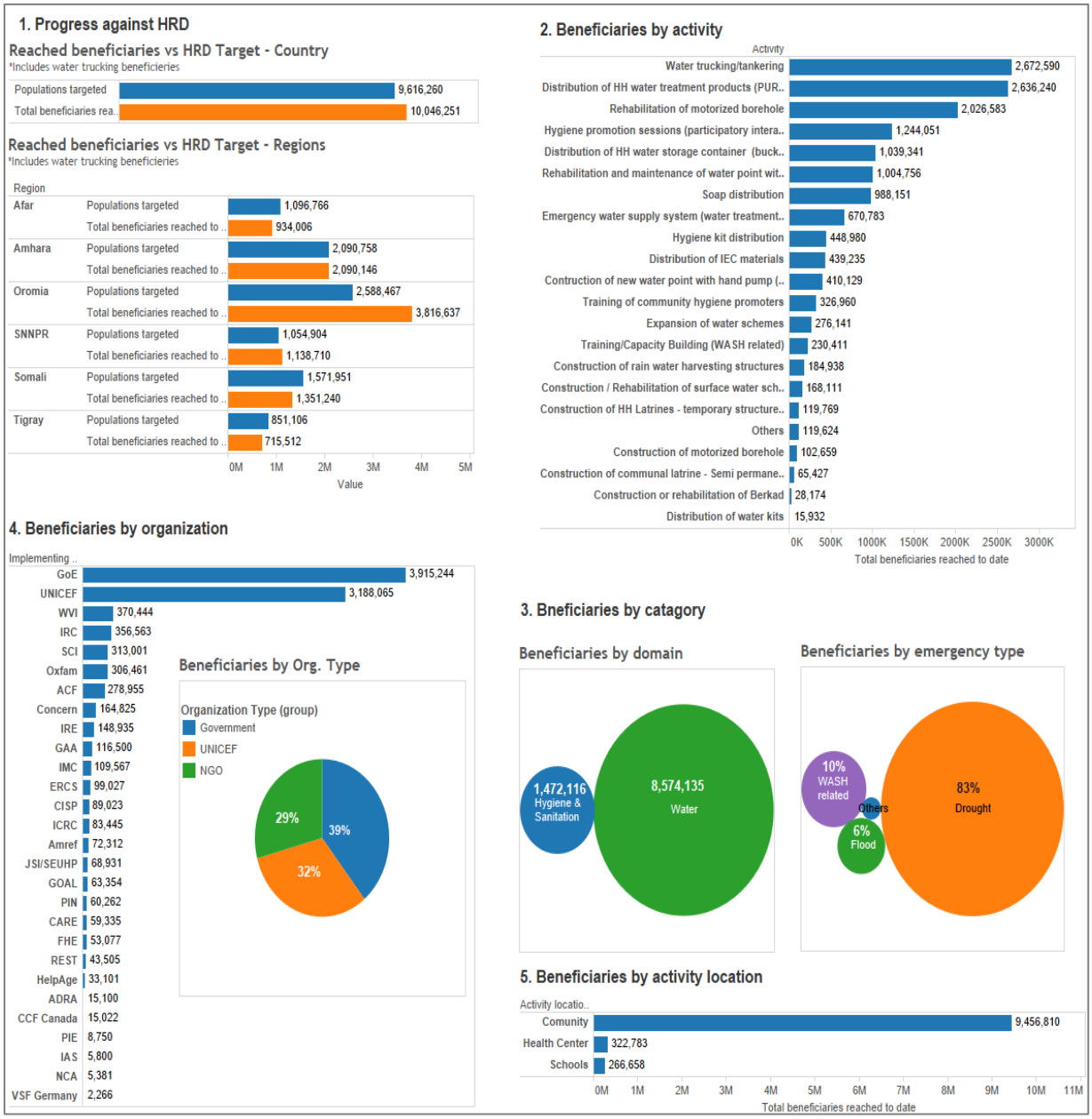
One of the urgent issues was to address the contamination of water by faeces. AAWSA initiated an emergency program attempting to empty latrines in slum areas using the combined resources of both the utility and the private sector. During this period, AAWSA subsidised emptying operations by charging only 170 Birr (AAWSA charge) and subsidising the difference (Birr 430) to use private providers with their additional capacity.

Overall the response highlighted the need to overcome weak coordination. Agencies such as the Addis Ababa Regional Health Bureau, WHO, UNICEF, JSI, CDC, Addis Ababa FMHACA, and AAWSA worked together to bring the outbreak under control.

Sources: MoH, AAWSA

The Government of Ethiopia and the WaSH Cluster develop the WaSH Humanitarian or emergency needs and endorse it through the Humanitarian Requirements Document (HRD). The predictions for the WaSH cluster HRD in 2016 were for 5.4 million beneficiaries. With the worsening of the El Niño induced drought in April 2016, the figures were revised upwards to 9.6 million people. This target was reached and exceeded by the cluster with a total of more than 10 million people gaining life-saving WaSH services with 83% of them in “drought affected” areas (see Figure 8 below). There was then a short flood response in July-August 2016 in which more than 600,000 people received WaSH cluster supported services.

Figure 8: WaSH Cluster Dashboard Report for July 2015 to June 2016



Source: WaSH Cluster, MoWIE

Analysis of these services provided by the WaSH cluster reveals that aside from water trucking and household water treatment, the rehabilitation of motorised boreholes was the most common intervention. This was due to the fact that motorised schemes were located in shallow or deep wells that had sufficient groundwater storage to withstand the shock of the El Niño. Lesser rehabilitation of

birkads or handpumps was undertaken as these were often located in aquifers with limited storage. Multi-village water supply schemes were also included aiming to improve resilience (Box 22).

The sanitation, hygiene and BCC interventions rapidly increased with the onset of the AWD outbreak and this accounted for 10% of the wash cluster response. Principally this involved participatory hygiene promotion sessions, distribution of water storage containers and soap distribution. Limited new sanitation provision was noted in the response.

By far the largest response was from the Government and UNICEF, which accounted for both 70% of the results and 80% of the finance. NGOs contributed significantly with 26 NGOs contributing to the cluster response.

Box 22: Multi-village water supply schemes to improve resilience

Multi-village water supply schemes to improve resilience

Multi-village water supply schemes involve connecting a high yielding borehole to a distribution network and then connecting communities (with their human and livestock water needs), health centres and schools to the network. It is one of the key technology interventions under GTPII and is promoted as a means of creating 'resilient water supplies' in drought-affected areas.

The target for multi-village water supply schemes during the response was to ensure that 925,000 people gained access to this level of service at a cost of USD18.4 million. UNICEF and the Government of Ethiopia (with financial support from donors) constructed 43 multi-village water schemes across six regions benefiting 297,000 people (30% of the target). The procurement and construction time ranged from six months to nine months, and therefore such interventions need to be seen as a high and not a critical response. To ensure faster implementation, outsourcing of the procurement of the study, design and supervision to a private company under strong supervision is considered critical by UNICEF.

Source: WaSH Cluster

Other programmes complemented the effort. Under the rural WaSH component of CWA financing, some 30 shallow wells were drilled in eight drought affected woredas of Tigray region, for example, to provide an immediate water supply response. There were similar interventions in Amhara region (see Box 23).

Box 23: Responding to the drought with CWA finance: Tayeme kebele Water Supply Project, East Belesa woreda, Amhara

Responding to the drought with CWA finance: Tayeme kebele Water Supply Project, East Belesa woreda, Amhara

East Belessa woreda was one of the woredas affected to the drought in 2008EFY. The community in Tayene kebele were threatened by the drying up of their existing groundwater sources, and were forced to use water from a nearby river, digging wells in the riverbed to access increasing scarce water. The situation was even worse in some nearby kebeles where the woreda administration needed to resort to water trucking, and other emergency measures. This included procuring 160 donkeys for water transportation from the emergency fund made available by the regional government. It is common to travel 4-5 hrs to fetch water in some parts.

A shallow well was constructed under CWA financing but this was insufficient to address demand. A rural piped scheme (involving a $50m^3$ concrete reservoir, pump and generator houses, 4.2 km distribution line and 2 km main line supply, and 5 public stand pipes) was then constructed with a deep borehole able to supply sufficient water for more than 3,000 residents. The ownership and community participation during the construction was considered to be an important element in the rapid completion of the project.

Source: NWCO (2016)

The WaSH Cluster has dedicated a team of Information Management (IM) Officers at regional and national levels and has developed a 4W matrix (Who, What, Where, When) to support humanitarian response planning (Figure 8 is based on the 4W dashboard report). Combined with use of other monitoring tools (see Box 24), this helped to strategise the responses, identify gaps, highlight successes and provide information and reports to the WaSH cluster partners.

Box 24: Real-time monitoring to direct trucking operations

Real-time monitoring to direct trucking operations

In response to the drought, UNICEF and other WaSH Cluster partners, with the help of Akvo and using their software tool FLOW, developed and piloted improved monitoring of key emergency WaSH indicators to help plan and improve the efficiency of the humanitarian response. The indicators included quantitative service delivery indicators such as the number of people receiving 5 litres of drinking water per capita per day. During the emergency, twice-weekly monitoring organised by specialised Information Management Officers and NGO partners was used to direct trucking of water to where it was most needed.

Source: UNICEF

Some data on water trucking not indicating financial expenditure is available, consolidated by UNICEF (2016), on comparisons between the El Nino event and response, and the La Niña related event five years ago (2010/11 or 2003EFY). Five years ago in that event 470 trucks were requested in 106 woredas. In 2008EFY, 432 trucks were requested in 194 woredas. The trucking response in 2008EFY was much more effective, with 403 trucks delivered in 188 woredas compared to only 249 trucks delivered in 36 woredas in the earlier La Nina response.

Droughts were a major reasons for humanitarian response but floods were also a challenge for WaSH and communities. The Belg floods (February to May 2016, 2008EFY) affected 35 woredas with an estimated 54,160 households displaced by the flooding[9]. The Kiremt floods (June to September 2016) across 111 woredas displaced 9,830 households.

6.2 Key Challenges and Recommendations

Emergency WaSH responses need to be rapid and well-coordinated, and supported by good evidence (Box 25: Health and water bureaus work closely together to fight scabies
provides a good example in relation to the Scabies outbreak). The 2008EFY emergency WaSH effort involved substantial innovation and investment to improve monitoring, which was seen as vital in directing the response. Going forwards there is the potential for lessons learned on monitoring during the emergency to inform and support improvements in OWNP M&E, and in the future, for emergency WaSH planning to be based (at least partly) upon the improved data expected from nationwide OWNP M&E systems. The Information Management Officers are expected to support the implementation of the second National WaSH Inventory in 2017 for example.

WaSH partners have recognised from the emergency the importance of preparedness for future emergencies, and have identified a strategic need to improve the coordination of humanitarian works and development. Most humanitarian WaSH interventions are seen to be similar to development WaSH

[9] UNICEF, 2016.

interventions (e.g. water points that provide sustainable services). In the new phase of the OWNP, emergency activities are expected to be increasingly integrated and the MoWIE has started a new initiative on Disaster Risk Reduction. Most emergency WaSH activities are expected to have ended by the end of 2016, but learning should continue into the next year.

The OWNP played a crucial role in the El Niño response but more could have been done if emergency WaSH was a more integral part of the programme. It was identified, for example, that there was substantial overlap between emergency affected and CWA woredas. This issue could be critically assessed as part of the review of the first phase of the OWNP (see Annex 3) with a view to more integration of emergency WaSH in the second phase.

Box 25: Health and water bureaus work closely together to fight scabies

Health and water bureaus work closely together to fight scabies

Scabies is a parasitic infestation (one of the so-called neglected tropical diseases) caused by a mite that causes intense itching. It can be so painful as to seriously disrupt sleeping, eating, studying or breastfeeding. During 2008EFY, a severe outbreak of scabies intensified in Amhara. 14 year-old Belaynesh was affected so badly she couldn't hold a pen and had to miss school for several days. The outbreak was estimated to have affected 373,000 across most parts of the region. A lack of water was implicated in the outbreak with too little water available for personal hygiene due to the drought.

The response to successfully control the outbreak involved mass drug treatment, public awareness raising, training of health staff and making water available at health facilities. This was only possible with the close collaboration of the Amhara Health Bureau and Water, Irrigation and Energy Development Bureau working together, for example, to map the water facilities at health posts and clinics. Development and civil society partners such as the World Health Organisation, UNICEF, Save the Children, Plan and Bahir Dar University also played critical roles, enabling government agencies to report a steep decline in the number of the cases.

Source: World Health Organisation

7.0 Capacity Building and Programme Management

Key policy developments made during 2008EFY included embarking on GTPII implementation with a policy to support service delivery rather than just extending services, and filling a critical gap, the new Integrated Urban Sanitation and Hygiene Strategy was developed (IUSHS), see Box 11: Integrated Urban Sanitation and Hygiene Strategy (IUSHS)
. Further policy initiatives were initiated; with new School WaSH strategies and MHM guidelines started that will be finalised in 2009EFY (see Annex 3 for more details and further initiatives underway or planned).

This section focuses on two critical elements of the OWNP in improving the enabling environment for WaSH services: capacity building and programme management and coordination.

7.1 Capacity Building

Capacity building was identified as a key strategy to improving WaSH services both in the WIF and the OWNP document. The capacity development strategy has been based on a systems approach that includes building individual capacities, organisational capacities, operational systems, teamwork, supply chains, logistical support and strategic sector support to inform WaSH policy, implementation and coordination through strategic studies, evidence, sector reviews, and support for networks and forums.

Activities and provisions have included training, post-construction management support, equipment, tools, and support to monitoring and reporting. The woreda level capacity building package includes training, provision of computer software and hardware, office equipment and furniture, communication and office supplies, covering running costs and spare parts for vehicles and motorbikes and travel allowances for WaSH staff.

The composition of the capacity building package is determined on a case-by-case basis considering the specific capacity building requirements for each woreda or town. Minimum staffing and resource package necessary to effectively implement the program at all levels is determined by capacity assessment at federal, regional/city and town/woreda levels.

In order to realise the broader capacity building strategy of OWNP, in 2008EFY the Water Sector Working Group (WSWG) developed a five-year capacity building development programme (2015/16 to 2019/20) requiring a budget of 11,764,500 USD for implementation. The Capacity building development programme proposal was shared with potential financing donors such as USAID, DFID, AfDB, WB, UNICEF and the Government of Finland. Funding has not yet been secured.

A modified Build Operate and Transfer (BOT) system identified as Build, Capacity Build and Transfer (BCBT) system for building utility capacities was introduced in the eight towns One WaSH Plus project in 2008. It is expected that future WaSH projects will draw lessons from the project.

7.1.1 Capacity Building through CWA

The CWA funding includes extensive capacity building, mostly training for individuals in the programme management units at the federal, regional, zonal, woreda and community levels to address the capacity gaps for programme implementation. In the capacity building strategy, the assumption was to follow a cascaded training approach with the federal capacity building support unit providing training for regions which is then cascaded to zones and woredas. At the woreda level, ‘software’ capacity building activities are carried out by Woreda WaSH Consultants (WWC) and at

community level by WWCs and CFTs for CWA woredas. However, WWCs and CFTs are not yet fully in place. Due to long procedures of recruitment and weak documentation and monitoring at all levels, the planned capacity building activities were not fully realised. Table 16 summarises the 2008EFY CWA supported capacity building activities.

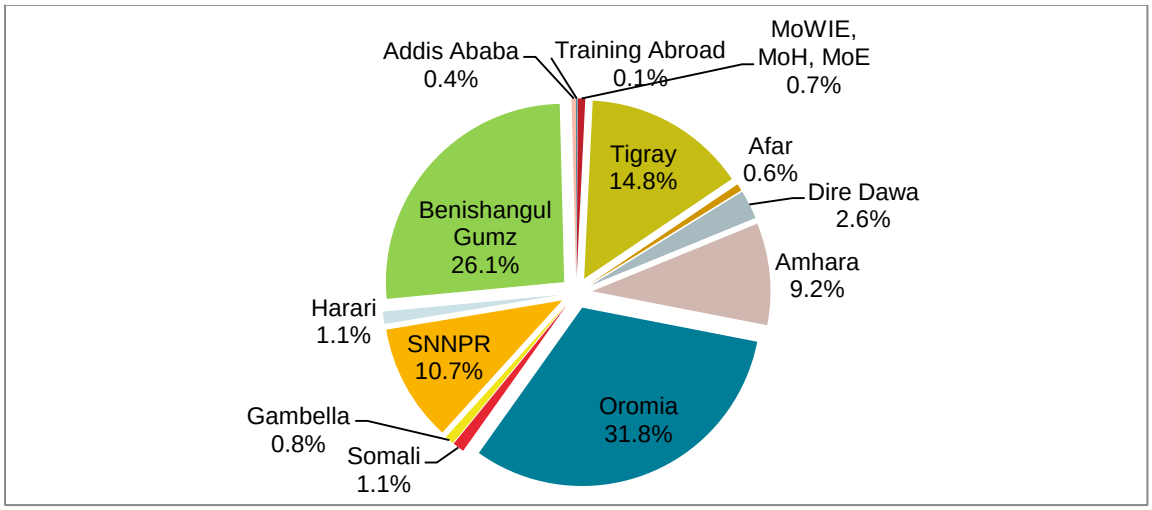
Table 16: Summary of CWA 2008EFY training and capacity building activities

	Water: PMU	Water: Woreda & town	Water: total	Health: PMU & woreda	Education: PMU & Woreda	MOFEC	Total
Training Abroad			20	13	33	31	101
MoWIE, MoH, MoE				580	54		634
Tigray	130	4,359	4,489	8,547	1,026		14,062
Afar	5	131	136	79	397		612
Dire Dawa	1,004	479	1,483	782	237		2,502
Amhara	707		707	7,417	668		8,792
Oromia	228		228	21,733	8,288		30,249
Somali	532	2,318	2,850		1,008		1,008
Gambella	386	250	636	88	63		787
SNNPR	1,030	1,853	2,883	3224	4,031		10,138
Harar	370	90	460	499	109		1,068
Benishangul Gumz	270	1,669	1,939	21,493	1,404		24,836
Addis Ababa			3,841				384
Total	**4,662**	**11,149**	**16,822**	**64,455**	**17,322**	**31**	**98,630**

Source: NWCO (2016)

Excluding Addis Ababa and federal ministries which use other sources for training and capacity building activities, Afar has registered the lowest share of 0.6% while Oromia has registered the highest share of 31.8 % trainees of the total 98,630 trainees at national level as shown in figure 9 below. Benishangul Gumuz from emerging regions has shown an encouraging 26.1%.

Figure 9: Regional Disparity with Respect to Training and Capacity Building Performance



In addition to training activities, the CWA has financed the procurement of logistics and equipment to strengthen programme management units at all levels. The major procurement in 2008EFY was for transportation. A total of 66 field vehicles were procured and are already delivered. Of the1,635

motorbikes procured, about a third are now under customs clearance and the remainder will be delivered in 2017. Procured vehicles have been distributed to Federal WaSH Ministries, the Water Resource Development Fund, the Ethiopian Water Technology Institute and four TWUs and regional water sector bureaus.

7.1.2 Training MoWIE staff

MoWIE in collaboration with regional Water bureaus provided short, medium and long term training in 2008EFY for all regions. This included:

- 23,260 water sector staff, town water board members, WaSHCOs and Artisans received training;
- 237 (217 males and 25 females) from zone and woreda water offices took medium and long term training;
- 567 woreda water office staffs were trained in using the WSH M&E MIS in Amhara, Oromia, SNNPR, Tigray and Afar regions; and
- 60 water sector staff received short term training and experience sharing abroad.

7.1.3 Other

To roll out the WaSH M&E MIS system, MoWIE procured and distributed 500 sets of furniture (tables and chairs), 500 desktop computers with accessories and 10 laptop computers to water bureaus in all regions through Protection of Basic Services (PBS) financing.

7.2 Programme Management and Coordination

Progress towards establishment of the critical coordination structures required to underpin the implementation of the OWNP was assessed in a report prepared by the NWCO and the World Bank (2016; see Box 26). The assessment examined knowledge of the structure and the role of the National WaSH Coordination Office (NWCO), functionality of the wider OWNP structures at the Federal level and Regional levels, support and guidance provided to Regions by the Federal WaSH sector ministries, and information flow, communication, monitoring and reporting.

Box 26: Rapid Assessment of OWNP Coordination Structures

Rapid Assessment of OWNP Coordination Structures

"The assessment revealed that at the Federal and Regional levels there has been progress over the last two years in establishing and operationalising the One WaSH Coordination Structure as set out in the WIF. However, the assessment also identified … gaps … and areas that need to be strengthened to fully operationalise the proposed structures and implementation of the NWCO's full mandate.

At the Regional level, consultations with different stakeholders have shown that, there is no uniformity on the level of awareness and knowledge about OWNP concepts, on the different implementation modalities and guidelines among members of Steering Committees, Technical Teams, and Programme Management Units (PMUs) in the four visited Regions. Relatively, there is good understanding among PMUs, where level of understanding declines as it goes up from Technical Team to Steering Committee and the Regional president office. There are also mixed perceptions concerning the management and financing of the OWNP, as well as the relationship between the OWNP, and the CWA.

Lack of Regional OWNP strategic plan in general and absence of clearly defined coordination and follow up schedule in particular is identified to be hindrance for the Steering Committee to strategically coordinate OWNP in the visited regions. The lack or non-functionality of existing established network and system of accountability between the WaSH sector bureaus and between different WaSH partner organisations are identified to be one of the major deterrent that weaken coordination of the one WaSH Programme in the visited Regions.

Explanations given for weak coordination and communication between the four WaSH sector bureaus and partner organisations is mainly attributed to lack of Regional WaSH Coordination Office (RWCO) and use of multiple (unaligned) steering and technical committees for each of WaSH programmes financed through different channels. RWCO have not been established due to lack of clear understanding on the specific roles of the RWCO, limited guidance on the required number and professional mix of the staff, and sources of budget.

In addition, the lack of ongoing targeted and tailored training on the different OWNP implementation guidelines mainly on OWNP principles, financial management, environmental and social safeguard, monitoring and reporting have affected the capacity of the PMUs to provide coordinated support to the Woredas and Towns. The high turnover of leadership and staff with good understanding of the program has further exacerbated the issue of knowledge and communication.

Considering the key findings of the assessment, a number of complementary strategic actions are recommended to strengthen the OWNP coordination structures. (i) Awareness creation is not a one-time activity, so to support ongoing effort in this area the development of Communication and Awareness Creation Strategy (and supporting Regional Action Plans) is proposed to increase and maintain knowledge of OWNP throughout the programme's life. (ii) Strengthen the NWCO with the required number and mix of staff experienced on WaSH programme coordination to enable it to fulfil its role as set out in the WIF, including by reviewing the relationship between NWCO and the MOWIE, review the staffing of the NWCO, and establishing a single planning, monitoring and reporting system (including tools and formats) incorporating the wider domains of OWNP. (iii) Facilitate the establishment of the Regional WaSH Coordination Office (RWCOs) to strengthening of the regional WaSH coordination structures, including preparation of the Regional OWNP Strategic Plans, increase the engagement of Regional State President's Office, Steering Committees and Technical Teams through increased capacity and clarity of roles, as well as rationalisation of other Regional WaSH coordination mechanisms and platforms."

Source: Summarised from NWCO/ World Bank (2016)

A critical national coordination-focused event is the Multi-Stakeholder Forum (MSF). The 7th Annual WaSH Ethiopia MSF was held in Addis Ababa from 16-17 December 2015 focusing on the theme 'Priority for One WaSH National Programme'. The aim was to strengthen commitment to the elements of the programme – being integration, alignment, harmonisation and partnership – and by bringing all key national stakeholders together to discuss strategic priorities for the next year, and to push the OWNP higher up the national agenda. The forum attracted a total of 275 participants, and was organised around three streams: 1) WaSH Sustainability; 2) Sanitation and Hygiene; and 3) WaSH M& E and Knowledge Management. The main outcomes of the MSF are undertakings that set strategic directions for the year ahead (summarised in Box 27).

Box 27: Undertakings from MSF7

Undertakings from MSF7 on 'Priority for One WaSH National Programme'

In Sanitation and Hygiene, to:

- Finalise the action plans and MoU for the implementation of the Integrated Urban Sanitation & Hygiene Strategy (IUSHS)
- Enhance integrated urban sanitation and hygiene practice through 1) Establishing transparent and effective coordination and management systems to operationalise the IUSHS, and 2) Increasing access to services, establishing standards to ensure quality, regulation and enforcement of the IUSHS.
- Review the status and the achievements of existing rural sanitation & hygiene strategy and action plan, CLTSH approach, ODF verification and certification processes in connection with the drafting of the new Hygiene and Environmental Health Strategy.
- Design and implement action plans to strengthen the efforts of rural sanitation & hygiene based on the findings of the review and the new strategy.

- Enhance the capacity of private sector engagement in Sanitation Marketing.

In WaSH sustainability, to:

- Strengthen and scale up the encouraging progress in WaSHCO legalisation success in SNNPR.
- Put in place sound and regular monitoring and capacity building mechanisms for the implementation of WaSHCO legalisation in regions.
- Design strategy and action plans for the inclusion of social accountability in the WaSH services in order to further strengthen the sustainable impacts of WaSHCO legalisation.
- Integrate WaSH services with Water Resources Management (WRM) activities because unreliable water sources affect sustainable WaSH services… to establish WRM Multi-Stakeholder Forum (WRM-MSF).
- Strengthen and up scale the implementation of climate resilient water safety planning, because the sustainability of WaSH services is also affected by water safety issues … from the catchment to the point of use.

In Emergency WaSH to:

- link Emergency WaSH with WaSH development efforts…[and] include emergency WaSH plans into annual plans of all regional WaSH sector bureaus and offices.
- Identify and prioritise WaSH development projects by undertaking relevant studies and designs. This is to avoid the firefighting approach of Emergency WaSH. These will pave ways for implementation of activities that would provide medium to long-term solutions to the vulnerable areas of the country.

Moving from OWNP Phase I to Phase II to:

- Review the One WaSH implementation phase I (2014- 2015) and update the project document for One WaSH phase II (2016-2020) reflecting the GTP II targets
- Provide adequate awareness to clarify the confusion between One WaSH and consolidated WaSH account (CWA)
- Enhance WaSH resources mobilisation efforts to address the huge gaps between WaSH service delivery demands and the available resources;
- Adopt effective utilisation of the limited resources and robust reporting mechanisms so that all development actors' contributions are well captured.

Enhanced capacity building and coordination to:

- Complete the RWS O&M manual & strategic framework as well as the training materials and organise the O&M trainings;
- Develop the One WaSH capacity building strategy for urban and rural water services;
- Develop and establish water supply regulatory service;
- Develop WaSH documentation and knowledge management system, and
- Develop national performance management system for urban and rural water supply.
- [Ensure] fully staffed and equipped Regional WaSH Coordination Offices for all regions
- [Ensure] regional leadership commitment is enhanced for improved WaSH sector coordination and more focus to WaSH including, community based WaSH facilities management, rolling out of the WaSHCO legalisation, etc.

Focus to institutional and household WaSH services to be improved through:

- Support and follow up of the implementation of institutional WaSH in terms of financing mechanisms, management, implementation structure etc.
- Using the support and follow-up as a means to promote a change.
- Putting in place sound monitoring and reporting mechanisms for institutional WaSH.

- Development of institutional WaSH financing mechanisms
- Identifying and introducing appropriate technologies in the provision of household WaSH services, particularly for Self-Supply Acceleration (SSA).

Source: summarised from NWCO (2016)

Amongst the international meetings related to the OWNP and hosted in Ethiopia, the Third International Conference on Financing for Development held at the start of 2008EFY (see Box 29) and the Sanitation and Water for All (SWA) Ministerial Meeting on 15-16 March 2016 are notable in raising the profile internationally of Ethiopia's OWNP.

Box 28: The Third International Conference on Financing for Development

The Third International Conference on Financing for Development (FfD)

The Third International Conference on Financing for Development was held in Addis Ababa from 13 – 16 July, 2015, and amongst other issues, gave attention to WaSH financing. The share of water and sanitation financing in Official Development Assistance (ODA) is relatively small, and the sector's share of national budgets in developing countries is also low. Discussion included how ODA can be used to increase effectiveness of public investment, through building human resource capacity in the public sector at local and national levels, putting in place good monitoring systems, supporting the development of policies that attract investment and supporting the development of bankable projects. At the national level, developing operational strategies, localizing SDG goals and robust progress tracking systems were all said to be essential and donors were requested to use more pooled financing systems, instead of a project by project approach.

Source: IRC

The Government of Ethiopia hosted the Sanitation and Water for All (SWA) Ministerial Meeting bringing together 30 Ministers, Vice Ministers and heads of various governments' departments responsible for WaSH, along with 70 of their senior advisors (see Box 29). This was a timely opportunity to consider the implications of the new Sustainable Development Goals (SDGs) and to plan government-led, national programmes to achieve the ambitious targets that have been set for WaSH. High-level representatives from aid agencies, development banks, UN institutions, civil society organisations, and private sector associations joined the meeting with 47 countries represented in all.

Box 29: Sanitation and Water for All High-Level Meeting (SWA – HLM) hosted in Addis Ababa

Sanitation and Water for All High-Level Meeting (SWA – HLM) hosted in Addis Ababa

Participants recognised that the SDG goal of availability and sustainable management of water and sanitation for all by 2030 represents a significantly higher ambition than set by the MDGs. Partners agreed on the importance of establishing strong building blocks: sector policy and strategy; institutional arrangements; sector financing; planning, monitoring, and review; and capacity development. In particular, the importance of diversifying funding streams and exploring new financing mechanisms was recognised, alongside the need to increase efficiencies in existing sector financing, through improved targeting, better cost recovery and increased absorption capacity. Tools and approaches for strengthening all building blocks were shared, and partners committed to continued collaboration and exchange.

Partners also reaffirmed their commitment to the SWA Collaborative Behaviours, and agreed to address barriers to development effectiveness by: 1) enhancing government leadership of sector planning processes; 2) strengthening and using country systems; 3) using one information and mutual accountability platform; and 4) building sustainable water and sanitation financing strategies. Participants were urged to establish robust regulation and overall policy, and a strong customer focus in service delivery.

SWA partners recognised the importance of working with other sectors and partnerships to tackle the broad range of issues that are addressed in SDG Goal 6 and beyond. SWA will collaborate with partnerships and alliances linked to other SDG targets where sanitation, water and hygiene contribute, including those on water resources, health, nutrition and education.

Source: SWA (2016)

7.3 Environmental and Social Safeguard Implementation

The critical importance of environmental and social impacts in WaSH has been recognised by the OWNP, and the POM for the CWA sets out detailed guidelines for implementing environmental and social safeguards. Based on these guidelines, the implementing agencies have undertaken preparatory activities with respect to staffing and training of staff. According to the CWA 2008EFY annual report (NWCO, 2016), the recruitment of 11 environmental and six social specialists at federal and regional levels has been achieved. The NWCO in collaboration with the World Bank have undertaken training of regional, zonal and woreda experts on this issue, and provided periodic technical monitoring and support. Environmental and Social Screening has been undertaken in 2008EFY for 531 sub-projects with the focus being on larger water supply schemes that are most likely to have significant socio-environmental risks.

This represents significant progress under CWA financing towards implementing environmental and social screening, and learning from the efforts could be used to promote similar processes in other projects and the wider OWNP. The major challenges have been the delayed recruitment of specialist staff, and delays in implementation of environmental and social screening for smaller rural schemes. There is also slow and inadequate implementation of the proposed mitigation measures, and generally rather limited concern is given to environmental and social safeguards. The issue requires further development of awareness within the implementing agencies.

7.4 Key Challenges and Recommendations

The IUSHS filled a major WaSH policy gap, and the new initiatives summarised in Annex 3 suggest that the focus is now on putting policy into practice with gaps remaining in relation to strategies, guidelines and manuals that are widely understood and implemented.

The IUSHS has identified fragmentation of sanitation intervention amongst different ministries and calls for further strengthening collaboration within the WaSH sector by bringing in new members like the Ministry of urban development and housing, and the Ministry of Forestry and Environment so that the regulation and intervention of faecal sludge, solid waste and liquid waste management could be addressed in an integrated manner.

IUSHS further cites limited priority in financing urban sanitation, lack of innovative urban sanitation models that attract funding agencies, limited enforcement of the polluters pay principle and low prevailing water tariffs that don't allow cross subsidy to sanitation amongst the major challenges the country is facing. Actions for coping up with the challenges were being compiled in strategic action plan (IUSHSAP) towards the end of 2008EFY.

Capacity clearly remains a critical cross-cutting constraint and requires continued efforts. Building on CWA reporting, improved monitoring of capacity building activities and their effectiveness should also be considered.

In spite of the limitations, coordination improvements have been a major achievement in 2008EFY. But challenges remain with respect to awareness and understanding of the OWNP and its role, and staffing of coordination structures and functioning of coordination bodies.

8.0 WaSH Investments

8.1 Sources of Finance

The main sources of funding for the WaSH sector are the government budget, donor funding through both loans and grants, NGOs, utilities own revenues and community contributions. The total budget allocated for WaSH investment in 2008EFY was over 11.7 Billion Birr[10]. A summary of sector financing is included at Table 16.

Government funding for the sector is at federal, regional, woreda and city levels. The federal government's main financing for the sector is through the Sustainable Development Goal (SDG) fund targeting various sectors including rural water supply development. SDG funding for rural water supply from 2004-2008 was 2,369 Million Birr from which 1,812 Million Birr was utilised. There is also the federal government contribution towards the CWA amounting 239.6 Million Birr. Otherwise CWA funds are sourced from donors. Regional funding is the largest single source of financing for the sector with a 2008 budget of 3,824 Million Birr. Regional funding is invested in both urban and rural WaSH.

Woreda funding is primarily for rural WaSH but is not captured in 2008 reporting due to lack of data. Town funding from taxes and related sources for urban WaSH is also not included in this report due to a lack of available data. Utilities fund some investments from their own sources including putting up the matching funds for loans or minor expansion of systems, but this is not yet captured outside of Addis Ababa. The funding in Addis Ababa is considered as a regional budget allocation because of the City's special status in the country. A further gap in this assessment is also the community contribution for rural water supply development which is not yet captured adequately.

Most donor funding is now channelled through the Consolidated WaSH Account (CWA). The annual CWA budget for 2008EFY was 2.762 Billion Birr of which 1.415 Billion Birr was utilised. In addition, donors fund various WaSH projects. The main project financing includes urban water supply and sanitation (World Bank), Addis Ababa Sewerage Project (World Bank), DFID urban WaSH financing through UNICEF, COWaSH financing by Government of Finland, UNICEF country assistance programme, and the EU, Government of Italy and Government of France financing into a pooled fund. In addition, donor funding (including NGOs) is invested into Emergency WaSH which was allocated around 1,867 Million Birr. There is also significant NGO funding[11] for WaSH sector with an estimated 2 Billion Birr invested in by NGOs working on WaSH in 2008EFY. Of this amount, about 50% was allocated to emergency WaSH activities.

[10] This amount does not reflect the total inflow in to sector due to limited sector reporting. Data for Somali and Oromia regions for example were not complete.

[11] This estimate is based on 18 NGOs who submitted data through the CCRDA on request for this report.

Table 16 Summary of WaSH Sector Budgeted Funding and Utilisation (expenditure) in 2008EFY (in million Birr)

Region/ Institution	Regional Budget		CWA		SDG		Own sources (urban)		Others		Unicef		Govt. (Emergency)		NGO		Total		Utilisation (%)
	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	Bgt.	Exp.	
Tigray	207	202	311	163	110	110			74	72	96	96					798	643	81%
Afar	131	110	65	21					43	33	46	46					285	210	74%
BSG	82	65	48	27					-	-	7	7					137	99	72%
Oromia			845	316					35	21	142	142					1,022	479	47%
Amhara	813	413	531	487	664	664					149	149					2,157	1,713	79%
Somali			227	161							46	46					273	207	76%
Harari	10	10	23	17	81	81			3	4	2	2					119	114	96%
SNNPR	294	248	461	161	100	86					51	51					906	546	60%
Dire Dawa			36	19					54	34	1	1					91	54	59%
Addis Ababa	2,288	2,286					12	12	309	309	-						2,609	2,607	100%
Gambella	3	2	34	16	90	85					7	7					134	110	82%
WRDF			86	2							-						86	2	2%
Federal sector ministries			96	25							387	387					483	412	85%
Total	**3,828**	**3,336**	**2,763**	**1,415**	**1,045**	**1,026**	**12**	**12**	**518**	**473**	**934**	**934**	**587**	**502**	**2,062**	**1,764**	**11,749**	**9,463**	**81%**
Utilisation (%)		*87%*		*51%*		*98%*		*100%*		*91%*		*100%*		*86%*		*86%*		*81%*	

Notes:

- *No data on own sources of funding was available except for the city administration of Addis Ababa*
- *No regional breakup of emergency and NGO funds was available at the time of writing this report. Neither was their utlisation percentage reported. The utlisation figure in this table for these categories has been assumed to be the average of the utlisation rates for expenditures against regional budgets, CWA funds, SDG, UNICEF and Others.*

8.2 Budget Allocation

The total budget allocated for the WaSH sector in 2008 was 11.7 Billion Birr (534 million USD). This figure does not reflect the overall funding of the sector because some of the funding could not be captured due to inadequate sector reporting. The budget allocation by source of finance is shown in Table 17. The main funding of the sector is from regional budgets and the CWA (mainly donor funding) which together account for over 70% of the budget allocated.

Table 17: WaSH Budget 2008EFY by Source of Funding

Source of Finance	Budget (million Birr)	Expenditure (million Birr)	Utilisation rate	% total budget
Regional Budget	3,826	3,335	87%	33%
CWA	2,763	1,415	51%	24%
SDG (Federal Grant)	1,045	1,027	98%	9%
Own source utility	12	12	100%	0%
UNICEF	932	932	100%	8%
Others	518	474	92%	4%
NGO	2,062	2,062	100%	18%
Government (Emergency)	587	587	100%	5%
Total	**11,745**	**9,844**	**83%**	**100%**

Budget allocations by sub-sector are estimated in Table . From the total budget of Birr 11.7 Billion in 2008EFY, Birr 5.5 Billion (47%) was allocated to the Rural Water Supply and Sanitation (RWSS) sub-sector, Birr 3,434 Million (29%) to the Urban Water Supply and Sanitation (UWSS) sub-sector, Birr 311.22 Million (3.0%) was for Program management and Capacity building, and 2.4 Billion Million Birr (21%) to WaSH emergency.

Table 19: Budget by sub sector/category, 2008EFY

Category	Budget (million Birr)	%
Rural WaSH	5546	47%
Urban WaSH	3434	29%
Program Management and Capacity Building	311	3%
WaSH Emergency	2454	21%
Total	11745	100%

8.3 Budget Utilisation

The detailed funding utilisation rate by source of finance is shown in Table 20. Out of the approved budget of Birr 11.7 billion, an estimated Birr 9.8 Billion (84%, equivalent to 447 million USD) was spent, which is considered to be a satisfactory absorption rate. However, by source of funding there is a high degree of variation where utility own sources have the highest utilisation rate (100%) and the CWA has the lowest absorption rate (51%). However, since a significant amount of the sector funding is not included, these figures do not necessarily reflect fully the fund utilisation of the sector.

When the utilisation rate is assessed by region and implementing agency, Addis Ababa registers the highest utilisation rate of 100% while the WRDF records the lowest absorption rate (Table).

Table 20: Utilisation rate by Region/ Implementing Agency

Region/Institution	Total (million Birr)		Utilisation rate %
	Budget	**Expenditure**	
Tigray	798	643	81%
Afar	285	209	74%
Benshangul Gumz	137	99	73%
Oromia	1021	479	47%
Amhara	2158	1713	79%
Somali	273	207	76%
Harar	118	113	95%
SNNPR	906	546	60%
Dire Dawa	91	54	59%
Addis Ababa	2609	2607	100%
Gambella	133	110	83%
WRDF	86	2	2%
Federal sector ministries	483	412	85%
Total	**11745**	**9844**	**84%**

8.4 Financing of OWNP Components

8.4.1 Rural Water Supply

The main source of financing for rural WaSH comes from the Federal special grant, regional government, CWA, donors (UNICEF, Government of Finland), Woreda funding and community contribution. The total budget allocated to rural WaSH for 2008EFY was 5.5 Billion birr. Out of the total budget, 79% or 4.4 Billion Birr was utilised. Because of absence of comparable data on costs and outputs, per capita costs for rural WaSH could not be computed.

8.4.2 Urban Water Supply

The main source of financing for urban WaSH comes from regional governments, CWA, donors (UNICEF, World Bank), city funding and utility own financing.
The total budget allocated to urban WaSH for 2008EFY was 3.4 Billion birr. Addis Ababa accounted for 76 % of the total investment of urban WaSH in the country. Out of the total budget, 91% or 2.9 Billion Birr was utilised. Because of absence of data per capita costs for urban water could not be computed.

8.4.3 Emergency WaSH

The total amount of investment made for emergency WaSH was 2.4 Billion Birr. Out of that amount, 587 Million Birr was invested by Government and the remainder from UNICEF and NGOs. The estimate of UNICEF investment used is 850 million Birr.

8.4.4 Programme Management and Capacity Building

The main sources of financing for programme management and capacity building are the CWA and other donors. The total budget allocated to programme management and capacity building for 2008 FY was 311 Million birr from which only 40% or 120.7 Million Birr was utilised.

8.5 Key Challenges

The OWNP is investing in WaSH at levels that exceed the projections made at the start of phase 1 (which would imply 386 million USD investment per year). In 2008EFY, it is estimated that 447 million USD (9.8 million Birr) was spent on improving WaSH services. This illustrates a high level of commitment by a range of actors to invest, and a gradual maturing of the implementation modalities. However, the program is likely to need to scale up investments further to address the higher levels of service set out in GTPII.

One key challenge is that the largest source of WaSH investment – the CWA - currently has the lowest utilisation rates. This is particularly affected by low rates of utilisation for urban investments which are taking time to be realised (low rates of utilisation also affect the WRDF which is currently focusing on development of new urban water projects). Approvals and no objections can also cause lengthy delays. Limitations with timely procurement and contract administration on the part of the ministries and regional bureaus, and implementation capacity on the part of consultants and contractors is also contributing to low rates of utilisation. Addressing, the limitations requires commitment and well thought capacity enhancement in the years to come. It should also be noted that the CWA has the most complete reporting, and that some other sources of investment do not enable comparison between budgets and expenditure.

NGOs contribute to mobilising significant investments but data on NGO financing is the most challenging to consolidate. In 2008EFY, the estimated NGO funding of 18% included substantial emergency investments to respond to the drought and other humanitarian needs.

Key challenges and gaps in WaSH investment reporting are:

- Annual sector reporting of regions and implementing agencies generally does not include funding and utilisation rates, and data was collected specially for this report. The regions also use different reporting formats and cost categories, and it can be challenging to identify whether some investments are included or not. An exception with a standardised format is the CWA budget and expenditure reporting which covers budget, expenditure and beneficiary information.
- Some major sources of finance such as woreda funding, utility finance, community contributions and city/town grants are not reported.
- Most regional reports do not disaggregate costs between rural, urban and program management or between water supply and sanitation and hygiene hindering analysis by sub-sector.
- Annual sector reports do not synchronise investment data with output and beneficiary data, and therefore cost effectiveness analysis is not possible.

9.0 Conclusions

9.1 Overview of Achievements in 2008EFY

2008EFY was a year of humanitarian emergency requiring a major response to address the WaSH challenges linked to one of the worst droughts in decades. This was followed by severe flooding and major disease outbreaks. The response to the emergency, with the multi-agency WaSH Cluster partners working together with government, has been highlighted in this report. More than 10 million people across 6 regions were reached with life-saving WaSH interventions.

Most Ethiopians reside in rural areas. Rural water supply interventions provided new water supplies to more than 4.5 million people, and standards of service were raised under GTPII. Continuing the trend of steadily extending rural water supplies, this extended access to an estimated 47.3 million people or 63% of the rural population (up from 59% at the end of 2007EFY). In March 2015, the announcement that Ethiopia had successfully met the Millennium Development Goal target in water supply, was a boost for the sector going into 2008EFY. This was largely made possible through gains in rural water supply access.

Table 18 Summary of OWNP results for 2008EFY, and status and trend of selected KPIs

OWNP KPI	Key achievements 2008EFY	Status	Trend
Access to water	**Rural:** New supplies extended to more than 4.5 million, with standards of service raised **Urban:** New supplies to 2.3 million, and standards of service raised	**Rural:** 47.3 million or 63% rural population with access to improved water supplies **Urban:** 52.5% of urban population have supplies meeting new GTPII standards	**Rural:** Improvement (59% rural access at end 2007EFY) **Urban:** Improvement in coverage and access to water on premises
Functionality of water supplies	**-**	**Rural:** Average non-functionality rate of 11% **Urban:** limited data	**Rural**: Substantial improvement from NWI1, but asset inventory is not systematically updated **Urban:** limited data
Access to sanitation	Further kebeles declared ODF	**Rural:** 61% have some form of facility **Urban**: 93% have some form of facility	**Rural:** Improvement (55% had facility in 2011) **Urban:** Improvement (84% in 2011)
Handwashing	**-**	Limited data	Limited data
School WaSH	Improved monitoring through new school WaSH questionnaire; new investment and attention through CWA	**Primary:** 11% with appropriate water facility and 4% with all WaSH elements **Secondary:** 24% with appropriate water facility and 10% with all WaSH elements	Access being extended but service levels remain low.
Health WaSH	New investment and attention through CWA	Limited data (2008EFY)	**--**Requires further attention as challenges in

			the form of AWD outbreak are being encountered
Gender	24590 WaSHCOs established (with 50% women)	High burden of data collection remains, especially in rural areas, where adult women 8 times more likely to collect water than men and girls 3 times more than boys.	Overall burden of water collection is declining, little change in gender roles
Emergency response	Over 10 million people reached with life-saving WaSH interventions	-	--Much better organised intervention compared to the previous years

However, gender disparities and inequity related to wealth and location in access to water remain major concerns for the OWNP. On average 53% of households in rural areas still spend 30 minutes or longer to obtain their drinking water. The burden falls disproportionately on women and children. In rural households, adult women are more than eight times as likely as adult men to fetch the water for the household. Female children under age 15 are more than three times as likely as male children of the same age to collect drinking water.

Progress is also being made in sanitation. Open defecation is reducing and now six out of ten rural households (61%) have access to some form of facility. Five years ago, 45% of all households in rural areas did not have a toilet facility. Now, the majority use an unimproved latrine (pit latrine without a slab or open pit). There remains scope for further improvement since four out of every ten (39%) of rural households remain with no facility at all, and there is a huge need to move households up the sanitation ladder by improving latrines. This is being addressed through new initiatives on sanitation marketing to build up the private sector and supply of sanitation related products and services.

Urban populations are growing rapidly, and increased attention is being given to service delivery in cities and towns by the WaSH sector. During 2008EFY an estimated 2.3 million people in urban areas were provided with new water supplies meeting the significantly increased GTPII standard. Urban water coverage was estimated as 52.5% which is however lower than previous years, due to the revised definition of the standard for urban water supply which now includes increased volumes of supply per capita. The ambitious new standards for urban water supply are expected to help drive improvements in services.

The health and environmental costs of inadequate sanitation are also more widely recognised, and a major initiative in 2008EFY was to develop a new Integrated Urban Sanitation and Health Strategy to address fragmentation and clarify mandates in urban sanitation. One in six (16%) of urban households now has access to an improved sanitation facility, while a further 35% have access to shared facilities which are an important form of provision in cities and towns. Many households (40.5%) use unimproved facilities, and one in every 13 households (7%) has no facility at all and still practise open defecation. As well as ensuring all have access to improved facilities that safely separate people and faeces, improving faecal sludge management and ensuring safe disposal is a critical issue that is receiving more attention.

At school, children develop behaviours that will last for their whole lives. Access to safe water and adequate sanitation at school and the development of health behaviours such as handwashing is critical. Although many schools have some WaSH facilities, there is a huge need for further provision to ensure a full WaSH package is available at all schools. Only 11% of primary schools have an appropriate water facility that meets the needs of the students and teachers that attend the school,

while only 4% of primary schools have all the required elements – water, sanitation and handwashing facilities - that are needed to protect children's health. Only 24% of secondary schools have an appropriate water facility that meets needs, while only 10% of secondary schools have all the required WaSH elements.

Being key ingredients for health, good water and sanitation provision and high standards of hygiene need to start at health institutions where patients come for treatment. Although no data were available for 2008EFY, at the start of 2007EFY it was reported that out of the 802 surveyed health posts in the country, just under health (45%) had an improved water supply and only 3% had piped water on premises. Just over half (51%) had latrine facilities for clients. The Ministry of Health is working to improve WaSH at health institutions, including through the Consolidated WaSH Account financing with significant progress made in 2008EFY in providing new WaSH facilities.

Capacity building efforts during 2008EFY have also been substantial, addressing both human and physical resource constraints. Coordination has also improved as new structures have been set up and operationalised.

Financing has been mobilised in excess of the projections at the start of the OWNP with a total budget of 11.7 Billion Birr in 2008EFY and expenditure of 9.8 Billion Birr achieved at an overall satisfactory utilisation rate of 83%.

OWNP interventions and the outputs and outcomes reported above are intended to contribute to improved health and well-being of the population. Box 31 summarises available data for the five key performance indicators that show positive trends at impact level. For three of the indicators, under-5 child mortality, time-savings and the drop-out rate for female students, there is a clear positive trend over recent years.

Box 28: Trends in Health and Education Impact Indicators

Trends in Health and Education Impact Indicators

Under-5 child mortality: Infant mortality, child mortality and under-5 child mortality are all continuing to decline (2016EDHS). For the 5-year period preceding the 2016 EDHS survey, under-5 child mortality was 67 deaths per 1000 live births compared to 88 in 2011, 123 in 2005 and 166 in 2000.

Under-5 diarrhoea incidence: The 2016 EDHS reported that 12% children under 5 experienced diarrhoea in the 2 weeks preceding the survey. The corresponding figure reported in EDHS2011 was 13%.

Time-savings: 45% of households spent 30 minutes or longer to obtain their drinking water in 2016 according to the EDHS2016, with 53% needing to spend this time in rural areas as compared with only 13% in urban households. This is a considerable improvement from 5 years previously, especially given the population increase. In 2011, 56% spent more than 30 minutes, 64% in rural areas and 21% in urban areas. Assuming there are 20 million households in the country, this change equates to more than 2 million households benefiting from substantial time savings over the past 5 years due to reduced water collection times.

Enrolment of female students: The national GPI is currently at 0.91, below the target for this year in the ESDP V (0.94) (MoE, 2016). The figures are influenced by the high result in Addis Ababa of 1.20, which shows that more females are attending school than males. The lowest GPI is in Somali at 0.83 and Harar at 0.86.

Dropout rate of female students: The Grade 1–8 dropout rate for females was 10.8% in 2008 (compared to the target of 10 for 2008) (MoE, 2016). Dropout rates over the past few years have been steady around this level, but were much higher 5 years ago when they reached 15%.

Sources: EDHS2011, EDHS2016, MoE (2016)

9.2 Lessons Learned for OWNP reporting

Overall, the successful production of this report is considered to validate the NWCO decision to base integrated WaSH reporting on existing WaSH ministry management information systems. However, the process and efforts required to source data even from existing systems have been more difficult and taken longer than anticipated. The process has also confirmed the need to further improve the sharing of data, update and better define WaSH indicators and improve the quality of WaSH data.

Most critical is considered to be the updating of WaSH sector indicators in line with GTP II standards and targets and ensuring clear documentation on WaSH monitoring is available to all staff engaged in monitoring and reporting at different levels through a structured and high quality capacity building. The NWI II and the review of the OWNP first phase and updated planning for the second phase are opportunities to address these requirements. There are also major gaps in agreed annual plans, baselines and targets to assess OWNP achievements against that could be addressed in second phase planning.

More regular reporting at the OWNP scale could build upon the successful reporting processes established for the CWA part of the programme.

Many initiatives are already underway that will address some of the gaps, or will have implications for future WaSH M&E and the 2009EFY OWNP annual report (see Annex 3). Notably in 2009EFY the OWNP will be able to draw upon results of the NWI II and the OWNP impact evaluation and new studies on water quality and inequality will provide further critical new insights on these specific issues.

There was particular gap in data on gender disparities and social inequalities for the preparation of this report. In 2009EFY it is recommended that the report includes separate sections on gender and social inclusion to support OWNP progress in mainstreaming gender across all components. NWI II data will provide new data sources to investigate issues of equity and inclusion which are fundamental programming principles.

A further major gap is with respect to tracking of finance. Specific recommendations are that:

- NWCO develop standard sector funding reporting formats to be used by all regions and implementing agencies including NGOs.
- Financial reporting be made a mandatory component of annual sector reporting by regions and implementing agencies with an agreed reporting timetable for the NWCO to aggregate and report.
- Regions should collect funding reports from all woredas and towns including woreda funding, utility finance, community contribution and town grants.
- Annual regional sector reports should disaggregate between rural water, urban water, rural sanitation, urban sanitation, institutional WaSH and programme management with corresponding beneficiary numbers and source of financing.

With regard to Enabling Environment, Capacity Building and Programme Management the following recommendations should be considered for future improvement:

- Programme document, policy documents, manuals and guidelines have to be in place at all levels in such a way proper handing over to new comers is ensured,
- Training should be systematic in the form of packages that are based on developed manual, guidelines and norms;

- CSOs working in the WaSH sector shall be mapped for establishing strong linkage with NWCO and RWCOs;

With respect to other technical and related aspects the following specific recommendations can be noted:

- MoH should include additional proposed indicators into its HMIS system and prepare regional disaggregated H & S data and share the same to the NWCO. As a follow up action to this, the OWNP M&E system shall put sustainable data capturing, reporting and dissemination processes in place at all levels
- A vibrant water quality monitoring system in order to establish safe water access needs to be established
- Data disaggregation shall be given due emphasis to comply with GTP II and SDGs
- Sanitation data shall comprise overall waste management (solid, liquid, faecal sludge), housing condition, behavioural change as of 2009EFY. For towns with a sewerage system, report on disposed versus treated waste would be highly informative.
- Pastoralist WaSH should be addressed in such a way the trend in achieving GTP II targets could be shown as of 2009EFY.
- In the case of schools an attempt to include kindergarten and preparatory school data would be critical to ensure positive trend in facilities improvement.
- M&E capacity should be strengthened for facilitating efficient reporting of data.
- Quality assurance, validation and triangulation of data shall be given the required emphasis by the sector for improving data quality
- Forthcoming annual reports need to show the Value For Money analysis of WaSH investment

Building on the production of this report, a more systematic process could be designed for 2009EFY reporting with an updated timetable, and a more formal annual review meeting of WaSH ministries. NGO reporting could be significantly further strengthened which requires discussion with many NGOs and umbrella organisations.

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Annex 1: WaSH and the Sustainable Development Goals (SDGs)

At the UN Sustainable Development Summit on 25 September 2015, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Global Goals, setting out new development priorities for all countries to end extreme poverty by 2030. Access to water, sanitation and hygiene is recognised as a human right. But around 1.8 billion people globally use a source of drinking water that is fecally contaminated and some 2.4 billion people lack access to basic sanitation services. The Global Goal 6 aims to ensure availability and sustainable management of water and sanitation for all.

A global indicator framework was developed by the Inter-Agency and Expert Group on SDG Indicators and agreed to at the 47th session of the UN Statistical Commission in March 2016. The report of the Commission, which included the global indicator framework, was then taken note of by ECOSOC at its 70th session in June 2016. The key goals, targets and indicators related to WaSH are:

Goals and targets	Indicator
6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all.	Proportion of population using safely managed drinking water services.
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.	Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water.
6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies.	Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan.
6.b Support and strengthen the participation of local communities in improving water and sanitation management.	Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management.

Water, sanitation and hygiene also have direct links to the following Goals:

- Goal 1: End poverty in all its forms everywhere
- Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3: Ensure healthy lives and promote wellbeing for all at all ages
- Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5: Achieve gender equality and empower all women and girls
- Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Additionally, Goals 9, 10, 13 and 17 have links with WaSH, and full details can be found at http://unstats.un.org/sdgs/indicators/indicators-list/

Each member state is expected to use these global indicators to establish their own set of national indicators as already done in Ethiopia in the preparation of GTP II. To effectively drive action on the

ground, the global indicators need to be supplemented by additional indicators that are relevant at the regional, national and local levels. Member states are expected to integrate the Global Goals into national governance, policies, frameworks and processes, and the JMP and other UN related agencies are actively supporting countries in this effort. In developing these strategies, it is vital that governments recognise the strong links between Goal 6 and other goals. WaSH underpins progress on many of the Global Goals and only through joined-up implementation can member states make progress across the SDGs Agenda.

It is considered crucial to recognise the importance of WaSH for their country's economic and social development, and ensure that the Goal on water and sanitation is embedded in relevant national policies and frameworks. Governments are expected to fulfil their roles to provide improved financing, infrastructure and management, and ensure space for civil society participation as being attempted through CWA in Ethiopia.

It will be essential to improve data for achieving and monitoring sustainable development. The most significant challenges for the current state of data are invisibility (gaps in what we know) and in-equality (gaps between those with and those without data). An influential report to the UN Secretary-General makes specific recommendations for addressing these challenges through a) fostering and promoting innovations to fill data gaps through new technologies that offer opportunities to improve the quality and availability of data, b) mobilising resources to overcome inequalities through increased funding and resources to develop national capacity and data literacy, and c) leadership and coordination between data producers to improve cooperation between data producers and ensure the engagement of users.

Global monitoring of the SDGs is intended to be built on national monitoring efforts. For drinking water, sanitation and hygiene (targets 6.1 and 6.2), the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) that relies dominantly on EDHS in the Ethiopian case will be used. This will mean the safe drinking water provision will be reflected in both JMP and EDHS data in the years to come unlike the previous years where targets were improved sources. Monitoring of the means of implementation (targets 6.a and 6.b) will build on the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS).

Annex 2: Summary of NGO Reporting

Reporting to the NWCO by 18 NGOs used a simplified format based upon the CCRDA-WSF reporting format developed with World Vision and UNICEF support. The 18 regions that completed the survey were: AMREF, Catholic Relief Services (CRS), Helvetas Swiss Intercooperation, Islamic Relief Ethiopia, Population Services International (PSI), Ethiopian Orthodox Church Development and Inter Church Aid Commission (EOC – DICAC) Norwegian Church Aid (NCA), Save the Children, PLAN International, FHE, SNV, CARE, World Vision, International Rescue Committee (IRC), Water Action, Orbis International, WaterAid, Development Expertise Center (DEC), and the Ethiopian Kale Heywet Church Development Commission. Key data is summarised below.

Indicator	Sub-category	2008EFY
Average number of woredas per NGO		28
Rural water supply schemes completed (number)	Deep boreholes with distribution	74
	Shallow boreholes with distribution	40
	Shallow boreholes with hand pump	608
	Hand-dug well with handpump	261
	Hand-dug well with rope pump	145
	On-spot spring	225
	RPS – spring	70
	RPS – borehole	2
	Others	436
	Total	2143
Total number of beneficiaries from new rural water supply schemes (calculated using GTPII norms)	Excludes category others	756,300
Number of NGOs supporting household-led Self-supply		8
Number of institutions provided with new or improved water supplies	Health facilities	148
	Schools and other educational institutions	168
	Emergency camps/ villages	6
Urban water supply works (studies and designs, new water source development, new construction, expansion, rehabilitation and maintenance works)	Completed	7
	Underway	22
Number kebeles where CLTSH activities implemented		564
Number of kebeles declared ODF		421

Number rural household latrines constructed (all types)		261,499
Number urban household latrines constructed (all types)		270
Number of institutions/public places where latrine facilities were newly constructed or improved	Health facilities (number health facilities not total number latrines)	72
	Schools (number schools not total number latrines)	430
	Emergency camps/ villages	13
	Public latrines	705
Number of Menstrual Hygiene Management Rooms Constructed	At schools	61
	At health centres	11
WaSH expenditure (total)		1045.6 million Birr

Annex 3: New Initiatives

This annex summarises some of the key initiatives as part of the OWNP that are either underway or expected to start in the coming year. They will have implications for both the content of the 2009EFY OWNP report (what it should include), and the availability of information for production of that report (how it will be produced). Some of these new initiatives are expected to address recommendations identified in the report. The list of initiatives is not intended to be comprehensive.

Review of the first phase of the OWNP and Updating of the Second Phase

A review of the first phase of the OWNP (2014-2016) and Updating for the second phase (2016-20) will be undertaken in early 2017in line with revised strategies and targets for WaSH as set out in the overarching GTP II and with due consideration of aligning with the SDG goals. The revision will be made under the leadership of the National WaSH Coordination office and through an assigned working group composed of representatives from line ministries, Development partners and CSOs. Commissioned consultants will be conducting the review as well as the updating task of the program,

Impact Evaluation of the OWNP

Towards the end of 2016, baseline data collection is expected to be completed for an impact evaluation of the OWNP. The evaluation is implemented by consultants Coffey International Development as part of DFID's support to the WaSH sector. The evaluation is focused on measuring the effectiveness and sustainability of CWA funded activities within the OWNP. It involves data collection through a baseline and endline survey to compare the changes observed in rural and urban areas where the CWA activities are implemented with areas where they are not (Coffey, 2015).

Second National WaSH Inventory

The National WaSH Inventory was undertaken in 2010/11 (2014 in Somali region) providing the first comprehensive dataset from all water supply schemes in the country, as well as WaSH facilities at schools and health institutions and data on household WaSH. In early 2017, data collection is expected to start for the second National WaSH Inventory. This will focus on water supply schemes, since other datasets are now available on institutional and household WaSH. The inventory is not only expected to provide a basis for updating water supply coverage calculations, but will be used as a basis for local asset management to improve operation and maintenance of schemes and planning. Mobile data collection tools are to be used with capacities developed for continuous updating of the inventory by woredas and town water utilities. The ultimate aim is to monitor service delivery in the long run and contribute to good governance.

Second Urban Water Supply and Sanitation Project (World Bank funded)

The World Bank funded Urban Water Supply and Sanitation Project (UWSSP II) is designed to contribute to the Government of Ethiopia's efforts to increase the percentage of population using a 'safely managed' sanitation service' and to enhance existing water supply services to unserved areas. With IDA financing of US$ 445 million an implementation period of 6 years (starting in June 2017) the project is planned to address the emerging urban sanitation challenges resulting from rapid population growth in urban areas. It will cover Addis Ababa and 22 secondary cities. The project is also expected to improve the customer and revenue base of these towns' water utilities through its interventions to reduce NRW, improve collection efficiency and reduce operational expenses.

The project will have three components (Addis Ababa, Secondary Towns and Federal level reform and policy development) that are further sub divided into three sub-components focusing on improved

sanitation services; operational efficiency, and program management. The project is expected to benefit directly and indirectly 3.38 million people (50 percent of them women), of which 2.76 million will benefit from improved sanitation facilities and 623,400 from improved access to enhanced water supply services. The project will follow six broad principles during its implementation; (i) an integrated city-wide sanitation improvement approach that caters for diverse needs, and that offers a range of service options for different settlement types; (ii) a stepped or phased enabling approach that will offer the opportunity for towns to pursue infrastructure investment, (iii) the development of a chain of services in every city to collect, transport, treat and dispose of liquid wastes safely, (iv) the promotion of public awareness and enhanced social engagement, (v) improving the efficiency of utilities, and (vi) encouraging and facilitating the involvement of the private sector. The urban waste water management strategy MoWIE has been drafting is expected to capture the integrated and stepped approach intended to be implemented by the project.

Improving Knowledge Management in MoWIE

The USAID-funded Water for Africa through Leadership and Institutional Support (WALIS) program is supporting African countries (linked to AMCOW) with flexible support to address their priority problems with respect to the WaSH 'evidence-base' and decision making. The Improving WaSH Evidence-Based Decision Making Program (IWED) is a part of WALIS and intending to support Ethiopia in improving knowledge management within MoWIE. Through a proposed USD250,000 award and with supporting inputs from MoWIE and UNICEF, this activity led by the Water Sector Working Group and implemented by UNICEF aims to strengthen Knowledge Management at both national and sub-national levels. The specific activities proposed include revamping MoWIEs website and strengthening internal knowledge management processes. This activity– by making it easier to access both new knowledge products developed by the sector throughout 2009EFY and older information through OWNP WaSH MIS opertationalization - has the potential to greatly ease preparation of this report in future years.

WaSH-Transform

WaSH-Transform is a USAID-funded initiative to promote market-based WaSH with a key overall goal of improving health and reducing under-5 child mortality. It will be implemented through a set of innovative and strategic interventions that include improving g the enabling environment, supply and demand for low cost WaSH products and services with a focus on sanitation (and sanitation marketing). A component on knowledge management is expected to support taking innovations to scale. Advances in indicators and ways to monitor progress in market-based WaSH by linking the initiative with the ongoing OWNP M&E Project, that could be more applied, are expected. A consortium to implement the project and work closely with government agencies and the private sector is being procured through international competitive bidding, with activities expected to start early in 2017.

Hygiene and Environmental Health Strategy

The Ministry of Health in collaboration with sector Ministries and development partners including UNICEF, Save the Children, World Vision, JSI and others will also finalise a national Hygiene and Environmental Health Strategy and Strategic Action Plan. The national strategy would be linked with the already completed integrated Urban Hygiene and Sanitation strategy(IUSHS).

National Hygiene and Environmental Communication Guidelines

The Ministry of Health is developing new National Hygiene and Environmental Communication Guidelines with a focus on advocacy, social mobilization and behavior change communications (BCC). Developed with the National Hygiene and Environmental Communication Technical Working Group members and with the support of the World Bank, UNICEF, WaterAid and USAID/JSI the guidelines are expected to support hygiene and environmental health professionals working at all levels, and to

assist government and development partners to plan and implement consistent, coordinated and effective hygiene and environmental health behavior change campaigns.

Post Triggering and Open Defecation Free Manual

A new guideline from the Ministry of Health, being developed with the support of PLAN International and UNICEF, will provide clear guidance to hygiene and environmental health implementers from government, NGOs, and other stakeholders on sanitation post-ODF and aiming to sustain ODF status.

National Menstrual Hygiene Management (MHM) guideline

A national Menstrual Hygiene Management (MHM) Implementation Guideline will be finalised under the leadership of the Ministry of Health working in collaboration with the Ministry of Education and other development partners including WaterAid Ethiopia, UNICEF and SNV. The aim of the guideline is to standardise MHM interventions at all levels.

School WaSH strategy, Implementation Guidelines and Training Manuals

The Ministry of Education with the financial and technical support of WaterAid Ethiopia has developed a new School WaSH Strategy which is expected to be finalised together with an implementation guideline and training manuals. The aim is to strategies and standardize the WaSH implementation in schools and accelerate its contribution to the GTP 2 targets, OWNP and ESDP V outcomes. The manuals planned, amongst others, include a school WaSH Monitoring and Evaluation manual.

Survey of Drinking Water Quality

The last national survey of water quality in Ethiopia (RADWQ) was over 10 years ago and a new national survey has been a priority. The Ethiopia Socio-Economic Survey is one of the World Bank's Living Standards Measurement Studies (LSMS). This survey, including a water quality component, was conducted in 2016 by the CSA and the World Bank in association with MoWIE, and supported by WHO and UNICEF. Data collection has already been undertaken involving over 5000 randomly selected and nationally representative households and more than 2500 water sources used as primary drinking water source by the selected households. Results are expected to be released in early 2017. The report is expected to help promote water quality monitoring and provision of safe drinking water supply in line with GTP II and Sustainable Development Goals.

National Drinking Water Quality Monitoring and Surveillance Guideline

A National Water Quality Monitoring and Surveillance Guideline is being prepared by the Ministry of Health seeking to improve health by reducing the consumption of unsafe drinking
water. Strategies embraced in the guideline are the multiple barrier approach and Household Water Treatment and Safe Storage (HWTSS). Intervention areas identified are: system strengthening and mainstreaming; inter-sectoral collaboration, coordination and partnership; water quality monitoring and surveillance; and promotion, advocacy and communications.

Expanding Water and Sanitation Credit

The ministries of Water and Health and leading Micro-Finance Institutions (MFIs), with the support of water.org and other stakeholders, will finalise a policy directive on 'Water and sanitation credit: for job creation and accelerating Self-supply'. The initiative aims to provide credit through new finance products to support the implementation of household-level interventions such as family wells and latrines.

COWaSH Phase III

With a new phase of support from the Finnish government, the COWaSH project will enter a third phase building capacities and systems at federal level and in the regions to implement the Community Managed Project (CMP) approach. Increasingly this is integrated to other components such as sanitation marketing and water resources management. Social inclusion and addressing the needs of the disabled is also a focus.

Lowland WaSH Activity

Launched on World Water Day in 2016, the Lowland WaSH Activity is expected to reach 225,000 people with water and 750,000 with sanitation in some of the hardest to reach pastoralist communities in the country. Supported by USAID the activity focuses on the pastoral areas of Afar, Somali, and Southern Nations, Nationalities and Peoples regions, responding to both the current drought and building resilience. As well as water supply, sanitation and agriculture-focused interventions, it will build capacity for enhanced knowledge and data management in these three regions. The activity is implemented by AECOM working with CARE and the International Rescue Committee.

UNICEF CPD

During the period 2012-2016, UNICEF WaSH implemented activities worth nearly USD 120 million from 28 donors. Four pillars included WaSH sector coordination, Rural WaSH, Urban WaSH and Emergency WaSH. From 2017, UNICEF will continue to implement activities in partnership with government under a new Country Programme Document (CPD).

Alliances for WaSH: Millennium Water Alliance and WaSH Alliance International

Two major alliances will end their current programmes in EFY2009, with new phase of support under development. The Millennium Water Alliance is a coalition of leading US charities and other partners including CARE, CRS, Food for the Hungry, Helvetas, Living Water International, Water Aid, and World Vision working together to improve their WaSH programmes in Ethiopia. The activities are currently mainly supported by the Hilton Foundation. The WaSH Alliance International (of which the Ethiopia WaSH Alliance is part) is a grouping of Dutch-linked NGOs including Simavi, Amref, AKVO, RAIN, WASTE, IRC, Wetlands, Practica and RUAF.

Water Supply, Sanitation, and Hygiene (WaSH) Poverty Diagnostic

Ethiopia is one of the countries included in the World Bank's Water Supply, Sanitation, and Hygiene (WaSH) Poverty Diagnostic, which is intended to help provide a better understanding of the nature of inequality in the provision of WaSH services, and to help improve national data collection efforts to track SDG #6. Results are expected to be available early in 2017.