



GLOBAL SANITATION FUND



**Ethiopia Sanitation and Hygiene
Improvement Programme (E-SHIP)**



PHOTO: SINCE THE START OF THE PROGRAMME, E-SHIP HAS HELPED MORE THAN 1.7 MILLION PEOPLE ACCESS HANDWASHING FACILITIES. CREDIT: WSSCC

ETHIOPIA

Executing Agency: Federal Ministry of Health

Grant Agreement signed: June 2012

Country Programme Monitor: PricewaterhouseCoopers

THE SANITATION CONTEXT

The latest figures from the Joint Monitoring Programme (JMP) of United Nations Children's Fund and World Health Organization¹ reveal that approximately 29 percent of Ethiopia's population (over 28 million people) defecate in the open. The report also highlights the disparities between rural and urban contexts in the country, with 34 percent of people living in rural areas defecating in the open compared to 6 percent in urban settings. Open defecation throughout the country has reduced by 64 percent since 1990, which is the largest recorded country reduction over this period, but there is still much work to be done to ensure that Ethiopia becomes open defecation free. The JMP report also reveals that 72 percent of Ethiopia's total population do not have access to improved sanitation.

Open defecation and inadequate sanitation expose communities to serious diseases, including diarrhoea and cholera. In 2014, 9 percent of children under 5 in Ethiopia died from diarrhoeal diseases.² Poor sanitation and hygiene also negatively impacts education, economic productivity, dignity and the personal safety of women and girls.

Achieving access to adequate and equitable sanitation and hygiene for all, ending open defecation, and paying special attention to the needs of women and girls and those in vulnerable situations, is key to the Sustainable Development Goals. Furthermore, the United Nations system has identified global funds as an important tool to enable member countries to achieve their national development targets, including those for sanitation and hygiene. The GSF-supported programme in Ethiopia, with its diverse network of partners and guided by a people-centred, community-managed and demand-driven model, is well placed to support these initiatives.

PROGRAMME RESULTS

The GSF-supported programme is known as the Ethiopia Sanitation and Hygiene Improvement Programme (E-SHIP). The programme is managed by Ethiopia's Federal Ministry of Health, as the Executing Agency, and has recorded strong results since the start of the programme. By June 2014³, the programme had recorded a cumulative total of over 1.6 million people living in open defecation free environments. In addition, more than 3,600 villages had been triggered through behaviour change activities and over 1.7 million people gained access to handwashing facilities since the start of the programme.

1 Progress on Sanitation and Drinking Water – 2015 update and MDG assessment, UNICEF and World Health Organization: http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf

2 UNICEF Data: Monitoring the Situation of Children and Women: <http://data.unicef.org/child-survival/under-five>

3 Key results, indicators and financial pipeline figures have been provided by the GSF Executing Agency and reviewed by the GSF Secretariat. All figures to-date will be verified by the end of 2015 by an independent outcome survey and evaluation.



SHADED AREAS ARE GSF TARGET AREAS

FACTS

TOTAL POPULATION
90.7⁴ million

IMPROVED SANITATION COVERAGE
Total: 28%, Urban: 27%, Rural: 28%

TOTAL % POPULATION USING OPEN DEFECACTION
29%

UNDER 5 MORTALITY RATE
64/1,000

% OF UNDER 5 DEATHS CAUSED BY DIARRHOEA
9%

GDP PER CAPITA
US\$ 505

ETHIOPIA RESULTS

KEY RESULTS

Results to date and 3 year targets

	30 June 2014	3 year targets
People with improved toilets	520,550	1.72 million
People live in ODF environments	1.63 million	3.20 million
People with handwashing facilities	1.75 million	1.72 million

INTERMEDIATE INDICATORS

Results to date and 3 year targets

	30 June 2014	3 year targets
Communities declared ODF	2,992	10,000
Communities triggered	3,652	20,000
People received hygiene messages	2.42 million	4.00 million
People live in target areas	4.00 million	4.00 million

FINANCIAL PIPELINE - 31 December 2014

GSF commitments to country programme	\$5.44 million	In-country awards to Sub-grantees	\$4.04 million
GSF disbursements to country programmes	\$2.85 million	In-country grant disbursements by EAs to SGs	\$1.05 million

UNIT COST

>>> **\$3**

⁴ This figure is based on Ethiopia's official 2007 census report, factoring the official 2007 growth rate of 2.6%.

HOW THE PROGRAMME WORKS



PHOTO: A LOCAL LEADER AND MEMBER OF THE HEALTH DEVELOPMENT ARMY (LEFT) TALKS TO AN E-SHIP OFFICIAL. CREDIT: WSSCC.

E-SHIP's activities are implemented within the Health Extension Programme (HEP) of the Federal Ministry of Health, the flagship health programme in the country. The HEP is an innovative, community-based programme focused on disease prevention, health promotion and the provision of basic and essential healthcare services. Its key goals include providing equitable access to essential healthcare at the village and household levels; ensuring local ownership and participation by increasing health awareness, knowledge and skills among community members; and promoting gender equality in accessing health services.

The HEP provides a package of services in three main areas: hygiene and environmental sanitation; disease prevention and control; and family health services.

With oversight from the Federal Ministry of Health, the GSF-funded programme within the HEP is delivered through a vast network that includes:

- Sub-grantees, which are local government health centres within various woredas (districts)
- Health Extension Workers (HEWs) based in village health centres and posts
- 'Health Development Army' leaders who are mainly women, based in villages
- The Programme Coordinating Mechanism made up of sector actors that include the Government, civil society organizations and donors
- A National Coordinator appointed by the Water Supply and Sanitation Collaborative Council (WSSCC)
- A Country Programme Monitor that verifies and reports on the work of the Executing Agency
- Ethiopia Water Supply, Sanitation and Hygiene (WASH) Movement
- Other health workers, agencies and sector specialists

Holistic approach to boosting sanitation and hygiene

As part of the package of health services, Sub-grantee focal points carry out behaviour change activities to promote improved sanitation and hygiene within communities, most notably through the community-led total sanitation model. These focal points also train HEWs to deliver these services. Once the HEWs are trained, they are posted to villages where they identify and train women leaders to advocate for the programme and engage their communities. By ensuring that their homes are hygienic and include adequate sanitation facilities, the women leaders use their homes as 'models' for their neighbours to aspire towards. In addition, these leaders establish various groups of six women who meet regularly to discuss and actively participate in the delivery of the various services specific to the health package.

Together these groups form a Health Development Army. Deployed to the most remote and vulnerable communities, HEWs have been credited with helping to reduce child mortality in Ethiopia, which has led to the country meeting the Millennium Development Goal in this area.⁵

GSF funding in Ethiopia is directed at improving sanitation and hygiene, but its impact goes far beyond these areas. By funding the training of HEWs, who are then well equipped to train and support the women who lead the Health Development Army, the GSF helps strengthen the delivery of health services in all areas.

Once E-SHIP receives GSF funds they are channelled through regions and administrative zones, eventually reaching woreda-based health centres that manage the funds directly. E-SHIP is one of the few programmes in the country that operates with this model. Health workers based in the health centres have expressed their satisfaction with the model because it is allowing them to deliver long-term plans and mobilize and empower HEWs.

⁵ 'Ethiopia meets MDG 4 by cutting Under 5 mortality By Two-Thirds Since 1990': http://www.unicef.org/ethiopia/events_13459.html

GSF MODEL AND PRINCIPLES

The Water Supply and Sanitation Collaborative Council (WSSCC) created the GSF in 2008 to raise and direct funds to help large numbers of poor and vulnerable people attain sustainable and safe sanitation, and to adopt good hygiene practices. The GSF aims to be an efficient and cost-effective financing mechanism for contributors wishing to help the world's poorest people achieve sustainable sanitation and hygiene outcomes.

The GSF model is based on the following foundational principles⁶ rooted in WSSCC's VISION 21⁷: GSF programmes, as designed by country stakeholders, use participatory methodologies building on people's needs and aspirations as a starting point; pay particular attention to the poor, vulnerable and least able; and are gender sensitive in addressing inequities, with a focus on providing equity of opportunity to women and girls. The GSF, together with its technical and implementing partners, aspires to impact on poverty, and social and gender equity, in a variety of ways:

- Access to sustainable, safe sanitation, and improved behaviour in relation to hygiene practices results in better health outcomes for the users and the broader community. Better health means more time spent on income generating activities and lower healthcare expenses
- Children miss fewer school days due to sickness, and access to school sanitation facilities keeps more children, especially girls, in school. Improved schooling enhances their income generating potential as adults

- Safe sanitation gives women better health, dignity, privacy and equity of opportunity
- Improved sanitation counters pollution and faecal contamination and improves the immediate environment of the household and community
- Community participation and the inclusion of the most vulnerable improves the conditions for social sustainability

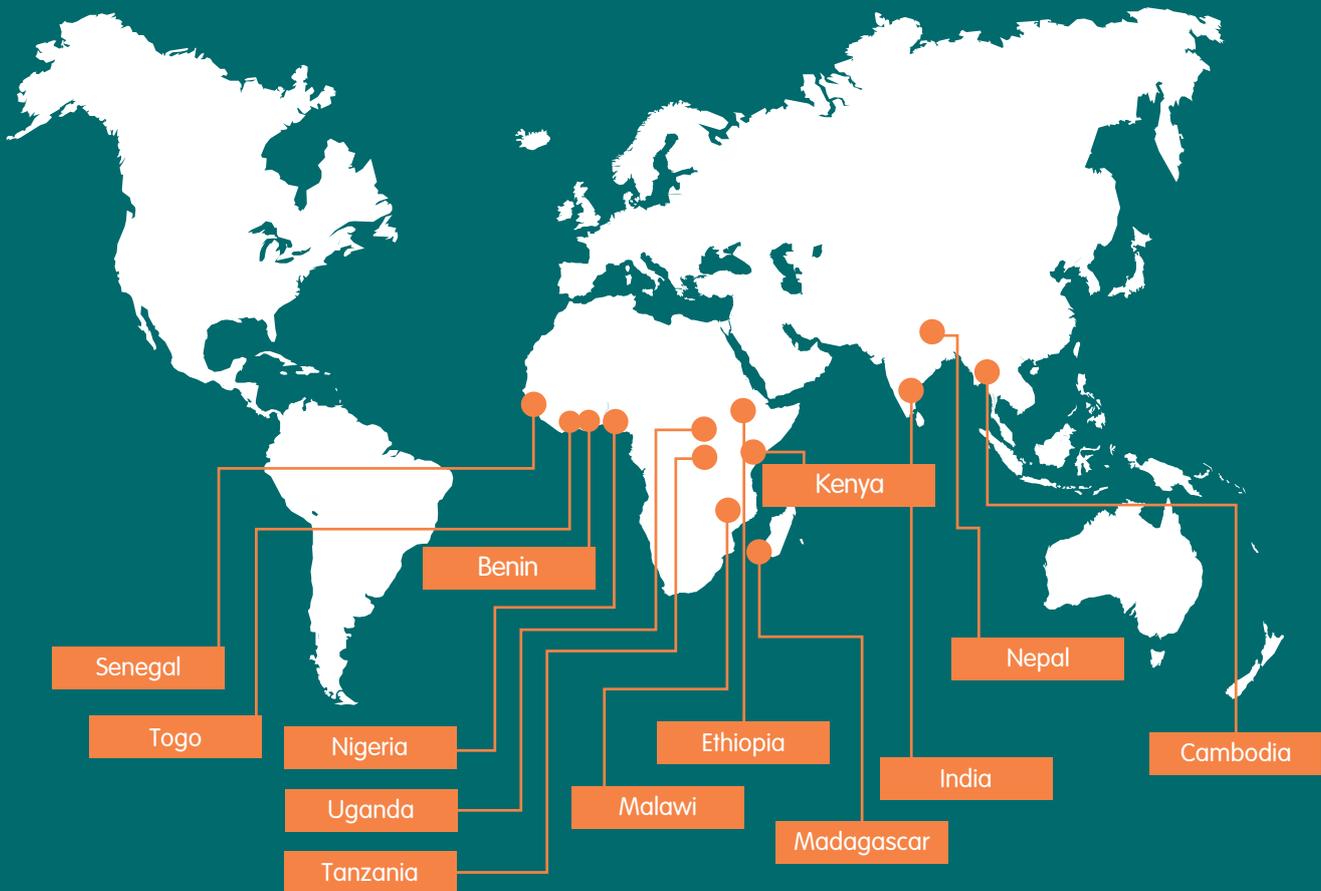
Each programme supported through the GSF is unique and designed by national stakeholders to meet the specific needs of that country. Nonetheless, a number of features are common to all programmes, and essential to their success:

- The achievement of open defecation free communities as a first step towards improved sanitation
- Sustained behaviour change that supports peoples' own desire to 'climb up the sanitation ladder'
- Improvement of capacity within local governments, non-governmental and community-based organizations, and private sector entities
- Increased sector collaboration and partnership
- Learning, sharing and documentation

⁶ See www.wsscc.org/global-sanitation-fund/principles

⁷ See www.wsscc.org/resources/resource-publications/vision-21-shared-vision-hygiene-sanitation-and-water-supply-and?rck=87bac6510c974b4bad713cc6690f4978

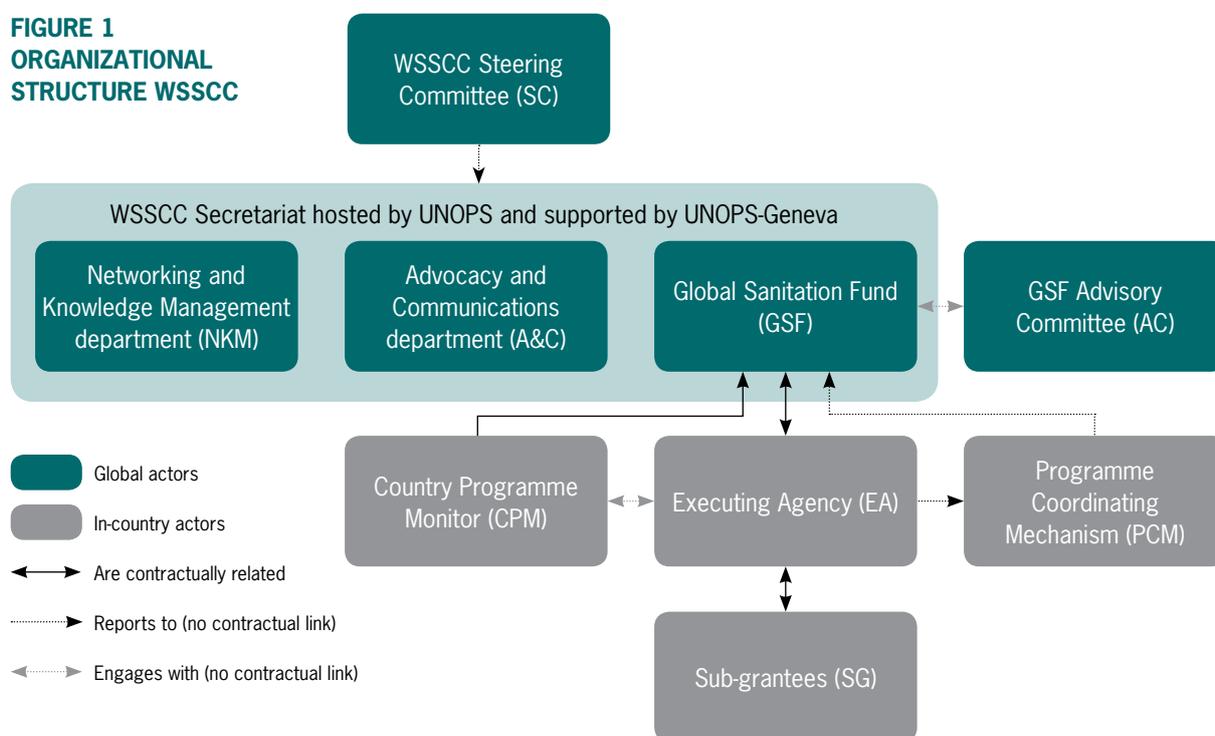
GLOBAL SANITATION FUND SUPPORTED COUNTRIES



ABOUT WSSCC

WSSCC is administratively and legally hosted by the United Nations Office for Project Services (UNOPS). The WSSCC Secretariat is governed by the WSSCC Steering Committee, and has three main departments: (i) Networking and Knowledge Management; (ii) Advocacy and Communications; (iii) Global Sanitation Fund.

**FIGURE 1
ORGANIZATIONAL
STRUCTURE WSSCC**



At the global level, GSF mobilizes resources, selects countries to engage with, and supports country programmes. GSF is supported by an **Advisory Committee** which provides advice on GSF operations to enhance the quality of the country programmes.

GSF works closely with the other WSSCC departments (Networking and Knowledge Management, Advocacy and Communications), which provide support throughout the grant cycle (e.g., in selecting countries, in setting countries' strategic vision, etc.). GSF operates in line with UNOPS fund management policies and practices.

In countries, the vision and strategy of GSF's country programme are set by the **Programme Coordinating Mechanism**, which is a coalition of sector actors including: government, civil society organizations, and donors. By setting the strategy, it ensures that the work supported by GSF is consistent with national policies and activities of the National Water, Sanitation and Hygiene (WASH) Coalitions.⁸ The Programme Coordinating Mechanism also provides strategic guidance to the Executing Agency during country programme implementation. The National Coordinator⁹ is a member of the Programme Coordinating Mechanism and serves as a focal point between GSF and the Programme Coordinating Mechanism.

The National Coordinator also facilitates preliminary engagements between the country and GSF, before the Programme Coordinating Mechanism is set up.

The **Executing Agency**, jointly appointed by GSF and the Programme Coordinating Mechanism, and contracted by UNOPS Geneva, receives grant funds and manages GSF's country programme. The Executing Agency selects, supervises, and supports **Sub-Grantees** who implement the country programme activities. In a separate selection process, GSF also appoints a **Country Programme Monitor** to verify and report on the work of Executing Agencies.

WSSCC's **Global Sanitation Fund** is led by the **Programme Director**. The **Grant Management team** facilitates, monitors, and supports implementation of the country programmes. This team is composed of **Senior Programme Officers** and **Programme Support Officers**. They receive daily support from the **Administration** and **Finance** staff, the **Monitoring and Evaluation Officer**, the **Networking and Knowledge Management team**, the **Advocacy and Communications team**, and from the **UNOPS Geneva team**.

⁸ Coalitions focus on advocacy and awareness raising, hygiene and sanitation education, sector coordination, policy development, monitoring progress, media collaboration and/or knowledge management. Coalitions may have existed prior to WSSCC engagement, or be the result of a WSSCC initiative.

⁹ National Coordinators lead the National WASH Coalitions. They carry out national and local level networking, knowledge management, advocacy and communications activities. National Coordinators are volunteers appointed by the Executive Director of WSSCC.

GLOBAL SANITATION FUND



The Global Sanitation Fund (GSF) is a pooled global fund established by the Water Supply and Sanitation Collaborative Council (WSSCC) and funded by its donors to gather and direct finance to help large numbers of poor people attain safe sanitation services and adopt good hygiene practices. As of 31 December 2014, the GSF is being implemented actively in Benin, Cambodia, Ethiopia, India, Kenya, Madagascar, Malawi, Nepal, Nigeria, Senegal, Tanzania, Togo and Uganda. In these countries, Sub-grantees have deployed a range of sanitation and hygiene awareness-raising and promotion activities nationally and in a number of regions.

Because of their work, 7 million people are now living in environments free of open defecation, among other leading indicators of progress.

WSSCC gratefully acknowledges the donors that make the GSF's work possible: the Governments of Australia, Finland, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom.

Sources:

Key results, indicators and financial pipeline: Key results, indicators and financial pipeline figures have been provided by the GSF Executing Agency and reviewed by the GSF Secretariat. All figures to-date will be verified by the end of 2015 by an independent outcome survey and evaluation.

Country data: Progress on Sanitation and Drinking Water – 2015 update and MDG assessment, UNICEF and World Health Organization; UNICEF Data: Monitoring the Situation of Children and Women; World DataBank

ABOVE: CREDIT: WSSCC/HAKIM HADJEL.

COVER: IN ETHIOPIA, THE GSF HAS HELPED OVER 520,000 PEOPLE ACCESS IMPROVED TOILETS, SUCH AS THE TOILET PICTURED HERE.

CREDIT: WSSCC/HAKIM HADJEL.

WATER SUPPLY & SANITATION COLLABORATIVE COUNCIL

15 Chemin Louis-Dunant
1202 Geneva
Switzerland

Telephone: +41 22 560 8181
Fax: +41 22 560 8184
www.wsscc.org
wsscc@wsscc.org

