



The journey so far

Working together for
safe water in Ethiopia

This country brief – compiled by IRC and the Millennium Water Alliance (MWA) – shares the highlights and lessons learned from collective action in Dera, Farta and North Mecha woredas (districts) in Ethiopia. The Safe Water Strategy partnership – made possible with funding from the Conrad N. Hilton Foundation – works to ensure access to safe water services, for everyone, for good. Please also see the other focus country briefs and the synthesis document: *People, systems and change: harnessing the power of collective action through the Safe Water Strategy* here: <https://www.ircwash.org/resources/working-together-safe-water-journey-so-far>

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have told these stories without the support of our partners – government and other grantees of the Conrad N. Hilton Foundation – with providing updates and reviewing, allowing us to speak with a joint voice. See pages 14-15 for a complete overview of our partners in Ethiopia.

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THE STORY OF THE COVER PHOTO

Bethel Girma of Stanford University, Animaw Anteneh, Head of the North Mecha Health Office, and Estifanos Endale, Health Centre Head collaborate during a Root Cause Analysis workshop in Bahir Dar, Ethiopia in July 2019. This workshop helped programme partners to gain insights into root causes for the lack of proper WASH services in health care facilities. Participants also brainstormed potential solutions for the identified causes.

MEASURING PROGRESS IS COMPLICATED

In this brief we use the definitions of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation, and Hygiene (JMP) to assess the quality of services that people are receiving and to set targets for the future. The JMP identifies a service ladder whose rungs consist of five distinct service levels: surface water; unimproved; limited; basic; and, safely managed. Like the JMP, we use a combination of household surveys, infrastructure, water quality, and administrative data to estimate the proportion of the population being served at each level. Criteria including technology type, protection from contaminants, distance from home and availability.

Each level up from 'surface water' represents a significant improvement in the safety and security of the supply. The same logic applies to sanitation, hygiene, and services in schools and health care facilities. A safer water supply can be achieved by using infrastructure that guards against contamination (e.g. a deep mechanised borehole or a piped scheme instead of an open well or stream); using water treatment technology (e.g. in a piped scheme or chlorination at a point source); or reducing the distance and time between the point of collection and the point of use (in turn reducing both the risk of recontamination, and the burden and risks of long trips to the water point).

We are driving progress towards universal access to safe services, and eventually 'safely managed' services by using a variety of context-appropriate strategies. These include bringing piped water to more households, protecting and disinfecting community water points, and promoting better household storage and treatment practices.

The JMP definitions do not always match perfectly to national norms and standards. In particular, there is considerable disagreement about what constitutes 'safe' water. Despite this, we believe that for consistency and ease of comparison across countries and programmes, it makes sense to use JMP wherever possible. For more information on the JMP methodology, go to <https://washdata.org/monitoring/methods>.

Our vision

Everyone deserves to have safe water. It's the most fundamental human right, and a basic need that enables fulfilling and productive lives. The vision of the Safe Water Strategy in Ethiopia is to make access to safe water available for everyone, for good.

During the last 20 years, there has been significant progress towards this aim. And Sustainable Development Goal 6 (SDG 6) – access to water and sanitation for all by 2030 – has provided a sense of urgency and fresh impetus.

But we're still badly off track. Why? Because people have focused on building infrastructure, rather than making water services effective and sustainable. This approach has been inefficient and ineffective. It's meant that we've duplicated efforts, and haven't addressed what matters most to vulnerable communities. What we need now is a change of mindset, and a change of approach. We need to understand the root causes of systemic issues and strengthen the systems that deliver water services: not just infrastructure but also the capacities, attitudes, partnerships, incentives, laws and policies that make it work.

The Safe Water Strategy (2017-2021)¹, a programme funded by the Conrad N. Hilton Foundation embraced this challenge by driving systems change in districts in Burkina Faso, Ethiopia, Ghana, Mali, Niger and Uganda. Safe Water Strategy partners work to bring the ambitions of SDG 6 within reach for households, health care facilities and schools.

The strategy is based on a simple but ambitious hypothesis – that it is possible to have a long-term impact on safe water services for everyone by supporting district-level change through government leadership, local coordination of partners and the development of clear and ambitious shared goals that drive systems change, all galvanised through local 'hubs'.

Hubs act as the 'backbone' of each partnership. They help local leaders to galvanise and coordinate partners. They facilitate relationships, provide expertise and monitoring, help share learning and ensure continuous communication among partners. These partnerships then explore new solutions through collective action, build institutional capacity to support sustaining services and help expand proven approaches nationally and globally.

In Ethiopia, activities of this unique collaboration are concentrated in three woredas (districts) – Dera, Farta and North Mecha, all in the Amhara National Regional State. These districts are guided by water, sanitation and hygiene (WASH) long-term strategic plans.

The plans were developed by local government and partners in 2018-19 and they set out the cost and steps needed to achieve SDG 6 in each woreda, getting water and sanitation to everyone. Non-governmental organisation (NGO) partners are working in support of the government's vision that, "All Ethiopians will have access to safe, affordable, and reliable water service delivery by 2030."

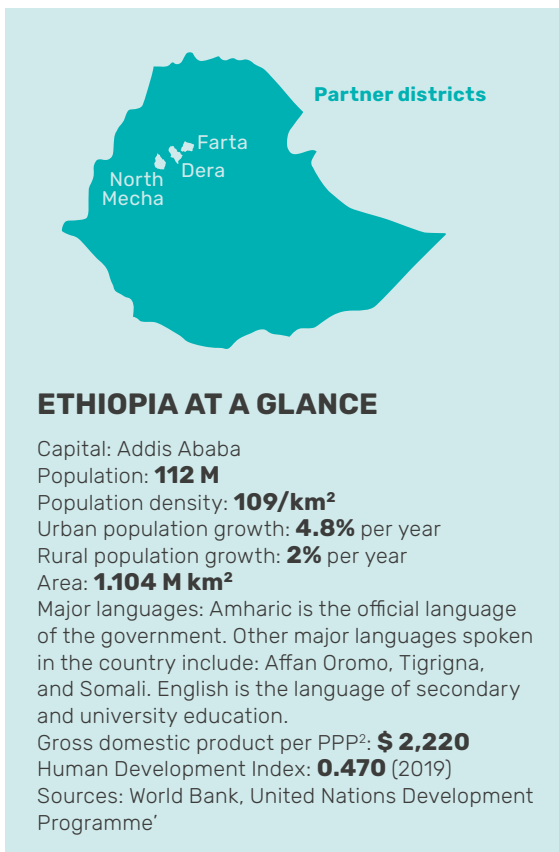
¹ The Conrad N. Hilton Foundation's 2017-2021 Safe Water Strategy. <https://www.hiltonfoundation.org/learning/2017-2021-safe-water-strategic-initiative-strategy>

Partners are working collaboratively to achieve the government's long-term vision of reaching over 540,000 people with basic and 354,000 people with safely managed water services in the three woredas. Furthermore, it is the vision of government that all schools and health care facilities in these woredas have sustainable water and sanitation facilities.



The challenge and context in Ethiopia ...

Ethiopia is home to over 112 million people, many of whom live in rural areas. Population growth in Ethiopia is one of the highest in Africa and it is expected to continue growing through 2050. According to projections from the Ethiopia Central Statistics Agency, the total population may exceed 130 million by 2030.



As of 2017, 11.4% had access to safely managed water services, mainly in urban areas, while over 30% had water only from unimproved or surface water sources. Meanwhile only 7.3% had basic sanitation, 63% had unimproved sanitation and many continue practising open defecation. Many households in rural areas spend more than 30 minutes collecting water and many households do not have hand hygiene facilities.

The Government of Ethiopia sets out its development goals in a series of Growth and Transformation Plans, which identify water and sanitation as a critical priority area for achieving sustainable growth and poverty

² Purchasing power parity (PPP) is a popular metric used by macroeconomic analysts to compare economic productivity and standards of living between countries. The numbers shared are in international dollars.



Ethiopia and Uganda hub teams share experiences during a learning meeting in Ethiopia

reduction. Growth and Transformation Plan I was implemented from 2011-15 and Ethiopia achieved the Millennium Development Goal targets on access to drinking water. The new Growth and Transformation Plan II, from 2016-20, seeks to ensure access to improved rural water supply for 85% of the rural population, with 20% of that coming from Rural Piped Systems. For the urban population, target water supply access is 75%. Further, the plan aims to decrease rural water point non-functionality rates to 7% and ensure all schools have access to potable drinking water.

The Ministry of Water, Irrigation and Electricity (MoWIE) is the national government body that guides, regulates and controls water supply function in Ethiopia. This entity has been under continuous restructuring arrangements over the last couple of decades. The sector guiding policies and legislations currently in use include:

- (1) National Water Resource Management Policy (1998);
- (2) Water Sector Strategy (2000)
- (3) Water Sector Development Programme (2002);
- (4) Water and Sanitation Access Plan (UAP) (2005);

- (5) Memorandum of Understanding signed by three sector ministers (MoU, 2006) and a revised MoU, signed by four sector ministers in November 2012. MoWIE has also prepared guidelines for gender mainstreaming in the water and energy sectors (2012).

In 2018, an independent Water Development Commission (WDC) was established by the Council of Ministers to lead the Water Supply and Sanitation sector. The WDC is responsible for increasing the coverage of potable water supply, sanitation and hygiene by studying, designing and constructing new infrastructure and implementing new water points and piped systems. Various entities at the national level provide information, regulations and policies to the regions which then cascade them to the woreda level.

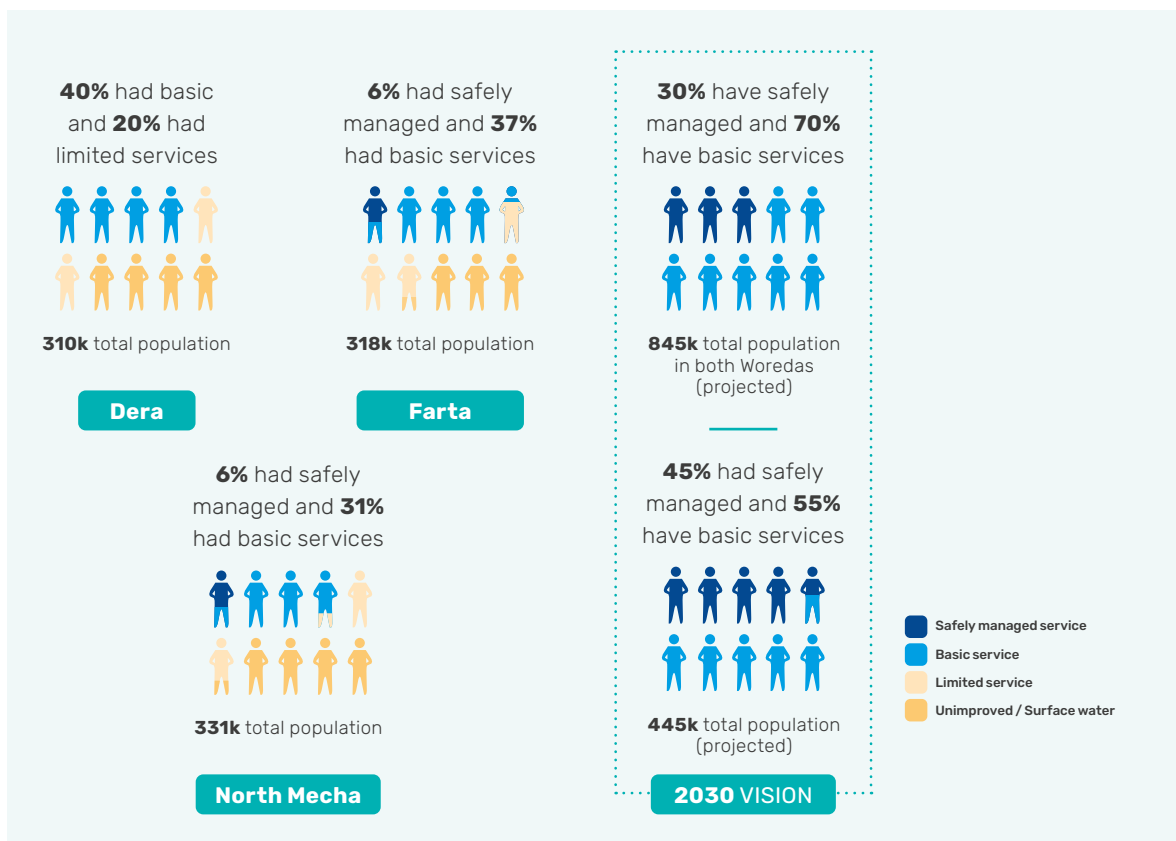
Water supply infrastructure may be built by the woreda, zone or regional government. Once built it is given to a water, sanitation and hygiene committee (WASHCO) or a public utility company with the expectation that they will own and manage the water point. If the WASHCOs need assistance with maintaining their water point it is the woreda's responsibility to provide support and then to cascade this need up to zone or regional level as more capacity or support is required.

... and in Dera, Farta and North Mecha woredas

The Amhara National Regional State (ANRS) is one of the ten regional states in Ethiopia that make up the Federal Democratic Republic of Ethiopia. Administratively, ANRS has 12 zones, comprised of 211 woredas and municipal towns, of which Dera, Farta and North Mecha are three woredas. These woredas are

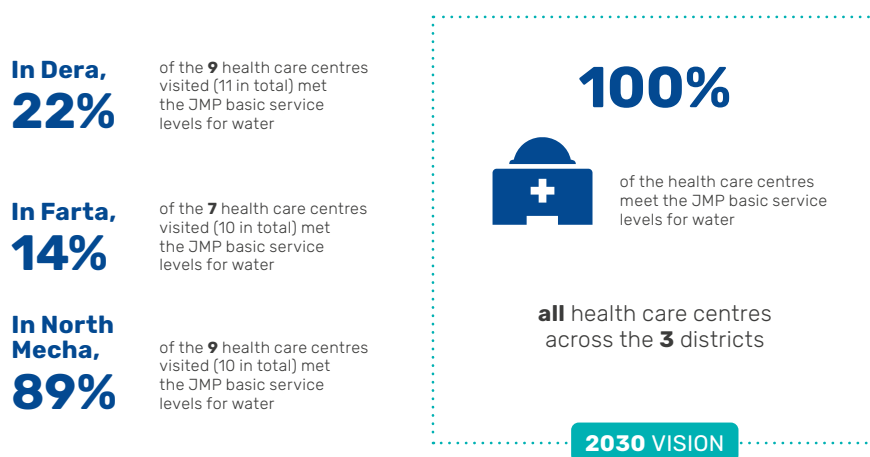
primarily rural, spread over large distances, and include two woreda towns and a zonal town. 2017 population sizes are 310,000 people in Dera projected at 418,000 in 2030, 318,000 in Farta, projected to be 427,000 in 2030 and 331,000 in North Mecha, projected to be 445,000 in 2030.

Figure 1: Drinking water service levels in Dera, Farta and North Mecha woredas (2018 baseline and 2030 vision)³



³ Data provided by woreda governments at the start of the development of the master plans and based on a service delivery and equity assessment conducted in 2018 as part of the baseline analysis.

Figure 2. Drinking water service levels in Dera, Farta and North Mecha health care centres (2018 baseline and 2030 vision)⁴



In 2018, 59% of the people in these three woredas had limited or unimproved water services, often relying on surface water.

The situation in health care facilities was dire.

Health centres are facilities which deliver babies, provide minor surgical procedures and preventative services and are the referral source for larger hospitals. Of the 25 health care centres in the three woredas, only 43% had access to basic and safely managed water services. In Farta, the level was as low as 14%⁴.

Health posts are the first line of community health care: typically, one or two room structures that provide basic care and referrals to health centres. Only 6% had basic water services in Farta and North Mecha. In Dera, there were none.

Each woreda has a small-town, quasi-government water utility which is accountable to a Town Water Board with representatives from woreda government, community and the municipality. Water service delivery levels from utilities are low for a number of reasons. These include limited monitoring and use of data for decision making, inadequate funding (including a lack of funding prioritisation) to support dispersed populations, lack of communication across sectors, low capacity and equipment for government to fulfil their mandates, and a limited enabling environment to support private sector involvement.

⁴ Evaluation of Water, Sanitation, Hygiene, and Environmental Conditions in 58 Healthcare Facilities in Amhara National Regional State, Ethiopia Baseline Report APRIL 2019

Our collective action in the woredas

Who's involved⁵?

National Partners ⁶	Woreda (district) leadership in Dera, Farta and North Mecha along with health care facility leadership, school directors and water utility personnel, community representatives, private sector representatives, regional government of the National Regional State of Amhara, Ethiopian Management Institute.
International Partners ⁷	Conrad N. Hilton Foundation, CARE, Catholic Relief Services, Centers for Disease Control and Prevention (CDC), Food for the Hungry, IRC, Millennium Water Alliance (MWA), Splash, WaterAid, World Vision



Taddese Kassie,
Dera Woreda Administration
Office Head

“The woreda-wide long-term SDG planning has provided the woreda Water, Sanitation and Hygiene (WASH) Committee with a strategic thinking and planning experience. The process has also been a capacity building opportunity for us and we have thus been exploring possibilities to apply long-term planning for the other sectors beyond the water office.”

In 2018, the Millennium Water Alliance (MWA) – in its hub role – convened and developed a partnership to address these challenges and deliver WASH services to everyone in the woredas by 2030. Since then, partners have developed strong relationships with district and regional governments and other local leaders.

Government leadership, supported by a coalition of partners, and coordinated by a hub, is at the heart of our collective action. Partners have assessed services and systems strengths and developed long-term strategic plans under the leadership of local government officials. Some partners serve as technical leads to ensure consistency and the use of best practices, which in turn support collective impact.

⁵ For a detailed list of partners please see pages 14-15.

⁶ National partners take on a range of roles including delivering parts of the master plans and holding each other to account.

⁷ International partners are working on implementing the master plans. Most are grantees of the Conrad N. Hilton Foundation, however an increasing number of new partners (e.g. NGOs, funders) are joining the Safe Water Strategy partnership.



Muluken Azage from Bahir Dar University and Martha Aynalem from Desert Rose Consulting discuss results of a group activity during a Root Cause Analysis Workshop in 2019.

Our successes

The aim of MWA partners is to support the three woreda governments to achieve their long-term plans for full WASH coverage.

While 100% safely managed access is not feasible by 2030, given the large and growing populations, partners agree that ensuring most of the population has improved access should be achievable. This includes specific objectives for moving community access up the service-delivery ladder, improving functionality of water points, supporting better household water quality, increasing systems strengthening across the woredas and enhancing the water facilities available at schools and health care facilities.

Partners are using a variety of approaches to achieve these objectives.

Key amongst these is strengthening government's ability to lead. NGOs serve as supporting actors working towards government goals and under government leadership, instead of taking the lead.

In addition to this, a series of new approaches and technologies are being piloted to find proven models for replication.

For example, a first for Ethiopia is our piloting of the Clean Clinic Model (CCM) to improve WASH in health care facilities. The CCM is a training module that supports staff to set their own targets and provides a step-by-step approach to improving management and use of WASH facilities. We know that infrastructure alone is not the solution and the CCM provides the additional behaviour change and management support that is critical to sustaining WASH equipment and use in health care facilities.

The first pilot is starting to show success with 28 health care workers and 13 cleaners trained on the CCM and early evidence showing that these health care centres are exhibiting leadership in managing their WASH facilities.

In Merawi town in North Mecha, one of our partners, WaterAid, has already begun providing empowerment activities, specific trainings, supply of basic equipment for things like leakage detection, monitoring, coaching and more to the local water utility to help them be more efficient and effective and to support them to expand services in small town communities.

We have continued and expanded previous pilots, based on earlier success and learning. For example, placing chlorine dispensers for safe water at more water points to improve water quality at point of use. This dispensers work is in its third and expanded pilot phase, with significant uptake and improved household water quality evidenced from the first two pilot phases.

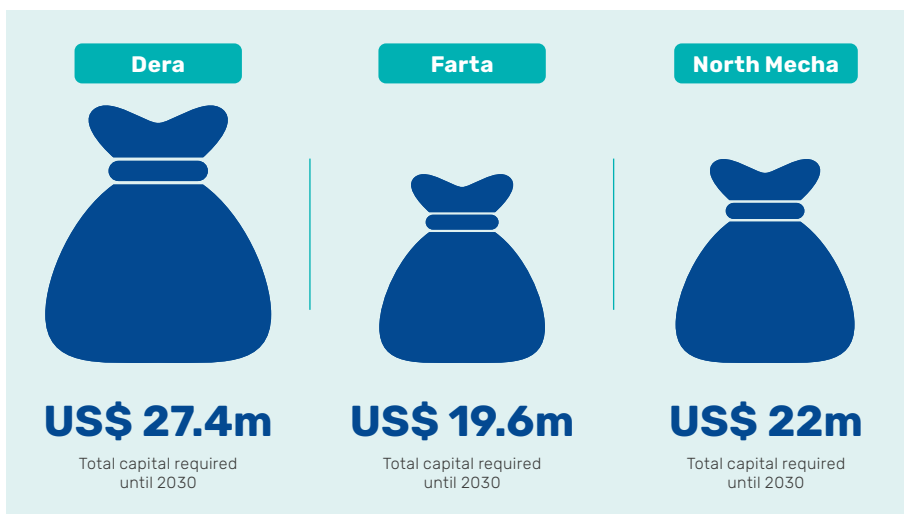
Community members hold their jerrycan up to a chlorine dispenser which releases 3ml of liquid chlorine, enough to treat 20L of water - with up to 72 hours of residual chlorine for safe water in the household. Supportive trainings on safe storage and consumption of only safe water, are provided by government, NGOs and elected community promoters.

Partners have found that a strong and collaborative partnership helped to improve the response and prevention mechanisms needed during the COVID-19 crisis. Partners responded collaboratively rather than individually, which increased the impact and reduced overlap in activities.

The partnerships with local and regional governments meant that the NGOs could work efficiently with government to deal with the gaps they identified in dealing with COVID-19.

NGO partners are also mobilising additional finances from individuals, foundations, and bi-lateral donors (governments and their agencies), with an increased focus on grants for water and hygiene service improvement during the pandemic.

Financing the vision in Ethiopia*⁸



* Data on financial commitments unavailable

⁸ This capital expenditure data comes from the Dera, Farta and North Mecha master plans.

Our progress to 2030

It's early days. The comprehensive assessments of the district situations followed by the development of long-term strategic plans in Dera, Farta and North Mecha were the first steps to achieving SDG 6, and testing an approach that can work nationally to ensure that sustainable water services are available to everyone, for good, by 2030.

In 2019⁹ a review of Dera, Farta and North Mecha found that **45,200 people** received basic and **21,400 people** received safely managed services.

As of September 2020, funding from the Conrad N. Hilton Foundation¹⁰ has directly contributed to this woreda-wide effort by providing or upgrading WASH services:

in **8 health care facilities** and in **20 schools**

5,900 community members have upgraded access to safely managed services in small towns

19,500 people have access to water in three woredas from community water schemes

1,200 people have access from self-supply or upgrading of household wells.

Despite COVID-19, we have reached eight health centres in target woredas with improved WASH facilities since the programme started in Spring 2019, and piloted the Clean Clinic Model in six of those for improved use and maintenance of water services, with plans for scaling the pilot.

We've served 20 schools with improved services utilising technical expertise and support from partner Splash. Changes in schools are being made via comprehensive approaches implemented to improve WASH in schools, targeting the teachers and students as agents of change.

The hub and partners are continuously working on partnership strengthening, capacity development, support for improved government-led monitoring, and expanding systems strengthening activities alongside the work on dispensers for safe water, household self-supply and cooperation with Community Water Committees to improve water point functionality.

⁹ This data was obtained from the woreda governments of Dera, Farta and North Mecha during a study conducted by IRC. This data encompasses work done by government, NGOs, and others in the woredas for the calendar year 2019 (EC 2012).

¹⁰ This data references only work done by NGO partners using funding from the Conrad N. Hilton Foundation during the time period from April 2019 to September 2020.



**Habtam Acheneff, World Vision,
Project Coordinator for Dera Woreda**

[There is] “access to precise and comprehensive data, which is collectively used to support learning and decision making. Members of the alliance interact with and are responsible to each other. Members are transparent and accountable, making actions easily known to all.”

Showing a WASH system’s progress through its building blocks

Reliable and sustainable WASH services can only be delivered by strong and resilient local WASH systems. Systems are the networks of people, institutions, hardware and resources necessary to deliver services. The partnership is using nine building blocks to break down the complexity of the WASH system so we can measure progress and prioritise actions.

For WASH services to be delivered, all these building blocks must be present and working to at least a minimum level.

We have already seen clear changes in understanding the importance of focusing more on operations and maintenance and strong partnerships that are resilient in the face of challenges.

A recent building block analysis compared aspects of systems strengthening between the 2018 baseline and a 2020 progress update. Key areas for strengthening include planning, infrastructure development for both Dera and Farta, and other areas of improvement include institutions and finance (Farta) and legislation and learning and

adaptation (Dera). Meanwhile, North Mecha showed minimal change positive or negative. Findings are being further analysed and discussed to determine a helpful path forward for increased improvement and learning.

We are already seeing the first signs of scale. Catholic Relief Services is exploring possibilities to expand its use of dispensers for safe water in additional woredas. In March 2020, the organisation also replicated the woreda-wide planning approach in Chobi district in the West Showa Zone of Oromia region. Since 2018, IRC has been supporting the development and implementation of master plans in South Ari and Mile woredas and MWA, IRC, WaterAid and others are convening together at the national level to discuss woreda-wide systems strengthening approaches in Ethiopia.

What's next?

NGO and government partners are implementing the work set out in the long-term strategic plans. In addition to improving water service delivery in schools, health facilities and communities, work is underway to strengthen local government-led monitoring systems, support an improved supply chain for chlorine in the region, pilot new behaviour change models at schools and continue supporting capacity development among local government, water committees, and local artisans for the long-term resilience of this work.

As we move into the middle of the second year, the programme is working diligently to influence policy and practice at regional and national levels, ideally resulting in increased prioritisation of water service delivery. Influencing efforts are informed by the evidence and achievements from the district level. Furthermore, we are keen to work with government and NGO partners to support replication and scaling of best practices and approaches.

A few exciting next steps include:

- Increased piloting of the Clean Clinic Model in health facilities, particularly building on increased knowledge of the critical need for water access and hand hygiene stemming from the COVID-19 pandemic. Learnings from this pilot will be shared at the national level to support learning and uptake.
- Continued influencing at national level for increased financing for water supply and sanitation. MWA and partners are working actively to influence the thinking as part of

a national WASH Financing Group currently chaired by UNICEF.

- Implementation of new pilots or approaches, such as improved regulations for rural tariff setting, expanded work with town water utilities and testing new methods for improving water quality at point of use.
- We are approaching a time in the piloting cycle where we can review and refine approaches and document learnings and progress so we can share with partners and the sector; ideally this leads to replication of various systems strengthening approaches in other districts in Ethiopia or beyond.

One of the biggest strengths of the programme in Ethiopia is strong partnerships, and partnerships are all about people. There is an amazing team of government, NGO and other stakeholders working together with the same vision and there's a keen understanding that together we are much stronger.

Who we are and what we do?

Under the leadership of Farta, Dera, North Mecha and Amhara governments, national and international entities are collaborating with the districts to achieve their visions for full coverage, including improved functionality rates, water quality and equitable access.

Government agencies present at national, regional and woreda levels and national agencies responsible for water, education, health, finance/tax and environment play a key role in providing local leadership, and inspiring and driving change. Rural public utilities help to provide WASH services and improve quality.

While there is a limited role currently for private sector WASH actors in this context, local artisans play a critical role as do local leaders. In many cases, local organisations and community health workers play a key role in helping identify those who lack safe water and sanitation and leading the movement for change.

Additionally, the following local and international entities support activities in the woredas and the region as part of the partnership:

CARE is a global humanitarian and development organisation. In the Ethiopia partnership, CARE serves multiple roles, including technical lead for capacity development and governance.

Catholic Relief Services (CRS) is a global humanitarian and development organisation. In Ethiopia it is focused on supporting clean water in health care centres among other roles.

The US Centers for Disease Control and Prevention (CDC)

is the national public health agency of the US and a global public health leader. In Ethiopia, CDC focuses on providing the baseline, midline and endline assessments and ongoing technical support and advice for WASH in HCFs.

The Conrad N. Hilton Foundation: a leading US-based philanthropy organisation that provides financial and technical support to address a wide range of social problems, including safe water services in sub-Saharan Africa.

Food for the Hungry is an international organisation that serves the most vulnerable people on earth through relief and development programmes. In the Amhara region of Ethiopia, it is working in low-resource communities, schools, and health care facilities to increase access to clean water and improved sanitation and hygiene services.

Hamere Trading PLC is private company based in Bahir Dar currently engaged in a start-up for production of liquid chlorine to support Dispensers for Safe Water and potentially health care facilities.

IRC is a Dutch-based champion of 'systems thinking' within WASH. Its nationally-led country programmes have been testing and developing the collective action and systems strengthening approach in five out of six countries. In Ethiopia, IRC focuses on improving monitoring systems in the three partner woredas.

Millennium Water Alliance (MWA) is a permanent alliance of WASH organisations focused on convening, influencing and accelerating learning and progress in the sector. In Ethiopia, a consortium of MWA members and partners is supporting the programme, with the MWA acting as the backbone organisation for the partnerships.

Splash is a nonprofit organisation that designs child-focused water, sanitation, hygiene (WASH), and menstrual health (MH) programmes with governments in global growth cities. In Addis Ababa, Ethiopia and Kolkata, India, they are working to reach 100% of government schools with WASH+MH by 2023, benefiting one million kids.

The Stanford Program on Water, Health & Development (WHD) serves as the Conrad N. Hilton Foundation's Strategy Measurement, Evaluation, and Learning partner, with a focus on the Foundation's strategy-level measurement and evaluation to inform strategy execution.

WaterAid is a Federation of 34 country offices with a global network of partners, and well-regarded status as a WASH sector thought leader and convener. It has several roles within the Ethiopia partnership, including technical lead on WASH in schools and supporting WASH in communities and health care facilities.



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