

**Proceedings of the Annual Review Meeting of Hygiene and
Environmental Health Directorate
Ministry of Health, Ethiopia**



August 25-28/2021

DIRE DAWA

Dire Dawa Ras Hotel



Introduction

The Hygiene and Environmental Health Directorate (HEHD) is one of the directorates in Ministry of Health. It is established in February 2018 with four case teams namely; Basic Sanitation Services Case Team, Food & Water Safety and Hygiene Case Team, Institutional Water, hygiene and sanitation case team and Climate Change and Health Case Team. The program also has Hygiene and Environmental Health directorates and Case Teams at the regional level.

HEHD undertook its annual review meeting to assess existing performance and discuss about its plan for the coming budget year 2014. Moreover, the ARM served as a learning platform where attendees from regional health bureaus and partner organizations

shared important lessons and good practices. The Annual Review Meeting, conducted from August 25-28, 2021 in Dire Dawa Ras Hotel, Dire Dawa. The ARM was attended by 80 participants representing H&EH regional Directors, case team delegates and partner organizations.

DAY I

The annual review meeting was started by field visits focusing on community hygiene and sanitation and institutional WASH. The field visit was held in the presence of H.E Dr Dereje Duguma, state minister of Health and Mrs Lemelem Bezabih, health bureau head of Dire Dawa city administration. The visit was conducted in two selected rural kebeles.



In this field visit, the household latrine construction & utilization, hygiene and environmental cleanness and public latrine utilization were visited and discussed with the community.

Health facility full WaSH package and school WaSH including menstrual hygiene management service was visited at Kalicha HC & School respectively.



After field visits, the opening ceremony was started by dramatic show focusing on hygiene and sanitation.

Mrs. Ekram Redwan, HEHD Director, introduced the theme of the year: *“Let us bring*



a radical change in prevention and control of Communicable and non-communicable diseases through more investment and action on hygiene and Environmental health” and also introduced review meeting agenda

H.E Kedir Jowar, Deputy mayor of dire dawa city administration and Mrs lemmem bezabih, dire dawa regional health bureau head welcomed the participants.



challenges of these services for the next budget year.



Keynote Addresses and Opening Remarks

H.E kedir Jowar indicated that water, hygiene and sanitation services are very crucial for Diredawa city administration and mentioned the commitment of his administration to address the current

Opening speech was officially addressed by H.E Dr Dereje Duguma, state minister, ministry of health. Dr Dereje indicated that this annual review meeting is very important to evaluate the last year strength and weakness to be used for the next budget year planning. Dr Dereje addresses in his keynote on the main programs that should be be given emphasis in the next budget year as follows:-

- Communicable and non-communicable disease prevention through hygiene and

sanitation intervention and promoting investment in this area.

- Resolving structural issues at all regions
- Improved Sanitation for all like as we observed today in kortu kebele
- TSEDU-ETHIOPIA will be our focus with all stakeholders
- Expanding and strengthening of sanitation marketing
- One WASH national program interventions and budget

utilization on time and timely reporting

- Urban sanitation will be our focus area.
- Sustaining hygiene practices. Started as a result of covid-19
- M H M expansion and strengthening in school
- Climate change will be an area of focus using the green legacy as an opportunity

DAY I Presentations:

Status of 2012 EFY ARM

Recommendations:-

The 2012 EFY annual review meeting recommendations' status update was presented by Ashrefedin Youya, assistant director of Hygiene and Environmental Health Directorate. The presentation was mainly focused on the following identified recommendations and status update.

- ✓ Strong follow up is needed to strengthen regional HEH structures down to zonal, Woreda and HF levels

- ✓ Improving evidence base the assessment of HEH coordination platforms
- ✓ Develop the next 5 years HEH strategy
- ✓ All RHBs to conduct partners mapping similar to what has been done at federal level and establish a platform for joint monitoring and follow up.
- ✓ To work on proactive engagement of regional medias to address HEH issues
- ✓ Support Woredas to effectively use the budget transferred for

sanitation marketing and meet the intended targets.

- ✓ All RHBs to actively provide feedback on revised sanitation marketing guideline
- ✓ Improving sanitation financing through different interventions (tax reduction, loan, subsidy)
- ✓ Finalizing preparatory activities for the ODF 2024 campaign.
- ✓ All RHBs to give due attention for WQMS. Monitor the 14 supported Woredas to excel in WQMS and expand the experience to the others
- ✓ Conduct continuous advocacy and promotion activities on hand hygiene
- ✓ Expand best experiences on schools MHM
- ✓ All regions to work on strengthening structure and human resource for climate change and health. HEHD will support regions in planning and implementing CC and health activities.
- ✓ Cascade Emergency WaSH guideline, Climate resilient health facility criteria, air

pollution and health and Health impact assessment guideline to Woreda level.

- ✓ RHBs should facilitate best experience sharing among Woredas/inter region on SM, MHM, WQM . . .
- ✓ Involvement of all RHBs in national HEH document preparations
- ✓ All regions to actively support the HEH base line survey to be conducted for this year
- ✓ Establish HEH monitoring platform to national and regional use
- ✓ Standardize WASH in HCFs guideline

The overall status updates on HEH structure indicated that Follow up was done at regional level and reminding letter signed by H.E the State Minister was sent for Amhara, SNNPR and Sidama. The five years strategy is under process. WASH media forum was established at federal level, orientation was given for 40 media professionals. Policy brief for tax reduction and loan is ready for high level advocacy

Subsidy protocol is drafted and will be shared for comment. TSEDU-Ethiopia preparation is going well and MOH and WDC is planning to conduct high level regional launching in all regions to be followed by implementation plan. Intensive training has been given to RHBs, technical and budget support was provided, water quality testing has been conducted, follow up in progress. Strong hygiene promotion and advocacy was conducted on hand hygiene at national, regional and local level for a month period. Best experience was developed on MHM from selected schools and transmitted through Medias. All RHBs were engaged in the preparation of emergency WASH documents, the draft documents are shared to the RHBs. Nationally experience sharing was done on MHM, SM in Oromia(Sire and Sinana–Woreda, ORHB conducted experience sharing on SM, MHM and other for all Zones and Woredas in Gursum and Jarso Woreda.To improve data collection and information utilization, 12 indicators are included in to DHIS system.

**Overview of National HEH
Performance for 2020/21**

The presentation was delivered by Abireham Misganaw, basic sanitation case team leader. The presentation covers over all planned activities with p e r f o r m a n c e s .



According to Abireham, 191 sanitation marketing center were established and 30 woredas are under process. National market based sanitation implementation guideline and training manual was developed and TOT was delivered to 30 experts and cascading training was also delivered for 120 woredas. 52 woredas have started water quality testing to monitor safe water supply at house hold level and also at health care facilities level a pilot production of chlorine have been started ii Addis Ababa. Menstrual hygiene and management program from three best performing regions in school best experiences were prepared a documentary film and

transmitted via TV. At health care facilities level 36 incinerator and 17 placenta pit was constructed in non-one WASH woredas. Hygiene and environmental health in health care facility guideline have been prepared and also healthcare waste management guideline developed for improvement. Prison and religious institutions WASH assessment was conducted in different regions and discussed the result with stakeholders. To prevent climate pollutions, climate change and health guideline have been prepared for implementations of different initiatives. Emergency WASH guideline was finalized for any emergency actions. In 2013 EFY aver all 23,636,900 budget was transferred to regions for strengthening region wise activities.

Over view of OOWNP performance

The presentation was presented by Dereje mengistu. The report indicated

that 161 thousands improved latrine are constructed this year and also 71 sanitation marketing established. 175 rural kebekles have declared ODF. 121 new water supplies are constructed while 39 rehabilitated. 255 latrines were constructed for institutions and 197 incinerators and 124 placenta pit constructed for health institutions. Regarding urban WASH, Dereje indicated that Constructed After presentation discussion was chaired by Mrs. Ekram Redwan on the three presented points. The questions raised by participants were responded by Ekram Redwan, Ashrefedin youya, Abireham misganaw, Yared Taddse, Sorsa Faltamo and Dereje mengistu respectively. The summary of discussion points are summarized as

f o l l o w s : -

- Data quality and sources of data was a challenge. As indicated in the report there are controversial results so how did you address it?
- Urban sanitation and finance is not addressed in the report including bishoftu projects
- Water construction and multi-sectoral coordination challenge

three Public & two Communal Latrines and one Public Latrines under construction (Amhara) (27%). 312 household upgraded to improved latrine (71 Gambela, 223 SNNP &) (20%). Three Sanitation market center established (2 Somali & 1 Gambela) (30%) and also 216 participants got training on Sanitation Marketing.

Summary of Discussion Points



- ODF and worda transformation criteria some confusions
- OWNP and only selected wordas
- WASH design issues and needs to be addressed during the initial construction of facilities
- Accountabilities of multisectoral platform members

- Data sources DHIS2 vs. admin reports
- Experience sharing on ODF
- Water office/bureau has no awareness and no plan on ODF
- Urban sanitation needs special focus
- ISS needs strengthen and good if the report is presented in this annual events
- Slippery rate of latrine and ODF needs focus and should be included in report and causes of slippery also addressed in detail.

Day II presentations

2. 1. 2013, Regional Hygiene and Environmental-Health Performances

In day two, before presentation by regions, the documentary film showing good experiences on MHH in selected schools of Oromia, Amhara, and Somali has been shown. In documentary video experiences of girl students in managing the menstruation, participation of families in supporting teen age female members, experiences of mothers during first menarche time, and role of boy students and father in supporting teen age girls was shown and key message on MHH transmitted by key stakeholders including Hygiene and Environmental health Directorate Director .

Mr Sorsa Faltamo, institutional WASH case team leader has facilitated the

regional performance presentation session. 2013 Hygiene and Environmental Health performance was presented by each regional delegate(Dire Dawa , Oromia, SNNP, Gambela , Sidama , Amhara ,AA,Somali , Afar , BG and, following presentations and discussion, national documents, Market Based Sanitation , operational definition on Sanitation and Hygiene have been launched in the presence of all regional directors and partners.

Regional Hygiene and Environmental Health coordinators have made a clear presentation on 2013, Hygiene and Environmental Health performances in their respective regions. Each presenter has boldly showed the achievements made on hygiene and environmental health components focusing on;

community sanitation, institutional WASH and water quality.



Sanmark products

All regions in their presentation have focused on ,Community Sanitation (ODF, Urban Sanitation ,improved latrine , Waste management , Hygiene (Hand washing),MHH, Water Quality and Safety, safe storage and treatment at household level, Institutional -WaSH ,Climate change and health,



Document launching

Coordination mechanisms , COVI-19 prevention and control, Key IPC/ WaSH/CB, ME, and ended their presentations by indicating the gaps, and challenges faced in the year .

2.2. Summary of the discussion points

Following the presentation, discussion was made in detail; raised points in discussion are summarized in each thematic area,

2.2.1. Sanitation

- To utilize the allocated budget and to implement the plan of action related with one WASH national program , lack of adequate Human resources, ,
- ODF performance was not on track in most regions , Most regions didn't achieved according to the plan of action ,
- The report presented by Amhara focal person , performances regarding latrine utilization was low in Bahir Dar city Administration,
- In majority of the regions performances related with urban sanitation was low and , needs more attention and action ,
- To perform more on urban sanitation , designing a reward would support for better urban sanitation achievements ,

- Linking ODF with improved latrine and DHIS was recommended ,
- Thinking differently in managing waste was raised, taking experiences of Addis Ababa city Administration as a model (Addis Ababa city Administration) has earned 8 million dollars by recycling, and reuse waste ,

2.3. I-WaSH

- As industries are generating a complex of waste , conducting formative research in such sites is recommended and request made if any experiences in conducting research done , and the capacity of the directorate to conduct a research in industries ,
- Sanitation activities in religious sites what was the impact
- To prevent and control COVID-19, majority of Health Facilities doesn't have water facilities ,

- Participation of universities in providing community services ,and Knowledge Management, and capacity transfer,
- Major challenge in relation with OWNIP was not indicated , if regions would presented the main challenges, would support the upcoming MoU,
- In most city administration waste management for both solid and liquid waste having final disposal site is not well managed and facilities not well managed, and no presentation was made on Sanitary land fill management

2.4. Water Quality Safety and Hygiene

- In relation with public health, Method used to monitor water quality and safety ,
- Scaling up MHH ,sustainability, expanding Baby WASH,
- Pilot chlorine solution production started in 5 Hospitals of Addis Ababa, and

Role of Addis Ababa bureau of health in Sanitary surveillance and ME,

- Inventory of the water test kit , share real report ,

2.5. Climate Change and Health

- People displaced due to internal conflict ,and internally displaced sites , hygiene and environmental health interventions ,
- Identified indicators for climate change and health not well defined ,

2 . 6 . System strengthening

- To construct water in health institutions the long process in bidding process in water sector. To resolve the problem ,FMoH, shall discuss with world bank(Amhara) ,
- Integration with all stakeholders shall be started in planning phase, not to be after construction,

- Accountability issues of the stakeholders? WASH inventory made by MoWIE not yet disclosed? Why
- Signed MoUs within WASH sectors and accountability issues to implement the plan of action prepared by stakeholders.
- Mandate issues of the equivalent sector ministers to organize meetings and to invite other equivalent ministers for the meeting ,
- Data quality? DHIS , routine data from report , and data inconsistency between federal & regional government ,
- Impact of the SMP plat forum conducted to date ,
- Long time taken for no objection from WB /MoWIE/,
- ToT and partners participation
- Used indicators used in report are small , could we make two ways of report,
- Unpack some indicators to be understandable
- Challenges ,to effect integration (Urban Sanitation , WaSH in emergency , School WaSH, existing MoU shall be updated ,
- Communication gaps with some partners like T-WASH ,
- Budget allocation for sanitation from government?
- Number of hygiene and environmental health professionals engaged in the right post and non-related post not known,
- MSP is not conducted as per the agreed seclude, and involvement of partners as member of the technical committee ,
- Commitment of the signatory stakeholders to implement MBS as per the MoU,

Day III presentations

3.1. Experiences sharing presentations on

selected success stories made in different regions

Good experiences made on,

- GESHERO WASH project , (Welayta Zone)
- Water Quality , monitoring and Surveillance , (Wenago Woreda)
- Chlorine dispenser at point of distribution (Care Ethiopia)
- Sanitation Rapid Assessment (UNICEF

3.1.1. Gashero projects by Kasahun

It is a full implementation of hygiene and environmental health services. This project is CIFF funded for 5year project and implemented in wolayita zone in targeting 4 woredas. The project has 4 main programs outcomes namely Achieved MDA coverage, Improved water coverage, Improved sanitation' and Improved key WASH related behaviors



Some Major sanitation and hygiene achievements are listed as follows

- Increased house hold latrine coverage
- Increased Improved house hold latrine coverage
- Road side public latrine constructed and maintained
- Increased number of Secondary ODF kebele
- Number of hand washing facilities availed near to latrines
- Decreased open defecation practice
- strengthened Monitoring , follow up, evaluation and learning
- Improved documentation, recording and reporting system

2. Wonago woreda presentation on water sanitation (sanitary survey)

Wonago woreda presented best experience regarding water sanitary surveys. The report shows 19% improved water source with 65% population utilizing. The Sanitary survey was conducted on 158 water sources found in this woreda. The 4 main categories of water source sanitary survey are listed as follows:-

- Conducted sanitary inspection
- Water quality test
- Data analysis
- Remedial action taken

The risk categories were categorized into three; - low risk, medium risk and high risk based on the test result.

During sanitary survey they used GPS

Generally the assessment report indicated that 84% of the water sources were categorized as high risk and some remedial actions were taken in collaborations with water offices. Multi-sectoral cooperation in wonagoo woreda especially health office and water office was strong and cooperative as seen from report. The report also shows that 70% of water sources were not fenced, no periodic

test, water reservoirs was not washed and Lack of chlorine solutions. Finally remedial actions were taken accordingly.

Way forwards

Advocacy at all to sustains the best achievements

Action taken on positive performance

Strengthen partnership and stakeholders at all level

Data utilization for decision making at point of service and directing the action and recommendation

3. CARE-ETHIOPIA

Water quality improvements and alternative water treatment technology by Adugnaw taddese

This water quality improvement and alternative treatment technology was piloted in Farta woreda of Amhara regions with objectives to share best attempt on water quality improvements

Efforts

Protection reduced contamination at the source by 66%.

Number of springs was protected

Diarrhea incidences decreased

Number of hand dug wells excavated

Water quality test at source 10-55% safe during summer and winter and at house hold level 95% and 100% safe during summer and winter

Number of shallow wells/deep wells drilled

Water supply systems installed

Availability of free chlorine at point of uses

Solution

Chlorine dispenser to address recontaminations at point of water collections for the communities

Result

74% household use the chlorine dispensers to treat their water

The main objectives were to address marginalized populations living in 10 cities and resolving their sanitation problems phase by phase. The assessment was conducted on urban

4. UNICEF by Mrs. Netsanet Sanitation Rapid Assessment which was conducted on November 2020

safety-net users in collaboration with social affairs minister

The Assessment questions addressed

Toilet availability, toilet quality, empty/leakage, physical access and ownership and others

Main finding Almost 66% safety-net users used shared latrine and most needs mediate repair



Discussion points

- How was the Linkage with the health office for UNICEF assessments?
- Shistosomiasis bilharzia control needs attention and how much was emphasized
- In Gashero project area how was the leadership involvements



- Should know the side effects of residual chlorine that may be a factor for cancer so was it considered or studied?
- Sato pan is not standardized so how it used?
- Affordability of slab how it was seen?
- Feasibility of quality test for unimproved water sources since already unimproved source
- Chlorine dispenser with sanitation marketing
- Bishan gari is better so how it is said chlorine dispenser is better?
- UNICEF : Is it possible to construct toilet for HHs level?
- Cost affordability of chlorine dispenser at HHs levels is that affordable?
- Sustainability and sense of ownership by the existing government especially for GASHERO
- The purpose of UNICEF sanitation assessments

- What are the driving factors for GASHERO project is that subsidy
- Is that the water resource survey is a one time or what was the frequency of survey and the testing who conducted water office or health office
- Is that creation jobs for poor or constructions of toilets for poor HHs for UNICEF assessment
- GASHERO effort, the selected woredas were initial ODF, behavior of toilet utilization
- Good if it includes impact assessments
- CARE-ETH project who manage it the sustainable issues
- CARE-ETH = Jerican cleaning issues should assessed and side effective of HHs level treatment that may can a cause for cancer

3.2. Summary of the discussion points

3.2.1. Sanitation

- Method used to sustain the association/entrepreneurs / on Sanitation Marketing (Geshero), and in all project cycle,
- Sustainability and sense of the owner ship after project phase out
- In water quality analysis importance of factors like temperature, and time ,
- In Gashero project , clarifications on the impact of the project for the reduction for

- the prevalence of shistosomiasis,
- Driving factor for the success of Geshero project (dignity issue, subsidize issue etc)
 - Geshero project if overlapped with other partners,
 - Water Quality , monitoring and Surveillance(Care Ethiopia) : Affordability of the community for chlorine dispenser technology, Cost issue ,and its affordability ,
 - Type of salt used for preparation of sodium hypochlorite ,
 - Dispensary is placed in outdoor? Can this method ensure sustainability?
 - Linkage of the Water quality result with the WHO risk recommendation considers
 - Correlation between Sanitary Surveillance ,and Water Quality analysis, how did data quality checked ,
 - Do the Water Quality result communicated with other sector (health , water,
 - Testing of the chlorine residual at point of use,
 - Diredawa health bureau briefed the Health, Booklet ,

IV. 2014 AWP

Basing 2013 performance, ISS, SDG, HSTP2 AND 2014 core plan was developed. Among 14 strategic initiatives 6 of them had taken for this planning. Sorsa indicated that every hygiene and environmental health activities are leads to improve quality of care



Fig: Mr Sorsa Faltamo, I-WaSH case team leader has presented the 2014 AWP

4.1. Summary of the discussion points on the 2014 AWP,

- ME systems, are we going to track as usual?
- Budget plan not presented?
Where are assumptions
- Alignment of the plan with Woreda base plan
- HEP road map of 15 years, does it aligned with that?
- Experience sharing issues
- Participation of the University (linking University to Woredas , to have interventions
- Identify thematic areas for Research and knowledge,
- U-Sanitation
- Water safety,
- Hand hygiene,
- Hazardous waste
- Create Ownership, KM
- How aligned with the plan of Plan and policy directorate
- How the indicators aligned and incorporated on CHIS
- How can be aligned and incorporated with regulatory
- How can measure some activities
- Why not consider IRT for HEWs
- Experience sharing not included why?
- Guideline preparation type promotional or regulatory
- Human resource is missed why? Structure establishment at all level
- M and E system establishing not consider why?
- Cost analysis basing SDG goal
- University incorporation in this plan why not universities implement at least in one woreda
- Research and knowledge not addressed why?
- Data and report system establishing not addressed
- Good if focused on activities directly linked to communities and assessing impacts

- Urban sanitation focused
- Many Guideline development planned
- GASHERO scale up good if considered
- ISS feedback and report
- Bishoftu project is missed why?
- Partner and expected result should be aligned beyond capacity building on ground model result expected
- Climate change intervention and material required may interfere with environmental authority
- Water quality and safety and reagent accessibility
- Quarter based zoom meeting should be practiced not only annually
- Partner projects and impact assessment report disseminations to all
- ODF from 46% to 51% is very small how SDG goal addressed can
- TSEDU-ETH when will implemented in ground still we planned on documents
- Partner duplications on the same results

- Gender and disabled inclusiveness guideline is not available
- MHM regarding refugees and emergency doesn't considered
- Community feedback platform
- NTD WASH is not addressed in this plan
- National incentive mechanism platform is good if considered

Following the discussion, Regions with the support of the team from federal hygiene and environment health directorate aligned their regional plan,

Day four presentations

Selected indicators

Sorsa presented the selected indicators regarding hygiene and environmental health that to be included in DHIS for the next. The selected indicators were presented in detail including their definition, formula, interpretation and source of data. The 12 selected indicators are list as follows

1. Proportion of HHs with liquid waste management
2. Proportion of HHs with safe solid waste management

3. Proportion of kebeles declared ODF registered as new and existing among total number of kebeles
4. Proportion of households having sanitation services
5. Proportion of households having hand washing facilities at the premises
6. proportion of water schemes for which water quality test conducted
7. Proportion of households treating water before use
8. proportion of households practicing proper food hygiene
9. Proportion of health facility with water service
10. Proportion of health facility with sanitation facilities
11. Proportion of health facilities with healthcare waste management services
12. proportion of households with healthy housing

SNNP DHIS offline Capturing experience

Mr. Belete w/Mariam presented the best experience regarding data

sources for report by using DHIS2 off-line. They obtain reports from lower level to region level through DHIS2 off-line system

Rewarding criteria

The award criteria were presented by Key HEHP performance indicators Mr. Sorsa Faltamo. The main objective of the award criteria is to to create competition among regions to improve Hygiene and Environment al Health program and also to motivate and giving recognition for best performed regions and the criteria is used to identify nominees for awards. The draft criteria for award are listed as follows

- Availability of HEH program structure at all level:- that score 10 points
- Availability and functionality of HEHP structure(Steering and Technical committee) (5)
- Conducting quarterly review meeting with ZHD, Woreda Ho, HCF (5)
- CWA Budget utilization and liquidation (10)

- Working with partners and other stakeholders to improve HEHP (5)
- Resource allocation for Hygiene and environmental Health program (5)
- On time month and quarterly reporting to MoH (10)
- Key HEHP performance indicators (50)

Zonal and woreda level conducted ISS and awarding good if added as criteria

Data quality management also good if used as criteria

Is there a tool for self-assessment?

There should be a format for quarterly reporting

Working together with university is very important

Discussions points

The questions, comments and suggestions raised by the participants were responded by the presenters and team leaders. The discussion point raised is listed below:-

How to maintain data quality at all level

Structure establishing mandates issues it is out of our mandates

Food hygiene mandates issues at regional level it is out hygiene and environmental health and it is confusing issues so how can it be a criteria

Budget utilization and liquidation good if added as criteria

HEHD 2013 ARM recommendations

No	Intervention areas	Recommendations and Next actions	Responsible body	time
1	Market Based Sanitation	RHBs need to cascade MBS guideline to all woredas through cascading training	RHBs and partners	1st and 2nd quarter
		Identify woredas with no sanitation marketing centers and establish at-least one center per woreda	RHBs and partners	1st and 2nd quarter
		RHBs need to assess the progress from Center establishment to HH utilization, identify bottlenecks and propose contextualized solutions	RHBs and partners	1st quarter
		Work on intensive demand creation through different innovative approaches based on the MBS guideline	RHBs and partners	1st and 2nd quarter
		RHBs have to work on market sustainability based on MBS guideline recommendations	RHBs and partners	throughout the year
		MoH will advocate the tax free and loan initiatives in 2014 EFY based on the policy briefs	MOH	1st and 2nd quarter
		Subsidy protocol will be commented by RHBs, partners and other sectors and will be launched	MOH	3rd quarter

2	Increase HH improved sanitation coverage	RHBs with ZHBs need to Select woredas to be secondary ODF with 100% improved latrine coverage (align with transformation woreda selection), plan and implement intensive mobilization and follow up.	RHBs and partners	1st quarter
		Demand creation and linkage to MBS centers	RHBs and partners	throughout the year
		Identify the community based on status (those who can afford to buy, who needs loan and subsidy)	RHBs and partners	1st quarter
		Identify appropriate technology options which fit for different context to prevent collapse	MOH, RHBs and partners	throughout the year
		Improved sanitation Should reach at-least 50% in 2014	MOH, RHBs and partners	throughout the year
3	Increase ODF kebele coverage	RHBs with ZHBs need to Select woredas to be secondary ODF with 100% improved latrine coverage (align with transformation woreda selection), plan and implement intensive mobilization and follow up.	RHBs and partners	1st quarter
		Plan for making CWA woredas model in ODF and improved sanitation coverage	RHBs and partners	1st quarter
		RHBs to facilitate Experience sharing between woredas (from ODF kebele/woreda)	RHBs and partners	3rd quarter
		Establish schemes for motivating zones/woredas with high achievement of 2ndary ODF	MOH, RHBs and partners	1st quarter
		Should reach at least >50% by 2014	MOH, RHBs and partners	throughout the year

4	HH solid and liquid waste management	RHBs have to plan for intensive promotion on HH solid and liquid waste management through local mass medias, HEWs, schools, religious institutions . . .	MOH, RHBs and partners	1st quarter
		Coverage should reach at-least 50% by 2014	MOH, RHBs and partners	throughout the year
5	Urban sanitation	Revitalize urban sanitation coordination platforms (steering and technical committee)	MOH, RHBs and partners	2nd quarter
		Plan alignment with sectors at the beginning of the year and quarterly monitoring of sectors' progress	MOH, RHBs and partners	1st quarter
		Jointly with sectors, identify cities/towns to be a learning center in urban sanitation	MOH, RHBs and partners	1st quarter
		Select towns from CWA woredas to be model in improved sanitation coverage	OWNP and RHBs and partners	1st quarter
		Scale up public and communal latrine in at-least CWA woredas	MOH, RHBs and partners	throughout the year
6	Hand hygiene	Continuous promotion and advocacy is needed to sustain the good culture started due to COVID-19 through local mass-media, HEWs, Schools, religious institutions, and other approaches in 2014	MOH, RHBs and partners	throughout the year
		MoH to launch and initiate implementation of HH roadmap	MOH	4th quarter
		Coverage of HH with basic hand washing facilities (with water and soap) should reach at-least 65% in 2014	MOH, RHBs and partners	throughout the year
		Scale up safe rooms and MHM service to more schools in collaboration with the education sector	MOH, RHBs and partners	throughout the year

7	MHM	RHBs have to plan for intensive promotion on MHM including social taboos through local mass medias, HEWs, schools, religious institutions . . .	RHBs and partners	1st quarter
		Integrate local production of MHM sanitary materials with MBS centers (facilitate needed materials and training)	RHBs and partners	throughout the year
8	Baby WaSH	All RHBs to initiate baby WaSH in selected woredas	RHBs and partners	2nd quarter
		The 4 regions with pilot project on baby WaSH should scale up the implementation to more woredas in 2014	MOH, RHBs and partners	2nd quarter
9	WQM	RHBs need to identify woredas without kit and plan to mobilize accordingly with MoH	RHBs and partners	1st quarter
		WQM training should include interventions to be taken in-addition to sample collection and testing	MOH, RHBs and partners	2nd quarter
		RHBs need to initiate WQM in all woredas	RHBs and partners	2nd quarter
10	HHWTS S	MoH will launch and cascade the HHWTSS manual in 2014	MOH	2nd quarter
		RHBs have to cascade it to all woredas	RHBs and partners	3rd quarter
		RHBs have to plan for intensive promotion on HHWTSS through local mass medias, HEWs, schools, religious institutions . . .	RHBs and partners	1st quarter
		Should reach at-least 30% in 2014	RHBs and partners	throughout the year
11	Food Hygiene	MoH &RHBs should emphasize HH food hygiene promotion in 2014 through local mass medias, HEWs	MOH, RHBs and partners	3rd quarter

1 2	HF WaSH	Scale up full WaSH package in CWA woredas	OWNP	2nd and 3rd quarter
		RHBs need to capture data on HF WaSH from non-CWA woredas and accordingly plan to address the gap	MOH, RHBs	1st quarter
		RHBs need to give due attention for quality of construction	RHBs	throughout the year
		Discussion will be made at national and steering committee levels that the water sector need to expedite construction of water supplies as it affect the other components.	MOH	2nd quarter
1 3	WaSH in other Institutions	RHBs need to work on its part (conduct WaSH assessment and provide feedback	MOH, RHBs	2nd and 4th quarter
		RHBs need to plan on WaSH promotion in prisons, religious institutions, industry parks, investment corridors . . .	MOH, RHBs	1st quarter
		RHBs need to closely work with religious institutions to improve WaSH services	RHBs	2nd quarter
1 4	Environmental pollution	RHBs have to plan for intensive promotion on indoor pollution including use of smokeless energy source through local mass medias, HEWs	RHBs	1st and 2nd quarter
		MoH will launch and cascade 'Air quality and health guideline' in 2014	MOH	2nd quarter
		RHBs have to establish joint committee with relevant sectors based on 'AIR quality and Health Guideline and develop joint annual plan	RHBs	3rd quarter
		RHBs need to plan for evidence based advocacy on chemicals and hazardous waste management	RHBs	1st quarter

15	Emergency WaSH	MoH will launch and initiate emergency WaSH guideline implementation	MOH	2nd quarter
		RHBs need to plan cascading it to all woredas and HFs	RHBs	3rd quarter
16	Structure and human resource	MoH & RHB heads need to work on further advocacy to strengthen HEH structure and human resource	MOH and RHBs	1st quarter
17	HEH sector coordination	MoH and RHBs need to advocate on strengthening coordination based the coordination analysis in 2014	MOH and RHBs	1st and 2nd quarter
18	Budget	MoH & RHBs need to plan for evidence based advocacy on allocation of budget for HEH (RHBs need to allocate budget beside MoH and partners support)	MOH and RHBs	throughout the year
		Budget utilization and liquidation on time	RHBs	throughout the year
19	Partners support	RHBs need to work on partners mapping and alignment and routine follow up and evaluation	RHBs	throughout the year
		RHBs have to plan for plan alignment & regular follow up with regional partners	RHBs	1st quarter
20	Integration with universities	RHBs need to plan for engaging local universities	RHBs	1st quarter
		MoH will finalize indicator revision with regions	MOH and RHBs	1st quarter
		Develop data collection tools with regions and partners	MOH, RHBs and partners	2nd quarter
		MoH with RHBs and partners will facilitate training on the new tools and new definition booklet	MOH, RHBs and partners	2nd quarter

21	Monitoring and evaluation	MoH, RHBs and partners need to work on booklet translation to local language and printing	MOH, RHBs and partners	2nd quarter
		conducting ISS with all stakeholder and evaluation and FB	MOH, RHBs and partners	2nd and 4th quarter
		Biannual ARM	MOH and partners	2nd 4th quarter
		Sending report quarterly to MOH	RHBs	every quarter
		MOH needs to Attend regional invited meeting/workshop	MOH	throughout the year

Annex

National Annual Review Meeting of Hygiene and Environmental Health Ras Hotel, Dire Dawa Ethiopia August 25–28, 2021			
Day 1 (Wednesday, 25/ 08/ 2021)			
Time	Activity	Responsible person	Facilitator
7:00 am - 8:00 am	Travel to Biyuawale cluster & Wahil cluster	All participants	DDRHB
8:00 am - 9:00 am	Site visit at Biyuawale and Wahil cluster		
9:00 am - 10 :00 am	Travel back from site visits to Ras Hotel		
10:00 am - 10:30 am	Tea Break & Registration of participants		Organizers

10:30 am - 11:00 am	Cultural Music and documentary Show(MBS)		Ekram Redwan
11:00 am - 11:10 am	well coming speech	H.E Mrs Lemlem Bezabih Dire Dawa RHB Head	
11:10 am - 11:25 am	Opening speech	H.E Dr. Dereje Duguma , State Minister, Ministry of health	
11:25 am - 11:40 am	Presentation of Status of 2012 EFY ARM Recommendations	Ashirefedin Youya	
11:40 am - 12:10 pm	Overview of National HEH Performance in EFY 2013	Abraham M Ayalew	
12:10 pm - 12: 30 pm	Overview of National OWNP Performance in EFY 2013	Dereje Mengistu	
12:30 pm – 2:00 pm	Lunch break	Organizers	
2:00 pm - 3:00 pm	Discussion and reflection	Participants	Ekram Redwan
3:00 pm -3:15pm	Presentation of Dire Dawa RHB HEH Performance of EFY 2013	DD RHB Representative	Sorsa Faltamo
3:15 pm -3:30 pm	Presentation of Oromia RHB HEH Performance in EFY 2013	Oromia RHB Representative	

3:30pm -3:45 pm	Presentation of SNNP RHB HEH Performance in EFY 2013	SNNP RHB Representative	
3:45 pm - 4:15 pm	Tea break	Organizers	
4:15 pm - 4:30 pm	Presentation of Gambela RHB HEH Performance in EFY 2012	Gambela RHB Representative	Sorsa Faltamo
4:30 pm - 4:45 pm	Presentation of Harari RHB HEH Performance in EFY 2012	Harari RHB Representative	
4:45 pm- 5:00pm	Presentation of Sidama RHB HEH Performance in EFY 2013	Sidama RHB Representative	
Day 2 (Thursday, 26/ 2021)			
8:45 am - 9:00 am	MHM Vedio Documentary	Yared T Senbeto	
9:00 am- 9:45 am	Q&A ,feedback and reflection on 1st round presentations	Participants and Presenters	Sorsa Faltamo
9: 45 am - 10: 00 am	Presentation of Amhara RHB HEH performnace of EFY 2013	Amhara RHB representative	Ashrafedin Youya
10:00 am - 10:15 am	Presentation of AA RHB HEH performnace of EFY 2012	AA RHB representative	
10:15 am - 10:30 am	Presentation of Somali RHB HEH performnace of EFY 2013	Somali RHB representative	

10: 30 am -11: 00 am	Tea Break	Organizers	
11:00 am - 11:15 am	Presentation of Afar RHB HEH performnace of EFY 2013	Afar RHB representative	Ashrafedin Youya
11:15 am - 11:30 am	Presentation of BG RHB HEH performnace of EFY 2014	BG RHB representative	
11:30 am - 12:30 pm	Discussion	Particiapants and presenters	
12:15 pm- 12: 45 pm	Document launching (WASH in HCF, MBS, Sanitation and Hygiene definition)	Abriham M Ayalew	
12:45 pm - 2:00 pm	Lunch	Organizers	
2:00 pm- 2:20 pm	Gashiyaro Experience	Wolaita ZHD representative	Yared Tadesse
2:20 pm - 2:40 pm	Wonago Water Quality Experience	Wonago Woreda Health Office representative	
2:40 pm - 3:00 pm	Experieces of Care Ethiopia hosuehold Water treatment	Care Ethiopia Representative	
3:00 pm- 3:20 pm	Mellennium Water Alliance experience of WASH in HCF	MWA Representative	
3:20 pm- 3:40 pm	UNICEF WASH Experience	UNICEF representative	
3:40 - 4:00 PM	Tea Break	Organizers	
4:00 pm - 5:00 pm	Discussion and reflection	Presenters and participants	Yared Tadesse

Day 3 Friday 27/08/21			
9:00 am - 9:30 am	Presentation on 2014 E.C HEH annual plan	Sorsa F Jama	Ekram Redwan
9:30 am - 10:30 am	Discussion on 2014 E.C HEH annual plan	Participants and presenter	Ekram Redwan
10:30 am - 11:00 am	Tea Break	Organizers	
11:00 am - 12:30 pm	Plan alignment exercise in group	Participants	Sorsa, Abiriham , Yared, Ashrafedin
12:30 - 2:00PM	Lunch Break	Organizers	
2: 00 pm - 3:30 pm	Plan alignment exercise in group	Participants	Sorsa, Abiriham , Yared, Ashrafedin
3:30 - 4:00 pm	Tea Break	Organizers	
4:00 pm - 5:00 pm	Plan alignment exercise in group	Participants	Sorsa, Abiriham , Yared, Ashrafedin
Day 4 Saturday (28/08/21)			
9:00 am - 9:20 am	HEH indicators presentation	Sorsa F Jama	
9:20 am - 9:35 am	Presentation of Award Criteria for HEH ARM 2022	Sorsa F Jama	
9:35 am - 10:30 am	Discussion and reflection	Participants	
10:30 am - 11:00 am	Tea Break	Organizers	
11: 00 am - 11:30 am	Presentation of ARM 2013 Recommendations	Assigned minute taker (Yimenu, Yohannes)	

11:30 am - 11:45 am	Next Year ARM Host region selection	Ashrafedin Youya	Abraham Misganaw
11:45 AM	Closing remarks	Ekram Redwan	

Lists Of Participants On Hygiene And Environmental Health ARM, 2013.E.C

S.N	NAME	ORGANIZATION
1	Dr Dereje Duguma	MOH
2	Dr Natnael Asress	MOH
3	Ekram Redwan	MOH
4	Ashrefedin Youya	MOH
5	Yared Tadesse	MOH
6	Sorsa Faltamo	MOH
7	Abireham Misganaw	MOH
8	Gemu Tiru	MOH
9	Kasahun Sime	MOH
10	Yimenu Adane	MOH
11	Misganaw Tewachew	MOH
12	Tesfamikael Afewerk	MOH
13	Mersen Adem	MOH
14	Solomon Yimer	MOH

15	Melaku Niguse	MOH
16	Higu Kefale	MOH
17	Dereje Mengistu	MOH
18	Mitiku Entonios	MOH
19	Alemu Kejela	MOH
20	Wondayew Wube	MOH
21	Ziyad Ahammed	MOH
22	Sileshi Taye	MOH
23	Abebe Anteneh	MOH
24	Yohannes Kenne	MOH
25	Kiflemariam Tsegaye	MOH
26	Fiseha Mulalem	MOH
27	Abbayew Wase	MOH
28	Sintayew Dejene	MOH
29	Getachew Moges	MOH
30	Dr Eleni Asfaw	MOH
31	Nigus G/Eyesus	MOH
32	Senayit Tesfaye	MOH
33	Terefe Fantahun	MOH
34	Almaz Muhe	MOH
35	Fendishe Mohammed	Harari health bureau
36	Hafiz Mohammed	Harari health bureau
37	Kedir Juhar	Dire Dawa admin
38	Lemlem Bezabih	Dire Dawa health bureau
39	Yusuf Seid	Dire Dawa health bureau
40	Miseker Getachew	Dire Dawa health bureau
41	Tilahun Bekele	Dire Dawa health bureau
42	Abeje Kebe	Dire Dawa health bureau

43	Sititaw Takele	Dire Dawa health bureau
44	Abebe Kasahun	Dire Dawa health bureau
45	Sintayew Debesa	Dire Dawa health bureau
46	Sintayew Engeda	Dire Dawa health bureau
47	Bersabeh Bedru	SNNP Health bureau
48	Temesgen Tefera	SNNP Health bureau
49	Belete W/Mariam	SNNP Health bureau
50	Sinnaro Essayas	Sidama health bureau
51	Melih Mohammed	Wonagu woreda health office
52	Kasahun Mulu Tegegn	Wolayita zone health office
53	Fiqadu Adinew	B/gumuz heath burea
54	Kibru Sibani Kerse	B/gumuz heath burea
55	Misganaw Mikael	AA Health bureau
56	Belay Tesfaye	AA Health bureau
57	Gutema Teressa	Gambella health bureau
58	Tagese Fikre	Gambella health bureau
59	Tesfaye Belay	Afar RHB
60	Dawud Yusuf Mohammed	Afar RHB
61	Olana Gelano Dida	Afar RHB
62	Firomsa Hankasa	Orormia health bureau
63	Mekonnin Ayele Jima	Orormia health bureau
64	Dereje Adugna Kumsa	Orormia health bureau
65	Zewdu Zegeyu	Amhara Health bureau
66	Kinde Alebachew	Amhara Health bureau
67	Mekete Admas	Amhara Health bureau
68	Abdulfetah Mohammed	Somali RHB
69	Abdi Mohammed Abdi	Somali RHB
70	Ilias Abdurhaman	Somali RHB

71	Tafere Addis Wase	EEHA
72	Mohammed Siraj	Somali RHB
73	Tiol Jeat	Gambella health bureau
74	Netsanet Kasa	UNICEF
75	Kalkidan Gugsu	UNICEF
76	Dr Adugnaw Tadesse	CARE Ethiopia
77	Gizachew Menge	AMRF
78	Abiyu Worku	WORLD VISION
79	Melaku Worku	IRC WASH
80	Dejene Kumela	SNV
81	Alemayehu Tesfaye	PSI
82	Haile Dinku	Water AID