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**ACHIEVEMENTS AND CHALLENGES OF RURAL WATER SUPPLY,
SANITATION AND HYGIENE PROGRAM (RWSSHP) IMPLEMENTATION IN
OROMIA REGION: A CASE STUDY IN BEREH WOREDA
(NORTH SHEWA ZONE)**

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Partial Fulfillment of the Requirements for the Degree of Master of Arts in
Development Studies, Environment and Development**

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Title

***Achievements and Challenges of Rural Water Supply,
Sanitation and Hygiene Program (RWSSHP)
Implementation in Oromia Region. A case study in Bereh
Woreda (North Shewa Zone)***

By

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Acronyms

ADLI	= Agricultural Development - Leading to Industrialization
AfDB	= African Development Bank
BADEA Bank	= Arab Bank for Economic Development in Africa
BoFED	= Bureau of Finance and Economic Development
CFT	= Community Facilitator Team
DFID	= Department For International Development, UK
DW	= Deep Well
EFY	= Ethiopian Fiscal Year
EUWI	= European Union Water Initiative
FDRE	= Federal Democratic Republic of Ethiopia
FMP	= Facilities Management Plan
HDW	= Hand Dug Well
HEW	= Health Extension Worker
HSDP	= Health Sector Development Program
HSEP	= Health Service Extension Program
IDA	= International Development Agency
IDWSSD	= International Drinking Water Supply and Sanitation Decade
LSP	= Local Service Providers
MDGs	= Millennium Development Goals
M & E	= Monitoring and Evaluation
MoFED	= Ministry of Finance and Economic Development
MoE	= Ministry of Education
MoH	= Ministry of Health
MoWR	= Ministry of Water Resources
MoU	= Memorandum of Understanding
NGOs	= Non-Government Organizations
OEB	= Oromia Education Bureau
OHB	= Oromia Health Bureau
OWRB	= Oromia Water Resources Bureau
O&M	= Operation and Maintenance
PA	= Peasant Association
PASDEP	= Plan for Accelerated and Sustained Development to End Poverty
PIM	= Program Implementation Manual

PHCU = Primary Health Care Unit
 PMT = Program Management Team
 PRSP = Poverty Reduction Strategic Paper
 REB = Regional Education Bureau
 RHB = Regional Health Bureau
 RSIC = Regional Statistics and Information Centre
 RWB = Regional Water Bureau
 RWSSHP = Rural Water Supply, Sanitation and Hygiene Program
 SNNPR = Southern Nations, Nationalities and People's Region
 SPOS = Spring On Spot
 SPWD = Spring With Distribution
 SW = Shallow Well
 TOR = Terms Of Reference
 TSP = Technical Service Provider
 UAP = Universal Access Program
 UN = United Nations
 UNICEF = United Nations International Children's Emergency Fund
 WaSH = Water Supply, Sanitation and Hygiene
 WASHCO = Water Supply, Sanitation and Hygiene Committee
 WatSan = Water Supply and Sanitation
 WEDC = Water, Engineering and Development Centre
 WSG = Woreda Support Group
 WSDP = Water Sector Development Program
 WSS = Water Supply & Sanitation
 WWT = Woreda WaSH Team

Glossary of Some Terms

Community : Inhabitants in a given locality getting water supply service from one source.

Got : Village in the study woreda. It is the same as saying community.

Kebele : The last and the smallest local government's administrative unit.

Zone: An administrative unit between Region and woreda comprising certain number of woredas.

Woreda : District level of government's administrative unit.

Abstract

Rural Water Supply, Sanitation and Hygiene Program (RWSSHP) was designed for Ethiopia based on experience of other developing countries in Africa as well as early experiences in Ethiopia. The program was designed to bring positive changes in lives and conditions of the rural people through radical improvement in water supply and sanitation services as well as behavioral change in personal and environmental hygiene. The program is the main strategy for the attainment of UAP in such a way that all program inclusive woredas will attain 100 percent water supply and sanitation coverage by preparing and implementing strategic plan of RWSSHP.

In Oromia region the program is being implemented in 152 woredas, of which the study woreda is one of the woredas where the program was early commenced. The overall objective of this study is to assess the achievements of the program so far and challenges of the program's implementation in the region with a case study of Bereh woreda of the North Shewa Zone. In doing so, the research was aimed at obtaining factors that challenging program's implementation in the study woreda and forward recommendations for its improvements in the future. Moreover, it was intended to give a clue for further study at broader level in the region.

The study woreda has prepared five years strategic plan for the period of 2005/06 - 2009/10. It was planned to increase rural water supply coverage of the woreda from 23.84% at base year to 100% and sanitation coverage from nil to 100% at the end the program's period.

In the study both qualitative and quantitative research methods were employed. Focus groups Discussion, Key Informants Discussion and observation methods were the major data collection tools used to generate primary data. Inventory of water supply schemes and household latrine was also conducted to produce a primary data. All available and relevant secondary data were used to substantiate the primary data. Data analysis of the research was done by triangulating the findings of different research tools and data sources one with/against the other. In doing so, conclusions and recommendations were drawn from the findings.

Accordingly, it was reveled that failure to establish Strategic Plan Committee which is responsible for preparation of the strategic plan of the woreda was the primary problem in the program's implementation. Moreover, the planning process was not participatory; the strategic plan document was poorly appraised to make it feasible or practicable. On the other hand, though less than its plan rural water supply coverage of the woreda has increased from 23.84% to 34.6% and sanitation coverage from nil to 14.8%. The study has also revealed that there is poor M&E system. The woreda has established a comprehensive reliable data base, but failed to update it at least on yearly basis.

Generally, there is no good practice of feedback system in the program's implementation. Integration of program activities (stakeholders coordination) is almost non-existent. The program is not mainstreamed in the identified stakeholder organizations. There is wide financial deficiency for program's implementation. In the study, it was realized that training component of capacity building was relatively well done and a reliable Local Service Providers were created to augment the shortage of local contractors in the water supply and health sectors in the woreda.

Finally it is recommendable to establish a multi-disciplinary Strategic Plan Committee and revise the strategic plan of the woreda with full knowledge of WWT and the woreda council. The plan document need to be critically appraised before it will be approved and taken as working document. Stakeholders analysis is better done again to strengthen stakeholders coordination and hence foster integration of program's activities. Refreshment training need to be given for concerned stakeholders and generally program's objectives and implementation procedures need to be well communicated among the woreda staffs and within the user communities.

CHAPTER ONE

1. INTRODUCTION

1.1 BACKGROUND

In Ethiopia, Water sector is expected to play important role in fighting poverty and attaining sustainable socio-economic development in the country. Though there is no definite research data as regard to the water resources potential of the country, some preliminary studies and professional estimates shows that the country has about 122 billion cubic meters of annual surface runoff (97.9%) and a ground water of about 2.6 billion cubic meters which accounts for 2.1% (FDRE MoWR, 2002:1). In aggregate, the country is endowed with about 124.6 billion m³ of water resources that makes it to be known as the water tower of East Africa.

However, the country has been unable to adequately expand water supply coverage for its citizens and use the resources for different developments purposes such as irrigation and hydropower. In addition to poor capacity of the nation to use the potential water resources for various development initiatives, uneven distribution of the resource is learnt to be a critical problem to slow down the supply. This is mainly because 80-90% of the water resource is contained in four drainage basins namely Abay, Tekeze, Baro-Akobo and Omo-Gibe basins which are inhabited by only 30 to 40% of the human population (The FDRE MoWR, 1999:vii).

According to FDRE MoWR Water Sector 2007/08 PASDEP Progress Report (2008:7), the national water supply access at the end of 2000EFY was 59.5% in aggregate with rural-urban and regional variations. It was 53.9% for rural and 86.2% for urban population. Across regions it varies from the least 32.5% for Harari region to the highest 95% for Addis Ababa. The country lags behind many African countries in the development of irrigation schemes and of safe water supply (Dessalegn, 1999).

According to Federal Ministry of Health, Annual Performance Report of HSDP-III EFY2000 (2008:49), access to sanitation in terms of latrine coverage is 54% which largely vary across regions. It ranges from lowest 2.7% in Gambella region up to over 50% in Addis Ababa and Southern Nations Nationalities Peoples Region.

Access to safe water for drinking, cooking and washing, access to water for growing crops and watering livestock, and access to water for small businesses could basically change the lives of many of the poor. Access to safe water would mean having a potential for healthy lives, for

development, for protecting hunger, saving millions of mothers and fathers from watching their children die of diarrhea. At large, access to water is not, in itself sufficient to eradicate poverty, but it is a necessary condition of the bigger process of sustainable development (Sylvain, 2006).

On the other hand, much have been said about the basic needs that any human being should get. According to Universal Declaration of Human Rights adopted by UN General Assembly (1948: Article 25/1) "... Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services".

Different international conferences have also been held and reached on consensus to define and commit themselves for the fulfillment of these basic human needs. Basic human needs include two elements. " ... second, they include essential services provided by and for the community at large, such as safe drinking water, sanitation, public transport and health, education and cultural facilities"(World Employment Conference, 1976 as cited by Hailu, 1980:19).

More specifically, there is international covenant by UN that states:

"... Water is fundamental for life and health. The human right to water is indispensable for leading a healthy life in human dignity. It is a pre-requisite to the realization of all other human rights. ...The 145 countries which have ratified the covenant will now be compelled to progressively ensure that everyone has access to safe and secure drinking water and sanitation facilities- equitably and without discrimination (Press Release WHO/91, 2002:1).

Among others, MDG goal 7, target # 10 also specifically mentions: "... halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation (The Ministry of Finance and Economic Development of federal Democratic Republic of Ethiopia and The United Nations Country team, 2004:44).

The vital role of water resources in the overall socio-economic development is also recognized at international level. For instance, in The African Water Vision 2025 it was stated,

"...at the dawn of the new millennium Africa faces a number of serious socio-economic problems that call for urgent remedial action if current trends towards

endemic poverty and pervasive underdevelopment are to be turned around. The crucial role of water in accomplishing the needed socio-economic development goals is widely recognized".

Another scholar named Riccardo (2001:xv) also emphasis it by stating "... a real state of policy with regard to water will be capable of promoting sustainable development".

In Ethiopia too, these days Water Supply, Sanitation and Hygiene development program is one of the most important areas where Ethiopian government has embarked in the effort of attaining plan for accelerated and sustainable development to end poverty (PASDEP). It is obviously known that the overall objective of PASDEP is to eradicate poverty by enhancing rapid economic growth while at the same time improving service delivery. The provision of safe drinking water and sanitation facilities are one of the key sectoral development measures and cross-cutting issues to be addressed (PASDEP, 2006 as cited in Federal Democratic Republic of Ethiopia, 2004).

Formerly, especially before International Drinking Water Supply and Sanitation Decade (1980s) in developing countries including Ethiopia, the development approach used to construct water supply and sanitation facilities was donor or supply driven. Long period practice of this approach has ended with limited success, (i.e. many communities still do not have a safe and reliable water supply, systems are frequently broken down-with poor management for maintenance and repair, poor hygiene practices continue to cause illness-contributing to poverty in rural areas and etc). Here government and donors had been deciding which communities should get new facilities, what type of technology to be used, places where to construct the facilities, and fully they were undertaking the study, construction and operation of the systems or facilities by covering all the required costs. The user communities had very little to say with their own concern, i.e. they had little chance to participate at all stages of project cycle, and hence they didn't have sense of ownership and responsibility (Burqitu, 2002). In more condensed terms Dessalegn (1999:iv) states,

"... in keeping with the top-down approach favored by policy makers at the time, the planning and implementation of water development schemes was not submitted to public discussion, nor were stakeholders consulted on the matter. Policies were made in camera, and plans were executed by professionals without involving the communities concerned".

Based on lessons learned from donor or supply-driven approach, a different and new approach named demand-driven or Community Ownership & Management (COM) approach was evolved and being practiced in many developing countries like Ethiopia, especially after IDWSSD. The latter approach is believed to bring accelerated and sustainable development in the sector. This new approach is being implemented in rural Ethiopia under what is called Rural Water Supply, Sanitation and Hygiene Program (Guide to Results-Based Planning & Management of the Woreda RWSSHP, 2005).

The Ethiopian Government is strongly supporting the WaSH program implementation by formulating policy framework & implementation guidelines and allocating the required matching fund. Moreover, the development approach being followed by the government was accepted and supported by many development partners. Many international communities have expressed their interest and entered into an agreement with Ethiopian government to provide financial and technical assistance for the success of the program. The following table shows the amount of financial support from different international communities for the WaSH program being implemented in the country:

Table 1.1: Number of woredas, Target Population & Financial Supports from Different Donors for WaSH Program's Implementation in Ethiopia (Birr in Million).

Source of Fund	Total Allocated Budget		Implementation Period	Number Of Target woredas		Target Population (in thousands)	
	Nation-ally	For Oromia Region		Nation-ally	Oromia Region	Nation-ally	Oromia Region
IDA	538	160	2005/06-2009/10	*204	*84	2,000	650
AfDB	552	232	2007-2009	122	41	2,450	890
DFID	1,246	306	2007-2011	*204	*84	3,000	1,000
UNICEF	2,953	983	2007-2011	120	27	6,000	1,998
Total	5,289	1,681		446	152	13,450	4,538

Source: MoWR, WaSH Program Coordination Unit & Oromia Water Resources Bureau.

Note:- (a) * IDA and DFID are operating in the same woredas.

- (b) Allocation of budget from IDA is (62% for rural program, 33% for urban program & 5% for program management). Thus, budget allocated from IDA refers only that allocated for rural program. On the other hand, budget from AfDB, DFID and UNICEF are 100% allocated for rural program.
- (c) Amount of budget allocated for WaSH program is not limited only to what is mentioned in the above table. But, additionally there is significant amount of matching fund from government side. There is also a minimum of 5-10% community cost sharing. There is

also government budget for big projects implementation through conventional methods, NGOs and other donors inputs as well.

The researcher was interested to study the achievements of the program in the region and the challenges that the program is encountering in the course of implementation with the case study of Bereh woreda. Bereh woreda was selected taking the following considerations:

- Due to its proximity to Addis Ababa that would facilitates & makes easier the research work. Because, as the Regional Program Coordination Unit, Federal Program Coordination office and the University where the researcher learning are found in Addis Ababa, it facilitates much in collecting the required primary and secondary data from these pertinent organizations by going back and forth.
- Familiarity of the researcher to the study woreda.

Strategic plan of the study woreda for program's implementation was prepared for five years (2005/06 - 2009/10). It was planned to reach water supply, sanitation & hygiene coverage of the woreda 100% within the specified program period. As the program document indicates the fund to implement different projects under the program is expected to be secured from World Bank with matching fund required from government (10%) and user communities (minimum 5% cash contribution). It is also stated that any fund that could be obtained from NGOs and other donor organization for water supply, sanitation and hygiene development activities will be incorporated within this plan (Bereh Woreda RWSSHP WASH Plan, 2005).

At the base year, the water supply coverage of the woreda was 37.67%. Segregated by rural and urban it was 23.84% and 87.52% respectively (refer Annex-5). To reach 100% rural water supply & sanitation coverage within five years, it was planned to construct 55 spring on spot, 197 hand dug wells, 47 shallow wells, 7 deep wells and 10,971 household latrines (refer Table-3). Beside the hardware components, in order to bring changes in hygiene behaviour of rural people, a continuous and synthesised hygiene education/promotion activities will be conducted within the communities and schools with spearhead facilitation of health extension workers and community facilitation team experts.

A total of about 20.85 million Birr was budgeted for the program's implementation. Of the total budget, about 19.08 million Birr (92%) was allocated for water supply projects and the remaining 1.77 million Birr (8%) was for sanitation facilities and hygiene education/promotion

activities. On the other hand, from the total budget, about 3.7 million Birr is expected from user communities as community matching fund, about 1.91 million Birr as government matching fund & the remaining 15.24 million Birr (75%) is expected from World Bank and other possible donor organizations (Bereh Woreda RWSSHP WASH Plan, 2005).

1.2 STATEMENT OF THE PROBLEM:

These days, from local to global level due attention is given in the way to bring sustainable development. There are a number of natural, social, economic, political ... etc factors that contribute for attainment of sustainable development at societal or national level. Among these, the fulfilment of basic social services for human beings is the first and foremost factor in this respect. The provision of safe drinking water and sanitation facilities is one of the primary social services directly or indirectly connected to human life and development. Lack of access to safe water and sanitation has a sever effect on human health, exacerbates poverty and undermines economic development. It is estimated that at any given time nearly 50% of the population of developing countries is suffering from health problems linked to inadequate water and sanitation (SDC et al., 2007:xix). Similarly, lack of access to water and sanitation facilities and poor hygiene practices are identified as major causes of morbidity and mortality in Ethiopia, and significantly hinder the achievement of the Millennium Development Goals (EUWI, 2006:4).

Worldwide today, over 1.1 billion people lack access to basic supply of water from a clean sources likely to be safe and over 2.6 billion people lack access to adequate sanitation facilities, which are the primary cause of water contamination and diseases linked to water (SDC et al., 2007:xix). Under the existing situation, it is objectively seen that access to safe drinking water is a good indicator for an individual, family or community's standard of life. The higher the chance of access an individual, family or community have for safe drinking water, the better their standard of living.

"... Access to a safe water supply is an indicator of levels of poverty. The UNDP Human Poverty Index- a multidimensional measure of poverty which incorporates in one composite index the four dimensions of human life: a long and healthy life, knowledge, economic provisioning and social inclusion- states that "In developing countries lack of access to health services and safe water and the level of malnutrition capture deprivation in economic provisioning more practically than

other indicators". Water supply is therefore an important component of one internationally accepted poverty index (Alan, 1999:5).

In Ethiopia, much effort has been done to provide water supply and sanitation services for the whole population. However, the coverage is a bit higher than half (50%) for both water supply and sanitation at national level. The problem is not only our low access but also our unreliable condition to maintain even that level. Different studies conducted in the sector show that the following are the major problems for the existing low progress:

- Supply-driven development approach,
- Failure to integrate water supply & sanitation activities,
- Limited financing for expansion and improvement of the services,
- Weak implementation capacity of responsible bodies, especially at regional and woreda levels,
- Poor stakeholders' coordination,
- Poor user communities' participation,
- Low level participation of private sector,
- Poor institutional arrangement,
- Lack of clear cut duties and responsibilities among stakeholders,
- Poor monitoring & evaluation system,
- Poor Operation & maintenance system and absence of spare parts supply chain, and the like.

Hence, Ethiopian government has recently adopted a new development strategy under which it can overcome the aforementioned problems and foster the development success in the sector. The new approach is being implemented in rural areas under what we call Rural Water Supply, Sanitation and Hygiene Program (RWSSHP). This approach was designed for Ethiopia from other developing countries in Africa and early experiences in Ethiopia (Guide to Results-Based Planning & Management of the Woreda RWSSHP, 2005).

The principal strategy of this new approach is to capacitate all stakeholders, mainly the program owners (woredas) and user communities so that they own and manage their systems in sustainable manner. Having a capacity started to be built and further to be strengthened through experience, each program woreda and user communities are expected to prepare their water supply, sanitation & hygiene strategic plan for five years, and from which annual plans will be drawn. The implementation of the envisaged program needs to be properly monitored and

evaluated to attain the intended objectives. On the other hand, all water supply, sanitation and hygiene promotion activities in each program woreda need to be integrated to bring better results.

According to 2001EC (2008/09) second quarter report of Oromia Water Resources Bureau, from commencement of the program until December 2008 about 670,850 rural population had access to safe drinking water from different schemes constructed under the program. This shows that of the total target population only 14.8% had an access. The same report also shows that the utilized budget was 217,353,348 which is about 12.9% of the total budget allocated for the program. Therefore, for IDA & AfDB supported woredas, being in the last year of the program' period and for Unicef supported woredas being at mid year of the program' period, it is clearly seen that the achievement of the program so far is much behind its plan both in terms of number of beneficiaries and utilized budget.

In terms of capacity building of the sector, most of the established regional and woreda level consultants were dissolved after termination of their contract under IDA program. The integration of the program activities is also progressing with very slow rate almost where all stakeholders, mainly the co-signatory bureaus are functioning independently as usual.

Similar to regional level situation, different program's progressive reports from Water Office of the study woreda as well as WSG contract completion report indicate that the achievement of the program in the woreda both in terms target beneficiary and utilized budget is much less than its plan. The established local consultants (CFTs) were totally dissolved. More over, program integration is so weak that all stakeholders independently plan, implement, monitor & manage water supply, sanitation hygiene development activities.

It is assumed that the problem starts from planning of the program itself, i.e. the program owners and users didn't own to plan by themselves, the expected financial resources are not obtained; there is no well established system of monitoring & evaluation and no strong integration of program's activities.

Though there is due attention from government side and great financial and technical assistance from different donors, the absorption/implementation capacity lags much behind the opportunities the country has obtained. All stakeholders tend to think and do in the usual

manner. And if the country doesn't use this opportunity, she may not get it easily in the future and likely to further deepen the poverty level. Thus, it is wise to undertake the assessment of the program's implementation so far and forward recommendations that could assist its improved implementation in the future. Accordingly, in this study it was tried to assess the achievements attained so far and challenging factors encountering the implementation of Rural Water Supply, Sanitation and Hygiene Program in Oromia region taking the case study of Bereh woreda.

1.3 OBJECTIVES OF THE STUDY:

General Objectives of the Research:

The overall objective of this study is to assess the achievements and challenges of Rural Water Supply, Sanitation & Hygiene program (RWSSH) implementation in Oromia region with particular reference to Bereh woreda.

Specific Objectives of the Research:

- To evaluate the planning process of the program in the study woreda.
- To assess improvements seen in water supply & sanitation facilities/access attained/ in the study woreda since the commencement of RWSSH program.
- To evaluate the monitoring and evaluation system of the program under implementation in the study woreda.
- To identify stakeholders coordination/program's integration problems at different levels of government structure, particularly in the study woreda.
- To assess in what terms a capacity of the study woreda has been built under the program.

1.4 RESEARCH QUESTIONS:

- How did the planning process of the program take place in the study woreda? Was it participatory and each stakeholder properly discharged its responsibilities? What shortcomings were seen in the process?
- What improvements were seen in water supply & sanitation services in the study woreda since the commencement of RWSSH program? How is the rate of achievement versus plan so far and from the overall program's target?

- How did monitoring & evaluation of the program's implementation have been undertaken in the study woreda? Has it been participatory and contributing to betterment of program's implementation?
- What are the existing stakeholders' coordination/program's integration problems at different structures of the government with regard to the program's implementation, particularly in the study woreda? What steps have been gone through to integrate program's activities? What empirical factors are hindering stakeholders' coordination?
- In what terms do the capacity of the study woreda has been built under the program? How reliably the local capacity was created to plan, implement and manage the program by themselves? What shortcomings were encountered in this respect of the program's implementation?

1.5 SIGNIFICANCE OF THE STUDY:

It was found important to undertake this research for the following major reasons:

- The study has come out with some important recommendations that might help to improve the performance of the program in the study woreda in the future.
- Since the program is on-going program, the study result might help the regional Water and Health Bureaus to review their performance in the study woreda as well as similar other woredas under the program.
- Hopefully, the study result will give some hints for national and regional policy makers in the way that they can formulate a better and applicable Strategic Planning Guidelines for Rural Water Supply, Sanitation and Hygiene program.
- The program is being implemented in significant number of woredas in the study region. Thus, the research out put in the case study woreda may give a clue to undertake a research at broader level and hence leads to seeking a solution for region-wide problems encountering the implementation of the program.

1.6 SCOPE AND LIMITATIONS OF THE STUDY:

The study has the following limitations:

- The assessment of Water Supply, Sanitation and Hygiene Program requires the input of different professionals. Thus, researchers' assessment may not be technically sound enough to answer all questions. Nevertheless, the overall and major elements of the program's implementation situation was tried to be assessed.

- Compared to wide geographic area of Oromia region and great number of woredas in which the program is being implemented, it would have been wise and reasonable to assess the implementation of the program taking large number of program inclusive woredas. Nevertheless, due to extensive nature of the program, the research is limited to the study of the program's implementation in the region with a case study of only one woreda.
- Factors that positively or negatively influencing effective implementation of the program are not limited with what was dealt in this study. There are other important factors like institutional arrangements for program's implementation, financial management of the program and etc. which are not dealt in this study.
- Behavioural change in hygiene condition of the rural population is one component of the program. But, due to the fact that measurement of behavioural change is very tough and requires longer period and special skill, this component of the program was not well dealt. However, it was tried to be deduced from the rate and quality of improvements in the sanitation facilities.
- This study refers only to rural component of the overall WaSH program, i.e, Rural Water Supply, Sanitation and Hygiene Program (RWSSHP). The researcher is interested only to the rural component for the following reasons:
 - both rural and urban components are independent programs,
 - it will get so vast to deal it in detail with both programs,
 - the problems of water supply, sanitation & hygiene are more serious in rural areas, and
 - as shown in Table 1.1 most of the donors are interested only to rural component.
- Despite all the above mentioned limitations, this study is expected to be helpful in providing information on challenges encountering the implementation of rural water supply, sanitation and hygiene program and necessary cautions need to be taken in similar other program inclusive woredas, particularly those will be entered into the program in the future.

CHAPTER TWO:

2. LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 DEFINITION OF OPERATIONAL TERMS

Beneficiaries refer to Persons who directly benefit from the program.

Baseline data means information about the current situation that enables us to plan and measure change over time.

Community Facilitator Team means a group of experts comprising of Social worker, Sanitarian and Operation and Maintenance experts organized and contracted by a given program woreda to provide community organization and mobilization activities, sanitation and hygiene promotion and technical assistance regarding construction, operation & maintenance of water supply and sanitation activities in the woreda.

Cost coverage means in water supply systems the cost of O&M and depreciation cost need to be incurred to sustain the service and replace the existing structures with another when it finish its life time.

Demand-driven means the initiation and leading role of actual users of a given development activity/project/program in the whole course of its planning, construction & operation/management.

Effective Implementation of the program means the translation of each planned activities of the program into practice as assumed to be for the success of program's objectives and hence the attainment of the intended results.

Flat tariff rate means fixed and the same amount of payment by each user household per month for water supply service they obtain.

Local Service Providers means a group of local artisans organized and contracted by a given program woreda to undertake the construction, operation & maintenance and supply of spare parts for water supply and sanitation development activities in the woredas.

"No Objection" means a permission given by a donor for an assistance receiver for continuation of a given activity upon request by assistance receiver as per the agreement made between the parties.

'Off- Site' sanitation system refers to the using of sewerage system in discharging of liquid wastes and taking of solid wastes to its final disposal place out of the working and residential place.

'On-site' hygiene and sanitation refers to blocking of faeces from entering the living environment through the safe management of faeces, hand washing practices at critical times and the safe water chain from source to mouth at an individual, household and village levels.

Outcome means a development result/s (positive change/s) achieved over the longer-term through the achievement of a number of outputs

Output means a development result/s (positive change/s) achieved in the short-term through project activities.

Program Management Team is the same as saying Woreda WaSH Team.

Progressive tariff rate means the increment of a water tariff with increment in the quantity of water used.

Project Cycle means a sequence of communities and woreda actions and interactions designed to establish improved community-managed water supply, sanitation and hygiene system.

Results-based means an approach to planning and management that focuses on defining, organizing and taking action for specific, measurable/observable expected results.

Sanitation: In this study document sanitation refers only to availability and/or provision of facilities for safe disposal of human excreta, i.e. latrine & hand washing facilities.

Sanplat means a "sanitation platform" for use above a pit latrine.

Social marketing. Social marketing is about applying commercial marketing techniques to social programmes to improve their effectiveness. It is a systematic strategy in which acceptable concepts, behaviours or products, and how to promote, distribute and price them for the market are clearly defined.

Social tariff refers to a minimum O&M tariff for water supply service set by considering its affordability by poor communities.

Society refers to human population at country or national level.

Stakeholder means a person or a group or an organization that has a direct interest in the program as beneficiaries, collaborators, donor and/or as investors.

Strategic Plan Committee is an ad hoc committee comprised of multi-professionals from different stakeholders established and authorized by the woreda council to prepare a five years water supply, sanitation and hygiene strategic plan for a woreda.

Supply-driven means the initiation and leading role of a given development activity/project/program by an outside supplier or donor for actual users in the whole course of its planning, construction & operation/management.

Unaccounted for water means the difference between the volume of water delivered to a supply system and the volume of water accounted for a legitimate consumption.

WaSH Program means Water Supply, Sanitation and Hygiene development Program being implement in Ethiopia, which has two broad and independent components, i.e. Rural and Urban components.

Water, Sanitation and Hygiene Board is an administrative unit democratically elected from two or more WASHCOs to manage water supply and sanitation system that benefit users in two or more kebeles. A Board is being established on a single water supply source with multi-villages systems.

Water, sanitation and Hygiene committee (WaSHCO) is an administrative unit consisting of 5 to 9 members democratically elected from user community to manage their water supply and sanitation system that benefit users in one kebele.

Water Supply: For the purpose of this study water supply implies the provision of drinking water for human & animal consumption and other household uses.

Woreda Support Group refers to a consultant or consulting group contracted by the Regional Water Bureau to provide start-up assistance (over 2yrs.) to the Woreda in preparation and implementation of the Woreda RWSSH Program.

Woreda WaSH Team means a group comprised of "a woreda administrator, heads of a woreda's Water, Health, Education, Women Affairs & Finance and Economic Development" established and authorized by the woreda council to manage the overall RWSSHP in the woreda. The team is also called Program Management Team (PMT).

2.2 APPROACHES IN WATER SUPPLY AND SANITATION DEVELOPMENT

Every society or nation has different resources either naturally endowed or acquired with human efforts. The sustainability of socio-economic development in every society is largely determined in the way these resources are managed. The management of some resources has multifaceted effects and powerful to determine or influence the overall system of development. The management of water resources, especially in countries like Ethiopia which are naturally endowed with abundant water resources potential should get due consideration to bring a sustainable socio-economic development.

Our development approach determines our management system of resources, and our management system in turn determines our access to resources and hence our standard of

living. The extent to which water resources will contribute to sustainable livelihoods will depend on availability, the nature of rights of access, the system of management and the technology with which the resources are exploited (Dessalegn, 1999:2).

According to Sylvain (2006:xix) as water managers we understand that anyone without access to a reliable source of good quality water is poor. The poor are forced to drink from contaminated rivers, to share their springs with livestock, to watch their meager crops get dry and die when the rain fail. Continuing Sylvain has stated (2006:xxiii) " ... the management of and access to water resources are identified as key aspect of poverty reduction, agriculture and food security, and sustainable development in developing, transitional and developed countries worldwide".

In the 20th century a supply-driven or top-down approach has been implemented throughout Africa and indeed worldwide, resulting in increased infrastructural developments in water supply and irrigation schemes. For decades, such infrastructures of water resources have been centrally controlled and managed with the aim of meeting industrialization and urbanization demands, increased agricultural production needs and domestic water supply and sanitation needs. Such development approach haven't been giving due consideration for environmental and social factors as well as for sustainability issue (Sylvain, 2006).

As water resources became scarcer, users more diverse and uneven a new development approach (demand-driven or bottom-up approach) was evolved paying due consideration for sustainable development with sound water management. The following points are the key principles under the new approach (Sylvain, 2006:xxii):

- Decentralization and development of new forms of local governance;
- Participation and the quest of greater equity;
- Liberalization and the need for financial viability and economic soundness;
- Overall state/public withdrawal in technical and financial terms and the need for new private-public partnerships; and
- Sustainability and especially the need for meeting environmental needs and concerns.

In respect with water supply and sanitation development, the demand-driven approach is largely linked with Community Management concept. Its gives due consideration for

community planning, implementation and management of water supply and sanitation services in a sustainable way.

The theoretical framework that support community management largely vary from neo-liberal perceptions that advocates reduced government involvement to people first and empowerment approaches (IRC, 2008). Community Management approaches did not come into existence spontaneously, but with trail and error of long and different development approaches practiced in the rural water supply sector. The current community management approach was originally begun with the involvement of the community in terms of labor, cash and local construction materials contributions in systems' construction.

With its current status/ approach community management of water supply and sanitation systems came into being during the IDWSSD /International Drinking Water Supply and Sanitation Decade (1980s)/. Among other factors, there are two major underlying reasons for the evolving of community management in rural water supply and sanitation sector (IRC, 2008). These are :-

- i) The conventional method of water supply and sewerage systems development projects funded by government and donors were complex and only affordable to an elite minority, leaving a large majority of rural population without service of any kind. This notion had encouraged the need for development of simple and low-cost systems with active participation and leading role of user communities, and
- ii) During IDWSSD, it became evident that services delivered by supply driven projects that had been managed by public institutions were not sustainable in most cases.

The current water supply and sanitation crisis is caused by issues related to poverty, inequality and unequal power relationships. Water and sanitation policies and programs all too often exclude marginalized groups and areas such as informal settlements and arid areas (SDC et al., 2007:xix).

As a result of these, "... in New Delhi in September 1990, for the first time at a global water conference community management was endorsed in the guiding principle. ... at the start of the 21st century that community management is finally ready to grow up from being an interesting pilot approach to take its place as paradigm of choice for rural water supply & sanitation throughout the world (IRC, 2008). Nevertheless, we can not talk of Community Ownership and Management's perfectness under any circumstances. Because, among other factors, it could get effective only if there are commitment, accountability and responsibility

feelings/deeds among users and leaders of the systems. On its publication entitled "Participatory Learning and Action Notes", International Institute for Environment and Development (1999:23) has described: "... Community Management is not 'magic wand' for solving problems in the water sector, or for governments who are keen to decentralize or privatize water provision. Neither is it a recipe that can be replicated wholesale as a blueprint".

At large, there is no single approach universally valid life long. Because, the societies or communities are existing within ever-changing social, economical, physical, etc. environments. At any given time, a development approach that is valid is the one that is responsive to both internal and external environments (Alan, 1999).

In Ethiopia, as there have been close interaction with international communities with regard to the sector and the aforementioned practices have been fully applied in Ethiopian context, and it is possible to say that the country has shared the same historical experience. As the information obtained from the Ministry of Water Resources and National Water Resources Policy dictates, the country has adopted Community Management as a guideline for rural water supply & sanitation systems' management, especially it is being used as a principal tool for implementation of UAP.

Currently, in Ethiopia there are two types of community management levels/types for rural water supply and sanitation systems. These are :

- i) Water Supply and Sanitation Committee (WASHCO).
- ii) Water Supply and Sanitation Board (OWRB, 2002).

On the other hand, the other most important aspect of the current demand-driven approach is the integration of water supply facilities' development with that of sanitation facilities and promotion of hygiene education. In this respect, water supply development programs are generally intended to improve the health, social and economic conditions of individuals within communities; and improvements in health can only be achieved by an integrated approach which includes safe water supplies, effective sanitation and an emphasis on good hygiene practices through complementary hygiene promotion activities (Jan et al., 1993).

2.3 WATER SECTOR DEVELOPMENT IN ETHIOPIA

2.3.1 The Water Sector Policy:

It is believed that water resources have significant contribution in socio-economic development of a given country if the resources are properly utilized. Again for proper utilization of the resources, among other factors a sound policy document, an effective strategy for policy implementation and reliable financial capacity are critically important. Development activities carried out so far in the water sector in Ethiopia in general shows a very low level of performance. The Major factors for this low performance and the reason for the failure of the country's water resources to significantly contribute to the overall socio-economic development of the country is the absence of a well defined policy till recent time and the lack of huge investment that the sector requires (The FDRE MoWR, 1999).

Until recent years , the lack of a comprehensive water resources management policy in Ethiopia have so far caused adverse effects among which the following are the major ones to be mentioned (The FDRE MoWR, 1999:ix):

- The lack of a sustainable and reliable water resources management strategy,
- Lack of efficient utilization of water resources,
- Prevalence of unrealistic and unattainable plans and programs,
- Non-objective oriented programs and projects,
- Uncertainties and ambiguities in planning,
- Prevalence of intensive centralism of management that does not focus on rural development,
- Lack of institutional stability,
- Lack of operation and maintenance activities of water schemes, and
- Ad hoc development practices lacking coherent objectives and continuity.

At present, though the policy was formulated and the country has a general direction as how the water resources management system should look like, it is not possible to say that the country has overcome all the aforementioned problems. Most of the problems still prevail & persist to be critical problems for different development endeavors being made in the sector.

To mention some of the persisting problems, at present unaccounted for water is about 20 - 45 % across water supply systems in Oromia region (OWRB, 2000EC) which shows high inefficient utilization of water resources to date. Our underachievement in different

development programs and plans (e.g. UAP achievement so far, WaSH Program achievement so far, and etc) indicate the prevalence of unrealistic and unattainable plans and programs. Lack of reliable data base in the sector (e.g. failure to know exact water resources potential of the country, different figures regarding water supply & sanitation coverages at different levels, ... etc) implies uncertainties and ambiguities in planning. Lack of institutional stability might be also one of basic factors for our underachievement, absence of reliable data base and poor planning. For this instance, as information obtained from personnel division of OWRB, the Water sector of the region has been restructured five times since 1991. Poor performance of operation and maintenance activities is reflected by the existing high percentage of non-functional water supply schemes. Ministry of water Resources Water Sector 2007/08 PASDEP Progress Report shows 20% of rural water supply schemes are non-functional. It is about 21.6 % for Oromia region in 1999 EC (OWRB, 1999).

2.3.2 Integrated Water Supply and Sanitation Policy:

In Ethiopia since long time much effort has been made by the user communities, government and non-government organizations to improve the situation of water supply and sanitation in the country. But, the achievement so far is still very low even by Sub-Saharan African standards (The FDRE MoWR, 1999:viii). It is believed that one of the major reasons for this low achievement is lack of integration and coordination of these activities. All stakeholders used to operate independently where there are duplication efforts which exposed the country for much wastage of resources and time. In such a practice there is also no chance of experience sharing to avoid mistakes done in one place and replication & scaling up of good results.

In the area of water supply and sanitation the concept of integration is accepted not only from view point of pulling together the efforts of different stakeholders into single coordinated system, but it is also believed that the fulfillment of one without the other is not much meaningful. In order to create an healthy and productive households, communities, and hygienic society at large, water supply and sanitation facilities need to be fulfilled together.

These days, globally, nationally and locally the importance of integrating water supply and sanitation facilities as well as hygiene education is widely accepted and being practiced. In Ethiopia the following points are the major elements & justifications for the needs of 'Integrated Water Supply and Sanitation Policy (The FDRE MoWR, 1999:27-28):

- Recognize that water supply and sanitation services are inseparable and integrated at all levels through sustainable and coherent framework,
- Promote as far as possible that the development as well as the operation and maintenance of water supply and sanitation systems are carried out at decentralized and appropriate body,
- Ensure efficient and sustainable management of water supply and sanitation system by avoiding fragmented management on one hand and at the same time by avoiding over-centralization of management,
- Create conducive situation for participation of all stakeholders in integrated water supply and sanitation activities and legalize the same,
- Develop national standards, guidelines and procedures on the different aspects of water supply and sanitation, and
- Work in partnership with all concerned for water supply, drainage and wastewater master plans in major urban areas and prepare water supply and sanitation strategies in rural and other urban centers.

2.3.2.1 Objectives of Water Supply and Sanitation Policy:

The overall objectives of water supply and sanitation policy is to enhance the well-being and productivity of the Ethiopian people through provision of adequate, reliable and clean water supply and sanitation services and to foster its tangible contribution to the economy by providing water supply services that meet water users demands for different purposes. The following are detail objectives of the policy (The FDRE MoWR, 1999:21):

- Provision of, as much as conditions permit, sustainable and sufficient water supply services to all the peoples of Ethiopia,
- Satisfying water supply requirements for livestock, industries and other users as much as conditions permit,
- Carry out operation and maintenance of all water supply and sanitation services in a sustainable and efficient manner,
- Promoting sustainable conservation and utilization of the water resources through protection of water sources, efficiency in use of water as well as control of wastage and pollution,
- Creating sustainable capacity building in terms of the enabling environment, including institutions, human resources development, legislation and regulatory framework for water supply and sanitation, and

- Enhancing the well being and productivity of the people by creating conducive environment for the promotion of appropriate sanitation services.

2.3.2.2 Water Supply & Sanitation Finance and Tariff:

Water supply and sanitation services are one the basic social services that need to be provided for users without interruption continuously, and one of the major means of ensuring this sustainable provision is to rely oneself on reliable financial sources and the provision of the services with reasonable tariff.

The former development approach in the sector, i.e. supply driven approach where users had hardly participated in development endeavors was ended without sustainable development in most case. Thus, currently it is believed that users need to be the principal source finance for any development activities done for their benefit.

Since water supply projects are highly capital intensive, these days in Ethiopia, it is believed that the government and any donor organization is expected to finance only the initial investment cost with active participation of user communities in the form of cash, labor and local construction materials contribution in all construction activities. After completion projects' construction, user communities are expected to fully takeover to manage the operation of the systems and fully cover the operation and maintenance cost. The water supply service is need to be provided for users by selling tariff that was decided considering the willingness to pay of users and affordability of the tariff by the users. As regard to sanitation facilities at household level, each and every household is expected to fully cover the construction of the facilities to his/her own choice of technology and economic ability, but conform to the minimum standard:- access to a sealed, used, cleaned and maintained latrine with an operational hand washing facility (Federal Democratic Republic of Ethiopia Ministry of Health, 2006:26).

The following are the major points regarding finance & tariff of rural water supply and sanitation facilities as depicted in the policy document (The FDRE MoWR, 1999:23-24):

- Promote self financing of programs and projects at the local level,
- Provide subsidies to communities who can not afford to pay for basic services on capital costs only; based on established criteria and phase out subsidy gradually,
- Ensure that all water supply undertakings will adequately address costs associated with

- Extending water supply and sanitation coverage to large segments of the society, thus achieving improved environmental health conditions.
- Generating additional hydro-power.
- Enhancing the contribution of water resources in attaining national development priorities.
- Promoting the principle of integrated water resources management.

In line with this and more specifically, the objective of The Water Supply and Sanitation Sub-sector Strategy is:

" to develop viable and implementable guidelines that promote the sustainable, efficient, effective, reliable, affordable and user-acceptable development of water supply and sanitation services, including livestock watering in Ethiopia (The FDRE MoWR, 2001:2).

The National Water Supply and Sanitation Strategy is part and parcel of the overall socio-economic development strategy of the country in the view that the provision of drinking water supply and sanitation facilities is indispensable to create a healthy and productive society. The strategy was formulated in such a way to popularize and convince all stakeholders to understand, own and manage the development agenda regarding water supply and sanitation issues (The FDRE MoWR, 2001).

PRIORITIES IN WATER SUPPLY AND SANITATION STRATEGIES

It is obviously known that development plans are usually divided into long, intermediate and short term plans. Long term plans are a guideline for development process. Thus, it serves as a guideline for the preparation of intermediate and short term plans. Intermediate plans are still a statement of intentions and options. On the other hand, short-term plans are a translation of intermediate and long term plans into action in the light of anticipated circumstances and available resources. Yet, all plan types are reinforcing and coherent to one another (Development Project Study Agency, 1981).

It is very common to include urgent and critical actions in the short-term plans. Success or failure of actions/measures in the short-term determines what should be done next--whether implementation of these actions/measures should continue, or how the scope and direction of these actions/measures should be adjusted, or if some additional actions/measures should be put in place etc. Successful implementation of these actions/measures in the short-term will

secure necessary basis for the implementation of more complex actions/measures in the medium and long-term plans (Development Project Study Agency, 1981).

Accordingly, the following are the major elements of water supply and sanitation strategic issues prioritized and put in short-term plan (The FDRE MoWR, 2001:32-33):

- Identify the most appropriate, efficient, effective, reliable and affordable WSS technologies which are demand driven and have great acceptability among the local communities. Evaluation of past schemes could help in this identification. Promote these technologies in the new schemes.
- Develop national standards, specifications and design criteria which are rational, affordable, acceptable, implementable and sustainable for the design, installation, implementation, operation, maintenance and inspection of the WSS systems.
- Develop standards for different types and levels of sanitation systems--including both onsite and off-site, non-water dependent and water dependent systems.
- Formulate procedures and processes to carry out routine and specialised O&M activities for different types of WSS systems. Prepare manuals to facilitate and guide the implementation of these activities.
- Promote and encourage water conservation through regulatory and demand management measures such as water pricing and public awareness in those existing systems where efficient utilisation of water is as feasible as development of a new schemes.
- Determine a 'social tariff' for poor communities which minimally covers operation and maintenance costs. Develop special flat rate tariffs for communal services like hand pumps and public stand posts.
- Establish progressive tariff rates in the urban areas tied to consumption rates which are simple and easy to implement. Regularly update the pricing structure with the objectives to achieve cost recovery and improve water use efficiency. While establishing pricing structure, consider the costs to be covered vis-à-vis the consumers' ability to pay.
- Strengthen the role of the higher level public sector institutions in regulatory, supportive and facilitative aspects; and assign more responsibilities to the local level institutions concerning implementation, management, monitoring and supervision of WSS schemes.

- Develop a comprehensive and well coordinated training plan to strengthen the technical capacities of national professionals, both in formal and informal sectors, to enable them to deal with different aspects of WSS systems. Start implementing the program.
- Initiate a capacity building program to strengthen the capacity of water users associations (water committees/water councils) so that they may make independent informed choices, and remain and serve as a focal point in the WSS management structure.
- Establish and legalise a process for the participation of all stakeholders (formal and informal) to ensure efficient management of WSS systems. In this regard, promote participatory, consultative and consensus building methodologies so as to enhance the involvement of users at different levels of decision making.
- Pay special attention to the role of women while establishing community based structures for the management of localized WSS systems. Train them in the O&M procedures.
- Make it mandatory to include WSS services in future urban development plans, especially the housing schemes.

2.3.4 THE WATER SECTOR DEVELOPMENT PROGRAM

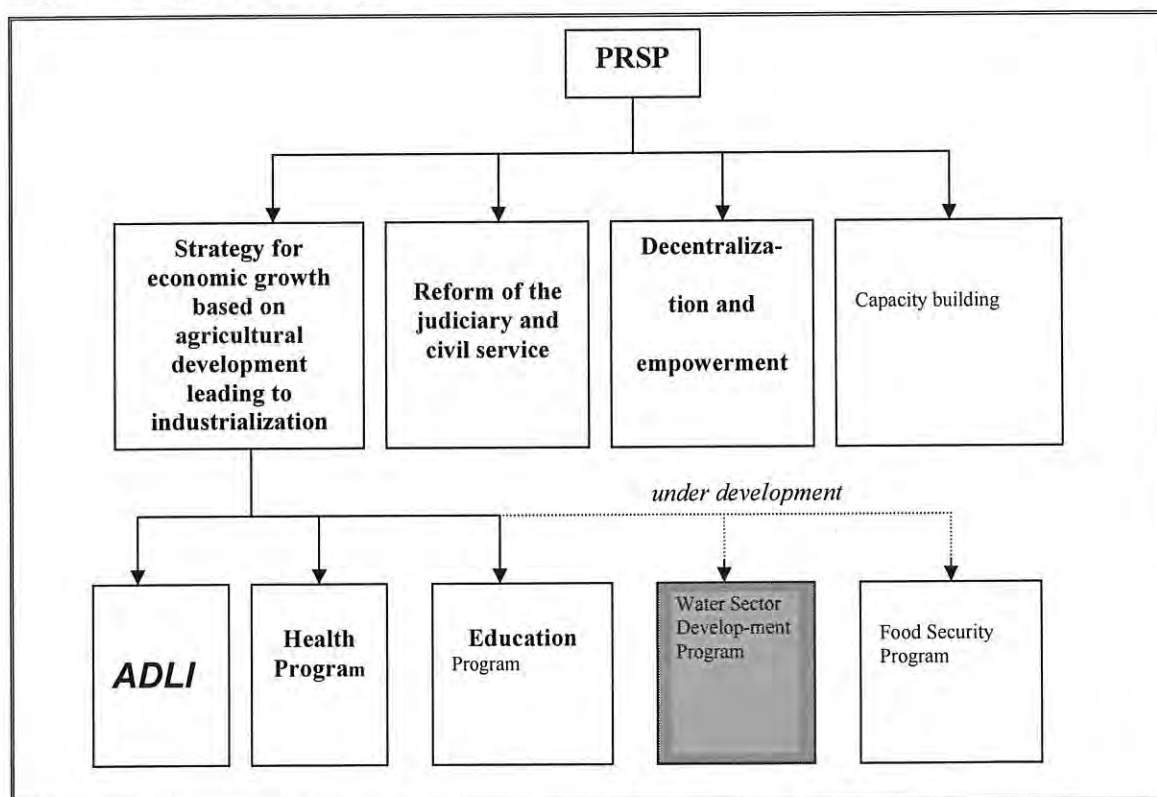
The preparation of Water sector Development Program (WSDP) is the last in the series of the preparation of Water Resources Management Policy, National Water Strategy and WSDP itself. The national water strategy provides a roadmap to translate the policy into action and WSDP defines concrete interventions in terms of projects and programs to achieve the water policy objectives using the guidelines set under the national strategy (FDRE MoWR, 2002).

Water Sector Development Program has a planning period of 15 years which is sub-divided into three 5-years period, i.e. short-term (2002 - 2006), medium-term (2007 - 2011) and long-term (2012 - 2016) in order to fit with the existing practice of 5-years overall government development plans at Federal & Regional levels (FDRE MoWR, 2002:iv). Nevertheless, though it is sub-divided into three 5-years periods, it doesn't correspond with existing federal & regional development plan periods. For instance the existing PASDEP program extends from 2005/06 - 2009/10 and none of the three 5-years development plans of WSDP coincide with it. The major feature of WSDP is the inclusion of priority projects from river basins master-plan studies, and those identified by different stakeholders, especially those prioritized by regional

governments. It provides an inventory of projects to be implemented over the period of 15 years (2002 - 2016) with required investment cost (FDRE MoWR, 2002).

Water Sector Development Program was prepared during the second 5-years development plan under current Government (2000/01 - 2004/05) during which poverty reduction was the core development agenda of the Government. For this period, the government was issued Poverty Reduction Strategic Paper (PRSP). With PRSP, the Government has committed itself to ensuring sustainable economic growth and development & improving access to basic social services. The WSDP is contributing to major socio-economic targets such as increasing the number of people accessing to safe drinking water, improving food security through irrigation development and increasing the national hydro-power production by constructing dams. Fig1 illustrates the linkages between PRSP as the national development framework and the other national and sectoral programs including WSDP.

Fig1: PRSP and Related Programs.



Source: FDRE MoWR Water Sector Development Program (2002:2)

Enhancing the number of people accessing to safe drinking water is one of the major development targets of WSDP. At base year (2001) of the development program water supply coverage of the country was about 30.9%. It was planned to reach 76% at the end of the program period.

Table 2.1: Water Supply Coverage Targets of WSDP:

Region	Existing Situation			End of 2006			End of 2011			End of 2016		
	Total Population '000	Coverage %	Population to be served '000	Total Population '000	Coverage %	Population to be served '000	Total Population '000	Coverage %	Population to be served '000	Total Population '000	Coverage %	Population to be served '000
Addis Ababa	2,570	70	1,799	2,973	95	2,824	3,418	100	3,418	3,883	100	3,883
Afar	1,243	16.5	205	1,389	32.6	453	1,540	48.8	752	1,695	65.1	1,103
Amhara	16,748	30.7	5,136	19,120	43.2	8,266	27,175	55.5	12,045	24,484	67.3	16,476
Benishangul G Gumuz	551	20.3	112	625	40.5	253	706	52.5	371	791	64.5	510
Dire Dawa	330	59.5	196	398	70.6	281	474	92	436	555	97.8	543
Gambella	216	17.6	38	247	28	69	279	44.2	123	311	53	165
Harari	166	22.7	38	196	29.5	58	228	78.7	179	265	90.6	240
Oromia	23,023	31.2	7,175	26,553	47.6	12,632	30,410	65.8	20,019	34,476	83.2	28,685
Somali	3,797	13	464	4,329	23.6	1,023	4,919	40.8	2,006	5,537	56.9	3,151
South (SNNPR)	12,903	28.6	3,691	14,902	38.3	5,709	17,035	50.2	8,548	19,247	71.3	13,725
Tigray	3,797	34.1	1,296	4,335	52.9	2,293	4,923	72.2	3,557	5,551	92.3	5,122
National	65,344	30.9	20,180	75,067	45.1	33,862	85,647	60.1	51,453	96,795	76	73,604

Source: FDRE MoWR Water Sector Development Program (2002:7)

When the program target is segregated into rural and urban components, it was planned to increase the urban water supply coverage from 74% to 98% with execution of the following major activities:

- Completion of study and design for 391 towns,
- Construction works for 402 towns,
- Rehabilitation works for 112 towns, and
- Study and design works for 109 cities and towns for sewerage projects.

On the other hand, under rural component it was planned to increase rural water supply coverage from 23% to 71% with execution of the following major activities:

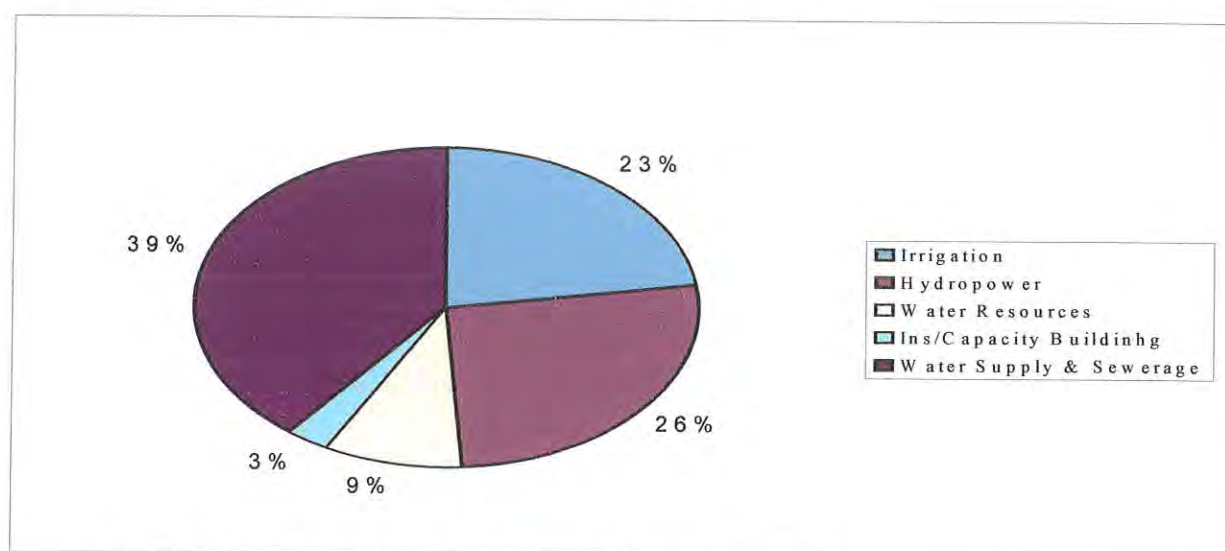
- 4,255 deep wells,
- 9,329 shallow wells,

- 27, 338 hand-dug wells,
- 18,908 springs,
- 222 sub surface dams, surface-water harvesting, river intakes & like projects,
- 2,857 rehabilitation works and
- 10,761 ponds, cisterns, ground catchments for livestock watering facilities (FDRE MoWR, 2002:108).

Investment requirements for the Water Supply and Sewerage Projects are estimated to be US\$2,935.8 million. Of the total investment requirements, rural water-supply projects account for US\$ 2,086 million (or 71 per cent of the total), urban water supply for US\$ 819 million (28 per cent), and urban sewerage for US\$ 30 million which accounts 1.1 per cent (FDRE MoWR, 2002).

Water supply and Sewerage Development shares the largest portion of the total investment requirement of WSDP. The following diagram shows investment share of the component of the Water sector Development Program.

Fig2: Investment share of various sub-programs in WSDP



Source: FDRE MoWR Water Sector Development Program (2002:13)

2.3.5 UNIVERSAL ACCESS PROGRAM (UAP)

Being the Water Sector Development Program planned for 15 years (2002 - 2016) is operational; MoWR has formulated a more ambitious plan, named Universal Access Program (UAP) for water supply and sanitation component of WSDP.

The core objective of UAP is to access water supply service to 98% and sanitation services to 100% of the rural population and 100% access of both water supply and sanitation services for urban population within planning horizon of 7 years (2006 - 2012). The idea of UAP was conceived starting from 2004 based on success stories of Community Led Total Sanitation, South Africa's experiences of setting appropriate and achievable service standards and as well as the Government of Ethiopia's political commitment to end poverty as set out in A Plan for Accelerated and Sustainable Development to End Poverty (Universal Access Program, 2006).

At the base year of the UAP, the national water supply coverage is about 35% and sanitation coverage is only 17.45%. The national sanitation coverage was doubled from 8% due to remarkable activities done in Southern Nations and Nationalities Peoples Region within a couple of years (Universal Access Program, 2006:9).

2.3.5.1 Enabling Environment for UAP Implementation:

The following points were identified as enabling environment for UAP implementation in Ethiopia (Universal Access Program, 2006:10):

- The existence of important policy documents like Water Resources Management Policy, National Water Sector Strategy, Water Sector Development Program, Water Resources Management Rules and Regulations, National Water Supply and Sanitation Master Plan, Millennium Development Goals Needs Assessments and others,
- Government policy of decentralization and the capacity of woredas being built in all respects (humanpower, budget, infrastructure & other logistics),
- Establishment of different technical and vocational training centres to fill the existing human power gaps,
- Preparation of different working manuals that will help as a guide for implementation of different water supply and sanitation technology options,
- Establishment of the Water Resources Development Fund that aims at enabling regions to practice the cost recovery principle for urban water supply and to enable them to obtain adequate loans to undertake design improvements and construction works.
- The Water Resources Development Fund providing loans to water utilities from the finance it obtains from international institutions so as to enable the water utilities to carry out upgrading works, and the like.

2.3.5.2 Physical Targets of UAP

Quite a large number of physical targets were planned to be achieved within seven years planning horizon of UAP. Universal access was planned to be attained through construction of new water supply schemes, maintenance and rehabilitation of existing schemes, construction of sanitation facilities and other corresponding activities. The following table shows the major physical targets of the program.

Table 2.2: Number & Types of Schemes to be Built to Raise Rural Water Supply coverage to 98%

S/ N	Type of Water Scheme	Amhara	Ben Gumuz	Gamb	Harrerri	Tigray	Oromia	South	Afar	Somali	Dire Dawa	Total
1	Hand dug well (community) Av. depth 10m	33,239	195	146	139	1,677	30,218	3,410	278	414	26	69,745
2	Modern hand dug well av. depth 15m	16,622	583	257	98	2,409	11,820	3,224	1,585	1,819	151	38,568
3	Spring on the spot	1,459	86	87		1,345	1,763	9,685				14,426
4	Spring development (with motor or gravity system)	210										210
5	Motor driven stream						90					90
6	Gravity system stream						325					325
7	Medium stream							438				438
8	Shallow well (with hand pump)	4,275	623	160		3602	5,235	4516	258	553	25	19,247
9	Shallow well (with motor pump)	14					1,557					1,570
10	Deep well	680		3	28	113	1012	676	59	410	6	2986
11	Others (treated surface water)	18							1	1		20
12	Large spring 1							1				1
13	Large spring 2							1				1
14	Shallow well (with solar pump)					3	33					36
15	Shallow well (wind mill)					1	18					18
16	Cistern (with wall)					57						57
17	Pond (with hand pump)						565					565
18	Cistern (with plastic lining)								303	3,882	29	721
	Total	56,117	1,488	653	265	9,208	52,635	21,952	2,484	3,586	236	149,024

Source: Universal Access Program for Water Supply and Sanitation Services: 2006 - 2012, (2006:12)

As could be understood from the above table different types of water sources and technology options are proposed for UAP attainment. As far as it is technically feasible /water is available and it is potable/ schemes with low cost and simple technologies for operation and maintenance are prioritised under the program. Accordingly, hand dug well fitted with hand pump, shallow well fitted with hand pump and spring on spot are the mainly proposed scheme types.

At the end of the program period about 13, 388,678 households will access household latrine. The construction of the these facilities is estimated to cost about Birr 669,433,876 and this will increase the sanitation coverage in terms of latrine service to 100%. As regard to sanitation, the aforementioned budget is allocated for San Plats distribution and hygiene education activities. Apart from these, different activities were also planned to raise urban water supply coverage to 100%. The following table shows the activities under urban component.

Table 2.3: Number & Types of Activities Need to be Done to Raise Urban Water Supply coverage to 100%.

Region	Type of work	2006	2007	2008	2009	2010	2011	2012	Total
Oromia	1. Study and design	7	78	79	39				203
	2. New construction	8	30	27	30	38			133
	3. Up grading	9	43	41	41	40	40	42	256
Amhara	1. Study and design	14	48	29	29	27	32		179
	2. New construction	14	18	41	25	27	23	32	180
	3. Up grading	5	3	6	4	2	4		24
South	1. Study and design	15	25	26	32	25	25		148
	2. New construction	7	15	12	14	20	13	12	93
	3. Up grading	7	7	12	12	12	13		63
Tigray	1. Study and design	21	19	15					55
	2. New construction	4	15	6	9	11	6		51
	3. Up grading	15	3	5	5				28
Somali	1. Study and design	8	8	9	16	11	14		66
	2. New construction	6	9	8	9	16	11	14	73
	3. Up grading								0
Benishangul Gumuz	1. Study and design		12	12					24
	2. New construction	1	12	2					15
	3. Up grading			7	3				10
Afar	1. Study and design	2	14	7					23
	2. New construction	3	4	5	3	5			20
	3. Up grading		4	4	5				13
Gambella	1. Study and design		7						7
	2. New construction	1		2					3
	3. Up grading		4	2					6
Addis Ababa	1. Study and design	1							1
	2. New construction	1							1
	3. Up grading								0
Dire Dawa	1. Study and design	1							1
	2. New construction	1							1
	3. Up grading								0
Harrer	1. Study and design								0
	2. New construction	1							1
	3. Up grading								0
National	1. Study and design	69	211	177	166	63	71	0	757
	2. New construction	47	103	103	90	117	53	58	571
	3. Up grading	36	64	77	70	54	57	42	400
Total		152	378	357	276	234	181	100	1,678

Source: Universal Access Program for Water Supply and Sanitation Services 2006 - 2012, (2006:55).

2.3.5.3 Financial Requirement for UAP Implementation:

Financial resources requirement for program's implementation was done based on existing experience of cost manipulation plus an assumption of some price inflation. Accordingly, the table below depicts financial resources required for program's implementation.

Table 2.4: Summary of Financial Requirement for UAP Implementation (Birr in Million):

Region	Rural Sub-Program				Urban Sub-Program					Total
	New Contn	Maint & Reht	Sanita-tion	Total	Study & Design	Constn	Improv't & upgrading	Sanita-tion	Total	
1. Amhara	1462.20	49.50	191.31	1703.01	33.03	816.84	60.22	48.30	958.39	2661.4
2. B-Gumuz	64.49	0.41	5.10	70.00	3.07	24.66	16.88	2.72	47.33	117.33
3. Gambela	27.73	0.48	2.27	30.48	0.45	48.91	1.32	1.07	51.75	82.23
4. Harari	10.33	2.15	0.84	13.32	0.00	293.00	1.98	9.43	304.41	317.73
5. Tigray	722.26	6.89	73.94	803.09	30.95	631.46	50.53	153.65	866.59	1669.68
6. Oromia	2315.34	298.90	273.56	2887.8	31.76	737.07	240.58	507.77	1517.18	4404.98
7. South	1656.21	12.59	69.64	1738.44	23.30	624.11	42.77	140.86	831.04	2569.48
8. Afar	114.43	1.59	13.49	129.51	2.13	84.44	1.49	3.91	91.97	221.48
9. Somali	929.34	8.99	38.37	976.7	16.10	528.10	0.00	26.71	570.91	1547.61
10. D-Dawa	10.18	0.27	0.95	11.40	0.60	50.00	0.00	132.50	183.10	194.5
11. Addis-Ababa	0.00	0.00	0.00	0.00	0.00	3600.00	0.00	244.40	3844.40	3844.4
Grand Total	7312.51	381.78	669.43	8363.75	141.39	7,438.59	415.77	1,271.32	9267.07	17630.82

Source: (Universal Access Program, 2006: summarized from table no.2.4 (p.17), table 2.5 (p. 19), table 2.6 (p.12) and table 9 (p. 65).

Possible sources of finance for the program implementation are indicated in the planning document of UAP. World Bank, AfDB, UNICEF, DFID, UNDP, JICA, Finnida, EU- Water Facility & European Investment Bank, BADEA, Non-Government Organizations, Federal & Regional Governments and as well as Community matching funds were the possible sources of finance. During the preparation of the document, the required funds were secured from some donors, Federal & regional governments have committed themselves and the remaining gaps were planned to be searched in the course of program's implementation.

With the aforementioned study & design activities, construction of new schemes, maintenance and rehabilitation of the existing schemes, up grading of the existing systems, the UAP has targeted to access the whole Ethiopian population with water supply and sanitation services by the year 2012. The table below show the proposed progress across regions in annual basis within the program period.

Table 2.5: Estimated Growth of Water Supply Coverage Between 2006-2012.

	Description	Amhara	Ben Gumuz	Gambella	Harreri	Tigray	Oromia	South	Afar	Somali	Dire Dawa	Total
1	2005 population	16,353,195	550,998	204,617	72,000	3,443,000	23,113,391	13,265,323	1,237,002	3,515,000	100,000	61,854,526
2	2012 population	19,556,157	642,397	234,814	85,585	3,981,400	28,233,927	15,586,143	1,410,403	4,082,600	113,200	73,926,626
3	2005 water supply coverage	34.0%	37.6%	29.1%	22.1%	33.3%	38.0%	34.1%	23.3%	19.0%	41.0%	35.0%
4	Non-Functional water schemes	28.0%	37.56%	16.0%	12.71%	32.0%	27.6%	28.14%	19.07%	12%	29%	27.06%
5	Non-functional schemes expected to be operational	3.72%	0.00%	8.04%	9.38%	1.25%	8.18%	3.69%	1.91%	5.7%	7.8%	5.91%
6	Water schemes to become operational in 2005	2.26%	0.00%	5.06%	0.00%	0.00%	2.22%	2.30%	2.29%	%1.30	4.20%	2.06%
7	Population being served in 2005	5,929,048	206,981	59,510	15,902	1,147,700	8,783,088	4,528,271	287,773	667,850	41,000	21,667,122
8	Population getting services in 2004 - 2005	4,582,774	206,981	32,710	9,152	1,104,500	6,379,947	3,732,673	235,879	421,800	29,000	16,735,416
9	Population of non-functional Schemes expected to be operational	977,312	.0	16,450	6,750	43,200	1,889,800	489,848	23,588	200,355	7,800	3,655,103
10	Population of water schemes to become operational in 2005	368,962	.0	10,350	0.	.0	513,341	305,750	28,306	45,695	4,200	1,276,604
11	Additional population to get services by 2012	13,627,109	435,416	175,304	69,684	2,833,700	19,450,838	11,057,873	785,841	2,390,325	72,200	50,898,290
12	People who are served in 2005	10,424,147	344,017	1,745,107	56,089	2,295,300	14,330,302	8,737,053	664,461	1,993,005	59,000	39,048,490
13	Additional population from 2006-2012	3,202,963	91,400	30,197	13,585	538,400	512,0536	2,320,820	121,380	397,320	13,200	11,849,801
14	Coverage in 2012	100%	100%	100%	100%	100%	100%	100%	70%	70%	100%	98.16%

Source: Universal Access Program for Water Supply and Sanitation Services 2006 - 2012, (2006:11).

2.3.5.4 Strategies for UAP Implementation:

The UAP document primarily puts the wise and efficient utilization of resources (human, financial, material and time) as the basic strategy for program's implementation. Among others the following are the main strategies for program's implementation (Universal Access Program, 2006:27-28 and 74-78).

I. Stepped Approach:

Here the development of Water Supply and sanitation facilities will take place through building the capacity of the user communities so as to ensure the sustainability of the services. With this approach, the study, design and regulation activities will be conducted with the assistance of Woreda Support Groups and by establishing/strengthening water, sanitation and hygiene committees through Community Facilitators. Then water schemes that can be built at woreda level will be implemented with the participation of the user communities through woreda service providers. Scheme implementation that is beyond the capacity of the woreda will be undertaken by service providers elected at regional level with the participation of the user communities and woreda administration.

II. Stakeholders Participation:

In this program implementation a detail stakeholders analysis need to be conducted and duties and responsibilities of each stakeholder need to be clearly stated in the program document and each should discharge its responsibilities as per the stated and agreed upon details.

III. Study and Design of Water Supply Schemes:

- (a) Small water Supply Schemes- will be conducted by Artisans and graduates of technical and vocational training centres using readily available packages,
- (b) Medium water supply schemes - will be conducted by Woreda Support Groups and woreda staff under supervision of water bureaus, and
- (c) Complex water supply schemes - will be conducted by regional and/or federal counsellors under the supervision of water bureaus.

IV. Construction of Water Supply Schemes:

The development of water supply schemes will depend on appropriate technologies (rainwater harvesting, spring protection, groundwater, etc). The following criteria will be used to determine the sequence of technology selection: (a) Water schemes that can be completed with

least cost, shorter time and that could minimize water tariff, (b) Reliability and quality of water, (c) Low cost of operation and
(d) Simplicity of the management system and its sustainability.

V. Standard of water Supply Service:

The following standards were set for provision of safe drinking water:

- Rural: 15 liter per capita per day within 1.5 km radius.
- Urban: 20 liter per capita per day within 0.5 km radius.

VI. Training Strategy:

In the coming five years focus will be made on medium level technicians and artisans and the following professionals will be trained and assigned for work at woreda and kebele levels.

- (1) Water supply technicians, (2) Electro-mechanical technicians, (3) Local mechanics,
(4) Hand dug well artisans, and (5) Community mobilizers.

VII. Material Supply, Procurement and Distribution:

Since most of the construction materials for the potable water and sanitation programs are imported, it can be said that both the new construction and maintenance works often cannot be implemented at the desired pace. To alleviate these problems, attempts will be made to standardize construction materials and equipment and to carry out bulk procurement as well as producing and assembling locally.

VIII. Support Strategy:

Activities of water supply, sanitation and hygiene planning, implementing, monitoring and evaluation will be carried out through support from federal up to woreda levels.

2.3.6 ORGANIZATIONAL STRUCTURE OF THE WATER SECTOR

In Ethiopia, water resources development and management organization was evolved in response to the increasing needs of water for different purposes (domestic, industrial and irrigation development) over time. In the public institution, an officially responsible/authorized body with water resources development and management was first established in 1956 as "The Water Resources Department" in the Ministry of Public Works and Publications to handle a multi-purpose investigation of the Blue Nile Basin. Along side this, in 1962, Awash Valley Authority (AVA) was established with responsibility of planning, development, operation and administration of water resources in Awash valley (Zewdie, 1994).

The interest of the then Ethiopian government in the establishment different public institutions for water supply development and management was concentrated almost entirely on large-scale and high technology water projects, hydro-power dams, irrigation schemes and water supply projects for Addis Ababa and few major towns (Desssaiegn, 1999).

The growing importance of water resources in different parts of the country has received the attention of the government and in 1971 the National Water Resources Commission (NWRC) was established with full range of responsibility (Zewdie, 1994).

With the existing organizational set up Ministry of Water Resources was established in 1995 (The FDRE MoWR, 2001). Under the existing structure, following the government administrative levels, the water sector is organized in four levels, i.e. federal, regional, zonal and woreda levels. Below the woreda level, there is also a community water resources administrative units (WASHCOs for water supply schemes and Water Users Associations for irrigation development schemes). Apart from these, there are water supply and sewerage authorities and enterprises for development and management of water supply & sewerage systems in the urban centers.

Following the government policy of decentralization, the Federal and regional level water organizations are concerned with formulation of policies and regulations as well as the regulatory activities. The actual planning, implementation, operation, maintenance and the overall development and management of the water resources are vested to lower levels of the structure.

2.3.7 PAST ACHIEVEMENTS AND PERSISTING CHALLENGES IN THE SECTOR

Though not satisfactory as compared to the water resources potential of the country, in Ethiopia, in the last half century a lot of remarkable development activities have been performed in the water sector. For instance, up to June 2008, about 59.9% of the population had accessed to safe drinking water with significant variation among region ranging from the least 32.5% in Harari region to the highest 95% in Addis Ababa (FDRE MoWR, 2008:7). This achievement had played significant role in creating a healthy community who can actively participate in the overall socio-economic development of the nation.

On the other hand, in line with the national strategy towards eradication of poverty, attain food security, produce industrial and export items and accelerate national economic growth, quite a lot of irrigation development projects of various scales (traditional, small-scale, medium and large-scale) have been undertaken in the past. Of the country's total irrigable land of 3.7 million hectares, up to 1998EC, about 185,000(5%) was developed with modern irrigation system while about 346,300 hectares (9.4%) was developed with tradition system. Altogether, from the total potential irrigable land about 531,300 (14.4%) was developed. More over, a prefeasibility and feasibility & design works of many irrigation projects of various scales have been done and being done for future development. In hydro-power sub sector also a very remarkable activities have been done and the country's hydro-power potential is steadily increasing to assure power demand of the country for future development (FDRE MoWR , 1998 EC).

Nevertheless, the sector has still crucial problems that hindering the development endeavors in the sector. The following are some of the crucial problems persisting to date in the sector (FDRE MoWR, 2008:14-15):

(i) institutional arrangements of the sector at all levels are not uniform and comprehensive, (ii) Manpower shortage, at lower level of government structure and high staff turn over, (iii) insufficient investment in the water supply and sanitation development program, (iv) shortage of skilled, experienced and well equipped consultants and contractors in the sector, (v) Lack of heavy duty machineries, (vi) very high cost of industrial raw materials used for construction and maintenance purpose in the sector, (vii) prolonged process in loan and grant programs implementation, and delay in their financial and procurement process, (viii) Lack of experience in project management, and (ix) poor Management Information System(MIS).

2.4 HEALTH SECTOR DEVELOPMENT IN ETHIOPIA

2.4.1 HEALTH SECTOR POLICY:

The ultimate goal of providing safe drinking water is to have a healthy and productive individuals, families, communities and society at large. On the other hand, education including hygiene education also plays great role in the overall socio-economic development. According to Michael et al., (2003:360)

"... Health is central to well-being, and education is essential for a satisfying and rewarding life: both are fundamental to the broader notion of expanded human capabilities that lie at the heart of the meaning of development. ... More over, health is a prerequisite for increases in productivity".

These days health problem stands to be the most critical factor that challenging the socio-economic development of societies, particularly among the poor communities/societies; and water supply and sanitation problems are the major factors that causing and exacerbating the problem. According to Peter (2002:1)

"... The failure to provide safe drinking water and adequate sanitation services to all people is perhaps the greatest development failure of the 20th century. The most egregious consequence of this failure is the high rate of mortality among young children from preventable water-related diseases. ... If no action is taken to address unmet basic human needs for water, as many as 135 million people will die from these diseases by 2020. Even if the explicit Millennium Goals announced by the United Nations in 2000 are achieved- unlikely given current international commitments- between 34 and 76 million people will perish from water-related diseases by 2020. This problem is one of the most serious public health crisis facing us, and deserves far more attention and resources than it has received so far".

Conventional health parameters such as infant and maternal mortality, morbidity and mortality from communicable diseases, malnutrition and average life expectancy place Ethiopia among the least privileged nations in the world. Though potential health service coverage has reached 64% in 2004, utilization rate still remains low at 0.36 outpatient visits per capita (Federal Ministry of Health, 2005:xi).

As regard to health sector development of the country, there was no any articulated health policy for the country up to 1950s. Following the development of health with provision of

basic health services through curative services, the need for preventive services has also received due consideration. With these steps, towards the end of the Imperial period a comprehensive Health Services Policy was adopted through initiatives from the World Health Organization. However, due to the downfall of the regime the policy couldn't put into effect (Health Policy of the Transitional Government of Ethiopia, 1993).

During the Dergue regime a more elaborated health policy that gave emphasis to disease prevention and control, priority to rural areas in health service and promotion of self-reliance and community involvement was formulated. But in practice due to highly centralised system of the then government and very low community empowerment and public participation the formulated policy couldn't effectively translated into action.

Decentralization and preventive methods of health services are one of the basic principles up on which health policy under the existing government is founded. Under current policy the local government and user communities are empowered to actively participate in health development activities. The policy also gives due emphasis to the needs of the less-privileged rural population, which constitute the overwhelming majority of the population and the major productive force of the nation (Health Policy of the Transitional Government of Ethiopia, 1993).

According to the health policy of the country the fundamental principles that health comprises physical, mental and social well-being is a prerequisite for the enjoyment of life and for optimal productivity. The government therefore accords health a prominent place in its order of priorities and is committed to the attainment of these goals utilizing all accessible internal and external resources. In particular the government fully appreciates the decisive role of popular participation and the development of self-reliance in these endeavours and is therefore determined to create the requisite social and political conditions conducive to their realization.

The Government believes that health policy cannot be considered in isolation from policies addressing population dynamics, food availability, and acceptable living conditions and other requisites essential for health improvement and shall therefore develop effective intersectorality for a comprehensive betterment of life. In general, health development shall be seen not only in humanitarian terms but also as an essential component of the package of social

and economic development as well as being an instrument of social justice and equity (Health Policy of the Transitional Government of Ethiopia, 1993).

2.4.2 THE NATIONAL HEALTH SECTOR STRATEGY

There are numerous elements of the National Health Sector strategies listed in the Health Policy designed in 1993. Among which the following are the ones selected in this study as those which are related/relevant to WaSH program activities in one way or another: (Health Policy of the Transitional Government of Ethiopia, 1993:28-29).

- Democratization within the system shall be implemented by establishing health councils with strong community representation at all levels and health committees at grass-root levels to participate in identifying major health problems, budgeting, planning, implementation, monitoring and evaluating health activities.
- Decentralization shall be realized through transfer of the major parts of decision-making, health care organization, capacity building, planning, implementation and monitoring to the regions with clear definition of roles.
- Intersectoral collaboration shall be emphasized particularly in accelerating the provision of safe and adequate water for urban and rural populations; developing safe disposal of human, household, agricultural, and industrial wastes, and encouragement of recycling; developing measures to improve the quality of housing and work premises for health; participation in the development of community based facilities.
- Health Education shall be strengthened generally and for specific target populations through the mass media, community leaders, religious and cultural leaders, professional associations, schools and other social organizations for inculcating attitudes of responsibility for self-care in health and assurance of safe environment; encouraging the awareness and development of health promotive life-styles and attention to personal hygiene and healthy environment; enhancing awareness of common communicable and nutritional diseases and the means for their prevention and inculcating attitudes of participation in community health development.

2.4.3 PRIORITIES OF THE HEALTH SECTOR

Based on the overall objectives of the health policy of the country, the following are set as the priority areas of the health sector (Health Policy of the Transitional Government of Ethiopia, 1993:26-27):

- Information, Education and Communication (I.E.C) of health shall be given appropriate prominence to enhance health awareness and to propagate the important concepts and practices of self-responsibility in health.
- Emphasis shall be given to the control of communicable diseases, epidemics and diseases related to malnutrition and poor living conditions; the promotion of occupational health and safety; the development of environmental health; the rehabilitation of the health infrastructure and the development of an appropriate health service management system.
- Appropriate support shall be given to the curative and rehabilitative components of health including mental health.
- Due attention shall be given to the development of the beneficial aspects of Traditional Medicine including related research and its gradual integration into Modern Medicine.
- Applied health research addressing the major health problems shall be emphasized.
- Provision of essential medicines, medical supplies and equipment shall be strengthened.
- Special attention shall be given to the health needs of the family particularly women and children; those in the forefront of productivity; those hitherto most neglected regions and segments of population including the majority of the rural population, pastoralists, the urban poor and national minorities and Victims of man-made and natural disasters.

2.4.4 THE HEALTH SECTOR DEVELOPMENT PROGRAM

Under existing government, following the consecutive five years development plans of the country, Ministry of health has been formulating and implementing Health Sector Development Programs (HSDPs). So far the ministry has undergone two HSDPs, i.e 1st phase HSDP(1997/98 - 2001/02) and 2nd phase HSDP(2002/03 - 04/05). Currently the country has prepared and implementing the 3rd HSDP for program implementation period of 2005/06 - 2009/10. HSDPs has been developed in strategic planning and management approach ,i.e. for each and every planned activity a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis was done with extensive consultation with pertinent stakeholders at all levels (Federal Ministry of Health, 2005).

Among many activities planned and executed during HSDP I & II, to be very specific and take the one that is highly supportive to WaSH program implementation, around 2,800 Health Extension Workers (HEWs) were trained and deployed and 7,138 were admitted for training in 2004/5 (Federal Ministry of Health, 2005:xii).

The major goals of HSDP-III are improving maternal health, reducing child mortality and combating HIV/AIDS, malaria, TB and other diseases with the ultimate aim of improving the health status of the Ethiopian peoples and achieving the Millennium Development Goals (Federal Ministry of Health, 2005:xii).

When we look at these major goals of HSDP-III, it largely related to and supportive each other with RWSSH program goals. Because, it has been repeatedly said that most of the diseases in rural Ethiopia are communicable diseases and the major causes of these communicable diseases are water borne and water related. About 60% of the disease burden in the country is related to poor sanitation and hygiene. And women and children are the most vulnerable section of the society that are affected by these diseases (Federal Democratic Republic of Ethiopia Ministry of Health, 2005:3). Therefore, similar to that of HSDP-III, the ultimate aim of RWSSH program is to contribute for the improvement in health status and living standard of the rural people.

Among the major objectives of HSDP-III that clearly depicted in the strategic plan document, the following are the ones selected in this research as ones directly or indirectly interdependent and supportive with the objectives of RWSSH program (Federal Ministry of Health, 2005:xii):

- to cover all rural Kebeles with Health Service Extension Programme (HSEP) to achieve universal primary health care coverage by year 2008.
- to reduce maternal mortality ratio from 871 to 600 per 100,000 live births.
- to reduce under five mortality rate from 123 to 85 per 1000 live births and infant (under one) mortality rate from 77 to 45 per 1000 live births.

The Health Sector Development Program-III was also prepared with intent of harmonization and interdependency with other development policy documents of the country which are also the basis for the formulation of RWSSH program. Some of the policy documents are The Sustainable Development and Poverty Reduction Programme(SDPRP), Health Service Extension Programme, The National Policy on Women, Policy and Strategy on Democracy,

Good Governance and Decentralization, The Capacity Building Strategy and Programme and The Rural Development Policy and Strategy (Federal Ministry of Health, 2005:xiii).

Some of the components/targets of HEDP-III is also highly related and supportive to RWSSH program. Of the seven components/targets of HSDP-III, target no.1, no.5 & no.6 are stated as follows (Federal Ministry of Health, 2005:14-16):

Component/Target no.1: Health Service Delivery and Quality of Care: - This subcomponent focuses on strengthening the preventive, curative and promotive aspects of health care mainly through the implementation of HSEP. Maternal and child health services, HIV/AIDS, Malaria, Tuberculosis and personal and environmental hygiene will also be given due attention...

Component/Target no.5: Information, Education and Communication:- This component aims at improving the Knowledge, Attitude and Practice (KAP) on personal and environmental hygiene and common illnesses and their causes; and promotion of political and community support for preventive and promotive health services through educating and influencing planners, policy makers, managers, women groups and potential end users.

Component/target no.6: ...It also aims at enhancing community involvement in the management of health facilities and public health interventions. ... to ensure evidence based planning and management of health services; and to harmonize the donor-government efforts in planning, reporting, monitoring and evaluation

2.4.5 THE NATIONAL HYGIENE AND SANITATION STRATEGY

The national strategy for improved hygiene and sanitation was developed to complement the existing Health Policy (prepared by the MoH) and the National Water Sector Strategy (prepared by the MoWR) by giving great emphasis for 'on-site' hygiene and sanitation. The central focus of the strategy is devising a reliable & sustainable means of blocking faeces from entering the living environment through safe management of faeces, hand washing practices at critical times and the safe water chain from source to mouth. It places the responsibility of improving 'on-site' household hygiene and sanitation strongly in the hands of households with the direct assistance of health extension workers and other development agents working within rural communities (Federal Democratic Republic of Ethiopia Ministry of Health, 2005).

The essence of the strategy is on using local resources more effectively to increase latrine access and use, and to encourage attitudinal change leading to sanitation and hygiene behavioral transformation. The Sanitation Vision of Ethiopia is: *"100% adoption of improved (household and institutional) sanitation and hygiene by each community which will contribute to better health, a safer, cleaner environment and the socio-economic development of the country"* (Federal Democratic Republic of Ethiopia Ministry of Health, 2005:3).

Three strategic pillars were put for improved sanitation and hygiene (Federal Democratic Republic of Ethiopia Ministry of Health, 2005:3). These are:

Pillar One: An enabling framework to support and facilitate an accelerated scaling-up through policy consensus, legislation, political commitment, intersectoral co-operation, partnership, capacity building linked to performance contractual agreements, supportive supervision, research and monitoring.

Pillar Two: Sanitation and hygiene promotion through participatory learning, advocacy, communication, social marketing, incentives or sanctions to create demand and forge behavior change.

Pillar Three: Improved access to strengthen the supply of sanitation through appropriate technology solutions, product and project development, and support to local producers and artisans.

The aforementioned pillars are decisive for the success of improved sanitation and hygiene and they are much condensed, but inclusive of all critical factors. The strategic document depicts that understanding the appropriate technical options that people want, the ones they can afford and willing to use is a central pillar of the strategy. The strategic document has listed down the following points as reasons for the necessity of the strategy for Ethiopia (Federal Democratic Republic of Ethiopia Ministry of Health, 2005:3-4):

- In Ethiopia more than 250,000 children die every year from sanitation and hygiene related diseases.
- Some 60% of the disease burden in the country is related to poor sanitation and hygiene.
- A low number of households have access to improved sanitation.
- The annual sanitation 'fall-out' costs are devastating.
- Less than 1% of the health budget is allocated for sanitation & hygiene improvement.

Specifically, health budget of the country is very low within which that allocated for sanitation and hygiene improvement is very minimum.

"... Per-GDP government expenditure on health in Ethiopia fell below the sub-Saharan African average and public and private expenditure on health taken together made up a smaller share of GDP than in any of the other developing countries group. ... In absolute terms, spending on health per person in Ethiopia falls far short of expenditures in Africa, South Asia, and the low-income countries. Health expenditures are \$3 per capita per annum in Ethiopia, which is between one-seventh and one-tenth of comparable expenditures in other low-income economies (Tewodaj et al., 2008:27-28).

On the other hand, if the strategy is properly implemented, among others the following direct sanitation benefits are assumed to be acquired (Federal Democratic Republic of Ethiopia Ministry of Health, 2005:4):

Health Benefits- diarrhoea will be prevented, mortality will decrease, curative care will reduce, and nutrition will be improved.

Socio-economic benefits- fitter workforce will be created, there will be less time to take care of sick people, less money will be spent for treating sickness.

Educational benefits- girls school attendance will be enhanced and higher level education will be attained.

Social benefits- privacy, dignity, safety and a cleaner environment will be created.

Political benefits- women represent 30-50% of the electorate making sanitation an important political issue.

The currently under implementation Health Services Extension Program (HSEP) is believed to be the major tool for sanitation improvement at household and community levels. The program has about 16 packages of which (1) excreta, solid and liquid waste disposal, (2) water quality control, (3) food hygiene; (4) proper housing, and (5) personal hygiene, health education and promotion which are dedicated to preventive health (Federal Democratic Republic of Ethiopia Ministry of Health, 2005:20-21) are also the core principle of hygiene and sanitation improvement strategy under Rural Water Supply, Sanitation and Hygiene Program (RWSSHP).

At large, the overall objective of the sanitation strategy is progressive individual and collective behavioral change which will lead to 100% sanitized households within 100% sanitized communities, woredas, zones and regions and ultimately the achievement of 100% sanitized Ethiopia. The strategy represents an important paradigm shift of health problems resolution from curative to preventive means (Federal Democratic Republic of Ethiopia Ministry of Health, 2005:7).

2.4.6 ORGANIZATIONAL STRUCTURE OF THE HEALTH SECTOR

Following the government policy of decentralization, public service delivery including health care was fallen to a large extent under the mandate of the regions. The approach has been used to promote meaningful participation of people in local development activities. For administration of public health care, there is a Regional Health Bureau (RHB) at the Regional level and furthermore, woreda Health Offices which are currently the basic units of planning and administration of public health care (Federal Ministry of Health, 2005).

Alongside different development activities undertaken in the past HSDP I & II and with the existing HSDP-III, a number important steps have been taken in the decentralization of the health care system. Decision-making processes in the development and implementation of the health system are shared between the Federal Ministry of Health (FMOH), the Regional Health Bureaus (RHBs) and the Woreda Health Offices. With the existing structure of the health sector, the Federal Ministry of Health and the Regional Health Bureaus are made to function more on policy matters and technical support, while the woreda health offices have been made to play the important roles of managing and coordinating the operation of the primary health care services at the woreda levels (Federal Ministry of Health, 2005).

A Primary Health Care Service should include preventive, promotive and basic curative services. In order to realize this, HSDP I introduced a four-tier system for health service delivery, characterized by a primary health care unit (PHCU), comprising one health center and five satellite health posts, and then the district hospital, zonal hospital and specialized hospital. A PHC-unit has been planned to serve 25,000 people, while a district and a zonal hospital are each expected to serve 250,000 and 1,000,000 people respectively. The Health Sector has recently introduced an innovative health service delivery system through the implementation of the Health Service Extension Programme (Federal Ministry of Health, 2005:6-7).

Health Service Extension Program (HSEP) is a new initiative included in HSDP-II. It is an innovative community based health care delivery system aimed at creating healthy environment as well as healthful living. The main objective of HSEP is to improve access and equity to preventive essential health interventions provided at kebele and household levels with focus on sustained preventive health actions and increased health awareness. It also serves as effective mechanism for shifting health care resources from being dominantly urban to the rural areas where the majority of the country's population lives. Therefore, HSEP could be considered as the most important institutional framework for achieving the MDGs (Federal Ministry of Health, 2005).

2.4.7 PAST ACHIEVEMENTS AND FAILURES IN THE SECTOR

In the past much have been planned and executed in the area of health sector development. There have been also many shortcomings indeed. But, to be very specific and be relevant to the subject under study, the following are the major achievements and failures in the area of hygiene and environmental sanitation (Federal Ministry of Health, 2005):

Achievements:

- For the legal enforcement of hygiene and environmental sanitation, Public Health Proclamation was issued and regulations were prepared,
- Many technical guidelines, leaflets, and posters and related teaching aids on various issues of hygiene and environmental health have been produced and distributed to health facilities.
- Based on the Public Health Proclamation, regions have endorsed Environmental Health Regulation.
- National Sanitation Strategy that supports the implementation of MDGs is prepared in collaboration with different stakeholders.
- The national target of training and deployment of Health Extension Workers for five years (2005/06 - 2009/10) was 30,000. Up to 2000 EFY, about 24,571(81.9%) HEW were trained and deployed within rural communities for execution of health services extension program activities of which promotion and implementation of hygiene and environmental sanitation is one and the major (Federal Ministry of Health, 2008:40).
- National latrine coverage have reached 54% at the end of 2000 EFY. The achievement largely varies across regions. It is over 50% in Addis Ababa and SNNPR. It is about 35.4% in Oromia and the least achievement is in Gambela (2.7%) for the same year (Federal Ministry of Health, 2008:49).

Failures:

- The service has not reached the whole rural population yet.
- Data on sanitation coverage are scanty and varied
- Contribution of environmental health services in prevention and control of major diseases such as malaria, TB and diarrhoea diseases in children is not realized and remained un-integrated into these programs.
- Hygiene education and promotional works lack systematic approaches.
- There is still low level of attention and commitment for environmental health services from pertinent stakeholders.
- Very minimum budget allocation for environmental health services
- Poor coordination and integration activities concerned with hygiene and environmental sanitation.

2.5 RURAL WATER SUPPLY, SANITATION AND HYGIENE PROGRAM (RWSSHP)

2.5.1 PLANNING PROCESS OF THE PROGRAM

Under RWSSHP implementation the first and the most important task is the preparation of a five years strategic planning for water supply, sanitation and hygiene development for program inclusive woredas. The preparation of a realistic planning is very important for the attainment of intended development objectives. Thus, so as to make the plan realistic and that it reflects the interests of the mass or the larger community; it is expected to be prepared with active participation of pertinent stakeholders having a reliable data base (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

The most important thing which makes unique RWSSHP from other plans is it is expected to be fully planned, implemented and managed/operated by the program woredas and user communities themselves with simple technical and financial assistance from outsiders.

With this line, different guiding or directing manuals were prepared to guide the implementation of the program. One of these manuals is "Guide to Result-Based Planning & Management of the Woreda Rural Water Supply, Sanitation & Hygiene Program (RWSSHP)". The Guide was basically prepared to assist the local government, i.e. Woreda administration could able plan and establish its own rural water supply, sanitation & hygiene program (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

Other than the preparation of different implementation manuals for guidance, the Ministry of Water Resources, through the Regional Water Resources Bureau, is making available to the woredas the services of a Planning Consultant (Woreda Support Group). The planning consultant is trained in result-based Strategic Planning and Management and in turn expected to train and guide the woreda SPC in preparation of the strategic plan (Guide to Result-Based Planning & Management of the Woreda RWSSH, 2005).

RWSSH was basically prepared based on two basic principles:

i. According to National Policy and Guidelines:

The Ethiopian Water Resources Management Policy and its implementation strategies is the major legal base that guides the implementation of RWSSH program. The following points are major elements of the policy document and its implementation guidelines (Ethiopian Water Resources Management Policy as cited in Woreda RWSSH Operations Manual, 2005:5-6):

- Access to water is a right – an economic good – and a service for which users are required to pay,
- Support for improved water and sanitation facilities and services will be provided on a demand basis only – and, with few exceptions, where there is user community contribution,
- User communities will contribute to the capital costs of new or rehabilitated schemes,
- Government support requires that designs be cost effective and that levels of service requested are affordable,
- User communities will own their facilities and manage water, sanitation and hygiene services,
- User communities will meet the full cost of facilities' operations and maintenance,
- Sanitation and hygiene will be fully integrated with water supply,
- Women will be actively involved at all stages, and in all aspects of the program – planning, operations and management,
- The private sector and/or NGOs will provide goods and services,
- Government institutions will move back from service delivery - and will encourage and coordinate the participation of other stakeholders, set standards and provide regulatory procedures, promote participatory monitoring and evaluation to ensure quality, equity, sustainability and accountability and assist in capacity building, and
- Regional Bureaus and Woreda Departments will collaborate and coordinate in planning and implementing RWSSH Programs.

ii. Using a Result-Based Approach:

A result-based approach means all programs are designed to achieve something-i.e. results. Development programs are designed to achieve development results and development results are positive changes in the lives and conditions of people. Thus, the critical question in planning the woreda RWSSH program is what positive changes are we expecting in the lives and conditions of rural people as the result of the program? (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

Every aspect of our program planning and management will be focussed on and related to the results we expect to achieve. We define the results we expect, we plan activities that will bring about the results we expect, we organize people, money, time- to achieve the results we expect, we monitor programs for the results we expect, and we evaluate our program by the results we achieve. Generally, in result-based approach results direct and dominate every aspect of our planning and management (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

At woreda level there are two identified groups for preparation and execution of RWSSHP. These are:

- i. Woreda RWSSHP Strategic Planning Committee, and
- ii. Woreda RWSSHP Management Team/Committee (Woreda WaSH Team).

The Strategic Planning Committee is established by woreda council to prepare and recommend a five years strategic plan for the program-and that this plan will subsequently be implemented by a Program Management Team. The woreda council need to set down a criteria to select SPC members. Knowledge, skills, experience and job linkages are the major criteria need to be used (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

The SPC has the full authority of the Woreda Council and be responsible to the Council for its work. The specific task of the SPC is to prepare and present for approval a strategic plan for establishing and implementing a RWSSH program in the woreda for the next five years. The Terms of Reference should include (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005:16):

- the specific outputs required of the committee
- guidelines or directions for committee membership
- a reporting schedule

- a planning budget.

The task and life of the SPC be limited to the preparation and approval of the Strategic plan. Core members of the SPC may subsequently have a role in the management of the program- but it should not be assumed that the SPC would convert to Program Management Team/Committee. A different membership configuration is required for program management purposes. Finally, with a series of exercises the SPC is expected to recommend to a woreda council a 5-years strategic plan that includes:

- the results that can be expected with water supply, sanitation and hygiene development plan,
- the organization of the program and resources required to attain the expected results,
- a time schedule for implementation of the plan, and
- a detailed plan and budget for first year of the program that is drawn from the five years strategic plan (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005:5).

2.5.2 IMPLEMENTATION/CONSTRUCTION PHASE/ OF THE PROGRAM

The RWSSH Program focuses on promotion and supporting of community projects to improve water supply and sanitation facilities and hygiene practices. In order to realize these objectives the following core activities need to be done.

A) Community Project Cycle:

Program implementation involves a series of interactions between the community and the woreda. This series of interactions is called the Project Cycle (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005:46). Each woreda will adapt the model to its own circumstances. The community project cycle could be planned & executed in different ways, but the most common feasible ones are the following (Woreda RWSSHP Operations Manual, 2005:13 -14):

Consecutive Cycles:

A full cycle will take 18 to 24 months (3 months for promotion & selection, 6 months for mobilization & planning, 6 months for construction & training and 3 months for follow-up). If you decide to finish one cycle before beginning the next you will be able to complete

approximately 3.25 cycles in the 5-Years program – based on the estimate of an 18 month implementation period.

Your *Project Cycle Schedule* would look something like this....

Yr. 1	Yr.2	Yr.3	Yr. 4	Yr.5
Cycle I	Cycle II	Cycle III	Cycle IV	

You might be wise, however, to use your first 6 months in preparatory work – getting resources mobilized and management systems set up. You would then complete three full cycles in the remaining four and a half years.

Your *Project Cycle Schedule* would then look like this...

Yr. 1	Yr.2	Yr.3	Yr. 4	Yr.5
Prep'n.	Cycle I	Cycle II	Cycle III	

In your Strategic Plan you estimated the number of communities you expect to work with over the five years – i.e. your program *Reach*. You will need to decide how many of that number you will work with in each Project Cycle. You might decide on a constant number in each cycle. For instance, if your expected *reach* were 45 communities you would plan to work with 15 communities in each cycle. You might, however, decide to start modestly and to build up (e.g. 10-15-20) as you gain experience and increased resources come on stream.

Overlapping Cycles:

You may decide, however, that the immediate *demand* and the *resources* currently available are such that you can undertake more than one cycle at a time. You will then overlap your cycles. For example...

Yr. 1	Yr.2	Yr.3	Yr. 4	Yr.5
Prep'n.	Cycle I			
	Cycle II			
		Cycle III		
			Cycle IV	
			Cycle V	
				Cycle VI

Depending on the number of communities involved in each cycle in the *example* above you could create a *very* demanding workload. Note that throughout most of the program period three Project Cycles are being implemented simultaneously.

B) Preparation of a Procurement Plan:

A major management responsibility of the PMT is to procure goods and services. The Woreda Administration might have established procedures for procurement and contracting for all development activities being undertaken in the woreda. Thus, all members of the PMT should become familiar with these procedures. However, the nature of the RWSSH Program will require some modification in procurement and contracting procedures. Thus, if there is a need for change and modifications, the required change and modification need to be identified and worked out in each woreda. Nevertheless, the principles of sound and ethical procurement need to be maintained. These are transparency, accountability, appropriateness, timeliness, economy and efficiency (Woreda RWSSH Operations Manual, 2005).

A Procurement Plan is an essential management tool for the Program Management Team. The Procurement Plan will answer the questions like What goods and services will be procured? Who will procure them? How will they be procured? and When will they be procured? (Woreda RWSSH Operations Manual, 2005).

C) Contract Management:

Most of the contracts procured at the Woreda level will be “packaged” so that the LSP provides goods or services to a number of communities as part of the same contract. For instance, Community Mobilization & Planning and WASHCO Training could be packaged in clusters of 5 to 10 communities and contracted to one LSP. The LSP may be capable of fielding a number of Community Facilitator Teams – in which case, the LSP could be contracted to service of a number of “clusters”.

There are a number of advantages to “packaged” contracts: Some of the advantages are:

- Economy of scale- it makes the contract “worthwhile” to the LSP
- LSP learning from experience is reinforced thereby improving quality of service
- PMT contract management is made more efficient (Woreda RWSSH Operations Manual, 2005).

Generally, the PMT need to assign its members to manage each contract and to monitor the LSP’s performance. In some cases (e.g. a large piped system) the work of supervision may be contracted out to a consultant who would act on behalf of the PMT. Finally, after satisfactory completion of the service the PMT and the user community sign off and, in the case of

facilities construction, the contractor hands over the facility to the community (Woreda RWSSHP Operations Manual, 2005).

2.5.3 MONITORING AND EVALUATION OF THE PROGRAM

The Participatory M&E System support the implementation of the RWSSH program. It is a community-centered monitoring and evaluation system. The process is built around the community, who as the principal beneficiary and implementer, and who are responsible for the long term management of the system. Users are the best source of information about how program is being implemented, how facilities are functioning and how they are being used. As managers, they also require data which can be used to take corrective actions if things are not going according to plan (Federal Democratic Republic of Ethiopia, 2004).

Performance Monitoring Framework is a tool recommended for the monitoring process in woreda RWSSH program to be systematic. The value of performance monitoring is not in the monitoring itself – but on its feedbacks, i.e. in decision-making and actions that follow. One of the actions that follow Performance Monitoring is Performance Reporting (Woreda RWSSHP Operations Manual, 2005).

Monitoring & Evaluation is an essential management function – and monitoring and evaluation that is participatory is the best mechanism for capacity-building. What is important is the process must be affordable and the results is useable.

In addition to the regular performance monitoring activities, the following core M&E activities need to be executed in each program woreda and at regional level (Woreda RWSSHP Operations Manual, 2005):

- Twice a year Woreda WaSH Teams expected to bring representatives of local stakeholders (WASHCOs, LSPs, WSGs, woreda administrators, traditional leaders, plus zonal and regional PCU representatives) together to review progress reports and tackle issues that have arisen and constraining implementation of the program.
- Once a year the Regional PCU could bring the same set of stakeholders from different woredas together to find solutions to systemic issues, refine policy and strategy, and improve training materials.
- The primary responsibility for data gathering and compilation will rest on woreda WaSH Team and rural communities (WASHCOs). The baseline data need to be

updated at least on yearly basis. WSGs and LSPs are required to assist in collecting, updating, analyzing and reporting the M&E information on a regular basis.

The RWSSH Program Management Team will be accountable to the Woreda Council and will be required to report to the Council on a regular basis. On the other hand, it is also advisable to report to local stakeholders, the Regional Bureau, the Ministry of Water Resources and donors or investors. The woreda's performance monitoring and analysis provides with all the information it needs for reporting purposes. In any case, it will be vitally important to regularly report to, or otherwise communicate with, those stakeholders whose support and satisfaction is critical to the success of the program (Woreda RWSSHP Operations Manual, 2005).

What the woreda is monitoring and evaluating is the degree and the extent to which, because of program inputs and activities, that present situation is changing toward the results it expects. The woreda need to ensure that it has indicators that will measure or demonstrate that change – in terms of its baseline data (Woreda RWSSHP Operations Manual, 2005).

Operation Manual of the program dictates as each program woreda should consider monitoring results at the Output level twice a year – and at the Outcome level every 18 months. Output monitoring twice a year provides reasonably immediate feedback on performance, and decisions based on findings that can be built into next annual plans. Outcome monitoring every 18 months allows time for trends (positive or negative) to emerge and to suggest need or possibility of *strategic* changes (Woreda RWSSHP Operations Manual, 2005).

2.5.4 STAKEHOLDERS COORDINATION/INTEGRATION OF PROGRAM'S ACTIVITIES/

2.5.4.1 The Need for Stakeholders Coordination/Integration of Program Activities/

Building a broad base of participation and support will be critical to the successful implementation of the program and to the sustainability of program results. Stakeholders of the RWSSH program could be the user communities, public Organizations, Non-Governmental Organizations, Community Based Organizations, interested groups & individuals and others that will directly or indirectly be affected by the program or influence the implementation of the program (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

On the other hand, it is also learned that equal to disintegrated efforts, lack of similar approach in water supply, sanitation and hygiene development interventions have been negatively affecting its success in many developing countries.

" Too many stakeholders (e.g. Government and Non-Government Organizations, Donor Agencies and Private Sectors) are involved in rural water supply and sanitation (WATSAN) sector, are currently executing projects in their own approach and modality which easier and comfortable to them. The lack of single approach has not only brought confusion among recipient communities but also created managerial dilemma among various stakeholders (A. Mohan et al. 2009:84).

The core idea need to be understood is as the program will positively affect stakeholders- as beneficiaries and that the stakeholders will positively influence the program as contributors. Thus, at all stages of program's planning and management (community, woreda, zonal, regional and national) stakeholders analysis is critically important for the success of the program. To ensure this, at all levels you need to know:

- who the stakeholders are
- what their 'stake' in the program is
- what results/benefits different stakeholders expect
- what contributions they can make
- how the program would be adversely affected if their expectations were not met- or their contributions were not made (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

Since recent years, in Ethiopia, government has taken the initiative to delegate/authorize public organizations at all levels to be the main stakeholders of the WaSH sector and play a leading role in coordination, implementation and fostering of the program. Accordingly, MEMORANDU oF UNDERSTANING (MoU) was signed among Ministry of Water Resources, Ministry of Health & Ministry of Education at federal level in March 2006. Following the MoU signing made at federal level, at regional level, Oromia Water Resources Bureau, Health and Education Bureaus had also adapted & signed an MoU agreement. This MoU document is believed to bring together the signatories of MoU and other stakeholders to jointly planning, promotion, implementation, monitoring and better utilization of resources for water supply, environmental sanitation and hygiene education in the community, schools and

health institutions and thereby accelerate the attainment of MDG targets and PASDEP, and moreover currently the realization of Universal Access Plan. The regional MoU was put into effect for the period 2006 - 2008, and can be revised afterwards upon request of any party to the other members. Consequently, MoU is need to be signed in all program woredas in the context of that signed at regional level (Memorandum of Understanding between OWRB, OHB & OEB, 2006).

2.5.4.2 Harmonization Process of the Program:

The existing Water Supply, Sanitation and Hygiene(WASH) program in Ethiopia was first commenced as Water Supply, Sanitation and Hygiene(WaSH) project with development financing agreement made between Ethiopian government and IDA in the year 2004 for project implementation period of oct.1,2004-Sept.30,2009 (Document of The World Bank, 2004). Following footing steps of IDA different international communities have expressed their interest and signed an agreement with Ethiopian Government to provide technical and financial assistance to support the Water Supply and Sanitation development program being implemented in the country. AfDF, UNICEF and DFIF are the major development partners who have entered into this program and contributing their part (Federal Democratic Republic of Ethiopia, 2008).

At present the very idea of integrating water supply, sanitation and hygiene education activities is widened to the extent of pulling all WaSH supporting funds into one source/account and developing one unified program implementation manual. During mid-term review of WaSH program assisted by IDA, it was reached on consensus that all funds to the WaSH sector follows through channel 1B which is from MoFED to BoFED and WaSH implementing sector ministries and from BoFED to WaSH implementing Woreda Finance Offices (WFO) and sector Bureaus. Moreover, to accommodate these changes and move the harmonization further, a new WaSH Program Implementation Manual (PIM) under preparation to be finalised as soon as possible and get effective (Federal Democratic Republic of Ethiopia, 2008).

There are different national and international organizations involving themselves to facilitate and finalize this effort. There are periodically undertaken Multi-Stakeholders Forums & Joint Technical Review Meetings to evaluate and strengthen the harmonization process among other things (Federal Democratic Republic of Ethiopia, 2008).

2.5.5 CAPACITY BUILDING COMPONENT OF THE PROGRAM

In order to carry out the activities of the program the capacity of the stakeholders need to be built in different ways that in turn will create enabling environment for program's effective implementation.

It was identified that the following resources are critically needed for capacity building of the participating woredas and hence for the program's effective implementation (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005:38-40).

- i. Human Resources: managers, trainers, technical experts, artisans, consultants, volunteers etc.
- ii. Organizational Resources: policies, legislation, plans, procedures, standards, regulations, systems, logistics etc.
- iii. Material Resources: equipment, facilities, building materials etc.
- iv. Financial Resources: tariffs, grants, generated income – from community, government, donors, private sector.

The basic strategy of RWSSH program is the implementation of the program through community ownership and management of the program by building the capacity of both public and private stakeholders, particularly the capacity of woredas, the user communities and different service providers.

Accordingly, in the first two years of the program a woreda Administration will have the services of a planning/management consultant – called a Woreda Support Group. It is expected that WSGs will make extensive use of the two manuals (Planning & Management manual, and Operation manual) in building the capacity of the Woreda personnel (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

Connected to this, the other steam of capacity building component is the establishment and building the capacity of Community Facilitator Teams(CFTs) and Local Service Providers(LSPs). The woreda planning consultant is also expected to provide different trainings to build the capacity CFT and LSP contracted by a woreda administration. Both CFT and LSP are need to be organized, trained, licensed, equipped with construction and maintenance materials through arrangement of credit facility or any other capacity building program by woreda administration. To put it in a net shell, the range of services a WSG could provide includes:

- Facilitating preparation of the Woreda Strategic Plan and the 1st Annual Work Plan;

- Assisting in establishing RWSSHP management *systems* (e.g. MIS) and management tools (e.g. M&E Framework);
- Providing management training and mentoring for woreda personnel;
- Building the organizational capacity and technical/professional skills of CFTs and LSPs.
- Supervising siting and construction of wells and the installation of pumps and electrical/mechanical equipment. At large, the objective of the WSG is to leave the Woreda, at the end of the contract period, with competent managers and service providers in place - sustaining, renewing and extending the Program (Woreda RWSSHP Operations Manual, 2005).

Capacity Building refers, generally, to strengthening *institutional* or *organizational* capability. This may be provided through training, technical assistance or consultancy services. It is expected that in many woredas potential LSPs will have limited capacity to organize and maintain themselves as *small businesses*. To ensure the long-term sustainability of the program it is critical that these service providers are enabled to become viable enterprises. In some Woredas there may be too few agencies with the potential to become service providers. In these instances the RWSSH Program may need to help create and foster CFTs and LSPs (Woreda RWSSHP Operations Manual, 2005).

Training is the most important capacity building sub-component of the program. Here, what should be clearly known is training need to be conducted to fill specific gap/s of each woreda. Thus, before training is undertaken training needs assessment will be conducted to establish current level of competence and to identify critical gaps in knowledge and skills. The Training Need Assessment should be conducted at the beginning of each Project Cycle. All stakeholders will need orientation to RWSSHP policies and principles, strategies, roles & responsibilities, project cycle, technical options and gender responsive approaches. In addition, each stakeholder group will have specific training needs (Woreda RWSSHP Operations Manual, 2005).

The training programs need to be well scheduled and managed. The Operation Manual recommends either one member of the PMT responsible for coordinating all training activities or each Component Manager responsible for training related to his/her component. The purpose of training plans is primarily to alert all stakeholders to planned training activities and to ensure that training is completed on schedule providing trainees with the skills and knowledge they need for their immediate tasks.

The other important capacity building component of the program is the provision of office and field equipments that will help proper implementation of the program. The materials and equipments could vary from one woreda to another, but to the gap of specific woreda in fulfilling basic facilities that will support the execution of the program. They supplied equipments and materials are supposed to be used only for program's activities and protected from misuse. It is in such a locally built capacity that the implementation of RWSSH development program could be placed in reliable base that could lead to the realization of sustainable development in the sub sector. Connected to this, the establishment of supply chain for spare parts was also identified as critical capacity building input.

Availing of the required financial resources is the other component of capacity building under the program. The possible sources of finance for the program's implementation are donor organizations, counterpart fund from Government, the share of the user communities and other development partners in the sector (The FDRE MoWR, 2005).

As regard to counterpart fund, the government's contribution at federal level is for activities to be carried at federal and regional levels. Additional counterpart contributions will come from the regions, woredas and towns participating in the program. Rural communities are expected to contribute a minimum of 5% of the investment cost in cash, out of which the woreda administration may cover up to 2% (The FDRE MoWR, 2005).

2.6 THEORETICAL FRAMEWORK FOR EFFECTIVE IMPLEMENTATION OF RURAL WATER SUPPLY, SANITATION AND HYGIENE PROGRAM (RWSSHP)

From the literature reviewed and discussed in detail under item 2.5 of this paper, the author has summarized the following key points and formulated a conceptual framework as stipulated in Fig3.

It is believed that the effective implementation of RWSSH program starts from sound planning. In each program woreda SPC need to be established and given the required training to prepare strategic plan of the woreda. The preparation of the plan need to be based on reliable data base and be done with active participation of concerned stakeholders. Sufficient budget need to be allocated for plan preparation and a well guiding TOR need to be prepared and used in the course of the strategic plan preparation.

Having a practicable plan, the planned physical facilities of water supply schemes need to be constructed timely with required quality. For attainment of this, practicable procurement plan and effective contract management should be in place. In order to make the program acceptable within the communities, it is reasonable to use similar hygiene and sanitation promotion activities. In doing so, a standardized household latrine with longer life span is expected to be constructed.

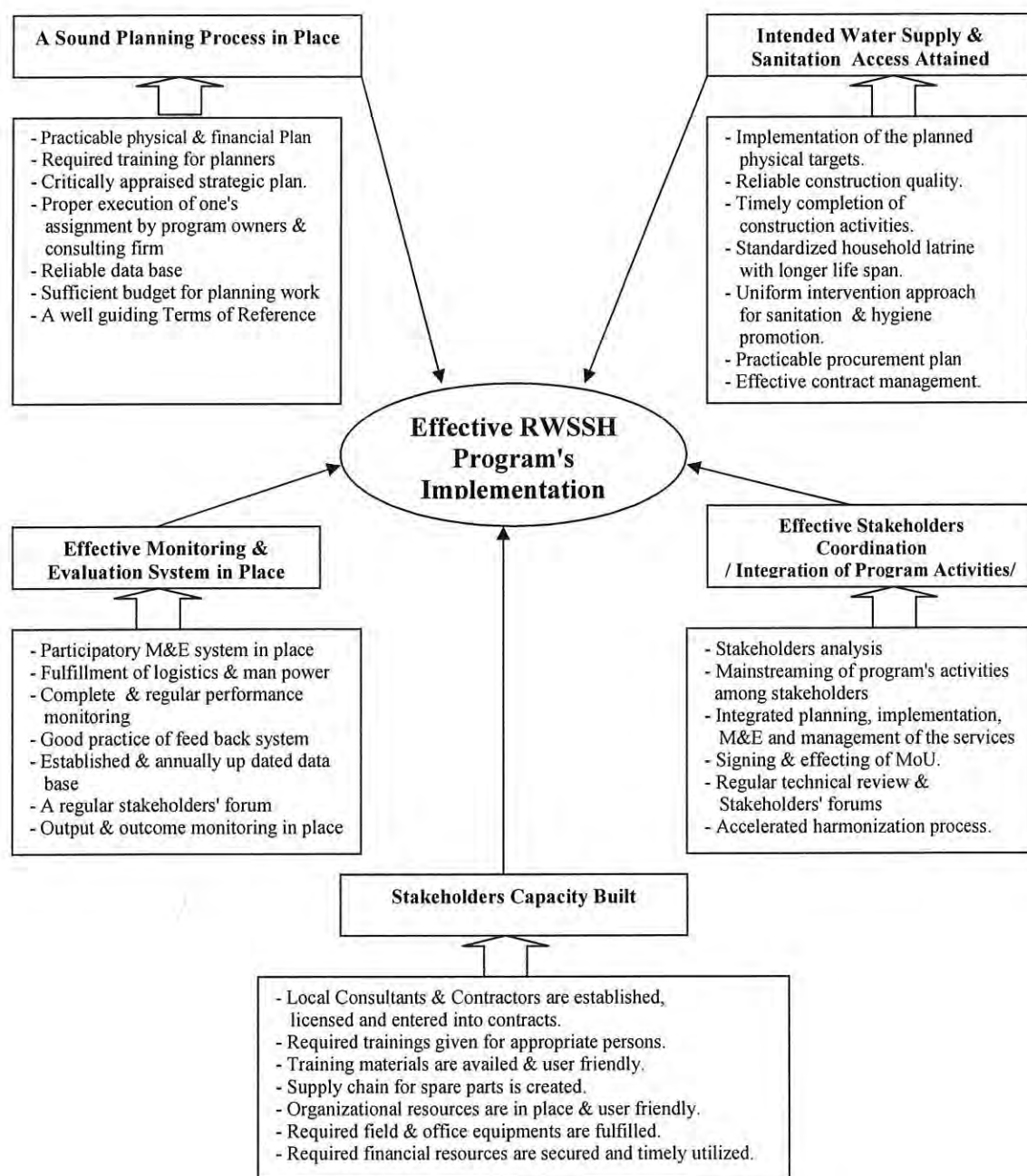
On the other hand, participatory M&E system contributes much for effective implementation of RWSSHP. In order to do this, each program woreda need to be facilitated with required manpower and logistics. There should be performance monitoring of the program; and performance monitoring need to include all program activities and be done on regular basis without interruption. In order to know the status of the woreda at any given time and plan future activities, the once established data base need to be updated every time, at least on yearly basis. Apart from these, the woreda need to undertake output monitoring to provide immediate feedback on performance, and decisions based on findings that can be built into next annual plan. Further more, outcome monitoring need to be done to suggest need or possibility of strategic changes.

Another core and basic approach of RWSSHP is the integration of water supply, sanitation and hygiene promotion activities to attain better results. In order to does this, in the program's planning stakeholders analysis need to be conducted and stakeholders and potential collaborators for program's implementation need to be identified. The identified stakeholders are expected to mainstream program's activities into their respective organizations, and they plan, implement, monitor & evaluate as well as manage the program activities jointly. Connected to this, in each program woreda, MoU need to be signed by co-signatory offices and effected accordingly. In order to accelerated the harmonization process and develop the spirit of collaboration, such important activities as technical reviews and stakeholders forum need to be conducted on regular basis.

It is obviously known that our implementation capacity, especially at woreda level is very low for both public and private sector. Looking at this critical gap, RWSSHP was designed by capacitating the implementation capacity of these pertinent stakeholders. The capacity of the stakeholders was thought to be built in such a way that it will be there at local level for sustainable development in the future. Human resources, organizational resources, material

resources and financial resources are the identified critical resources within which different capacity building activities are need to be done.

Fig3: Theoretical Framework of Effective RWSSH Program's Implementation:



Source: Adopted from Getachew (2002), Bezabih (2008) and Tegegn (2008).

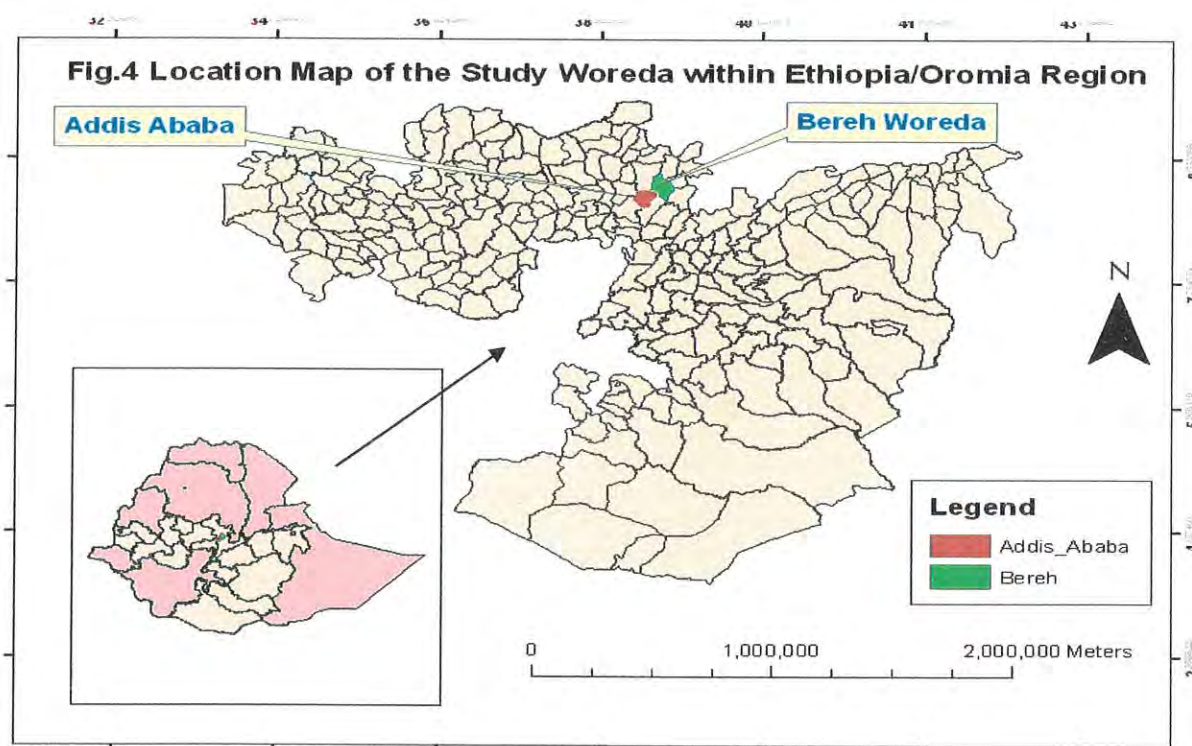
The theoretical framework of these papers were selected to be adopted due to the fact that: (i) they have dealt with relevant subject (issues) with this study and (ii) They have also dealt under the same/similar operational situation of the WATSAN sector in Ethiopia.

CHAPTER THREE:

3. DESCRIPTION OF THE STUDY AREA AND METHODOLOGY:

3.1 DESCRIPTION OF THE STUDY AREA:

The Study woreda is found in North Shewa Zone of Oromia region. Sendafa town is a capital of the woreda which is found at 40 km from Addis Ababa in the North eastern direction on the main high way that takes to Dese town. The woreda is one of the eighteen woredas of North Shewa zone. It is bounded with Sululta woreda in the North-east, Jida woreda in the North, Aleltu woreda in the East, East Shewa zone in the south and Addis Ababa in the South-west directions. Bereh woreda has an astronomical or absolute location of $38^{\circ}55'E - 39^{\circ}10'$ Longitude and $8^{\circ}52' - 9^{\circ}12'N$ Latitude. It has a total area of about 727 km^2 (Finance and Economic Development Office of Bereh Woreda, 2000EC:2).



3.1.1 Physical Features of the Woreda:

The major rivers in the woreda are Kasem, Lega-dadhi and Lega-tafo. Chebi, Bereh, Kelate and Haro are the major springs, while Loshe, Lega-Jiga, Laga-bari, and Gewa are the known streams found in the woreda. Topography of the woreda is largely a plain land with less undulating nature. The major mountains in the woreda are Rufa (3228mt), yerer (3000mt) and Bereh (2700mt). As regard to its climate about 20%, 70% and 10% of the land area is

temperate (dega), Sub temperate (weyna-dega) and tropical (kola) respectively (Finance and Economic Development Office of Bereh Woreda, 2000EC).

3.1.2 Socio-economic Features of the Woreda:

According to Federal Democratic Republic of Ethiopia Population Census Commission (2008:69) the woreda has a total population of 91,955 of which 81,205(88.3%) are rural population and 10,750(11.7%) are urban population. Segregated by sex about 46,837 (50.9%) are male and about 45,118 (49.1%) are female. Agriculture is the main livelihood of the inhabitants in Bereh woreda. The agricultural sector of the woreda is composed of crop production and livestock rearing. Due to better market for agricultural products, intensification and extension of agricultural services like appropriate cultivation methods, using of fertilizers, improved seeds and other agricultural inputs since recent years productivity of the agricultural sector has been steadily increasing in the woreda (Finance & Economic Development Office of Bereh Woreda, 2000EC).

According to Bereh Woreda RWSSHP WASH Plan (2005:26) at the beginning of 1998CE water supply coverage of the woreda was 37.67%. Segregated to rural and urban it was 23.67% and 87.52% respectively. At present rural water supply coverage has reached 34.6%. Sanitation coverage of the woreda has grown from zero percent in 1998EC to 14.8% at present (refer Table 5). At present, of the existing water supply schemes about 86.6% are functional and the remaining 13.4% are not functional (refer Annex-2).

3.2 METHODOLOGY OF THE STUDY:

Both primary and secondary data was collected, analyzed and interpreted in this study using different research tools.

3.2.1 Methods of Data Collection

3.2.1.1 Primary Data

Primary data was collected through Focus Group Discussion, Key Informants Discussion, observation method and conducting of water supply schemes and household latrine inventory in the study woreda.

3.2.1.1.1 Focus Groups Discussion:

Six focus groups were mainly used to discuss with and generate primary data for this study. These groups are (i) six members of the current WWT (ii) three members of the former WWT

(iii) Nine members of the Regional Program Coordination Unit, and (iv) three groups of WASHCO from three different communities (altogether 19 members).

As the woreda is the nucleus for planning, implementing, monitoring & evaluating the program's implementation and finally managing the availed water supply and sanitation facilities within the woreda, an in depth discussion on each and every step of the program's implementation was discussed with former and current members of the Woreda WaSH Team(WWT) and required data was obtained. Formerly, before actual work of the research was commenced, it was planned to make a discussion only with existing members of WWT. But, when entered into the research, it was found that no one of the former WWT member is found in the existing WWT. Thus, in order to get information or data about earlier period of the program's implementation, an arrangement was done via Woreda Administration and discussion was also conducted with former members of WWT.

The Regional Program Coordination Unit has a key role in facilitating and back-upping the implementation of the program at woreda level. Therefore, another focus discussion was held with regional Program Coordination Unit and required data was collected.

Further more, a focus group discussion was held with three groups of WASHCO from three different communities. User community is an important level where a real taste of a given development intervention is practically seen. Therefore, again on the same and similar issues information was gathered through focus group discussion with WASHCOs of the selected communities.

3.2.1.1.2 Key Informant Discussions:

Key informants are one of the best sources of detail information in qualitative type of such researches. In this study about 24 key informants were identified and a discussion was held with them to generate a primary data for the study. The key informants were:

- (i) Eleven key informants from the woreda staffs,
- (ii) Two key informants from NGOs operating in the woreda,
- (iii) One key informant from Local Service Providers in the woreda,
- (iv) One key informants from North Shewa zone,
- (v) Six key informants from Regional Water, Health & Education Bureaus,
- (vi) Two key informants from Ministry of Water Resources, and
- (vii) One key informant from Ministry of Health.

These key informants were selected purposively due to their being so much resourceful to provide relevant information about the program by virtue of their positions in government and non-government organizations as well as private sector. Therefore, a discussion was held with these key informants to generate all relevant and required information regarding the program's implementation.

Semi-structured interview guides (Check Lists) were used to collect primary data through focus groups discussion and key informants interviews (refer Annex 7 - 9). In addition, for further clarity of different ideas and facts, informal conversations were also held with different woreda officials and experts, program consultants and contractors.

3.2.1.1.3 Observation Method:

Through observation method physical water supply and sanitation facilities constructed under the program and traditional water supply sources were observed and recorded using a digital camera in randomly selected communities and sample households. More over, the overall office arrangements, filing system, documentation system and work relationship and coordination of program activities among different stakeholders were tried to be seen and understood through observational method.

3.2.1.1.4 Inventory of Water Supply & Sanitation Facilities:

An inventory of water supply schemes and sanitation (household latrine) facilities was conducted to see improvements seen in water supply and sanitation facilities in the study woreda since the commencement of the program. Primarily it was thought to get this data from secondary sources. But, unfortunately no complete data was obtained from the woreda. Therefore, a very simple formats (refer annex 10 - 12) was prepared and translated to regional/working language and data was gathered with it. 42 Health Extension Workers working in the woreda were used as enumerators for collection of this data. A half day theoretical and practical training was given for the enumerators on January 31/2009 and they were deployed for the work. Two enumerators are assigned to work in one PA, except in four PAs where there is only one HEW in each PA. In order that the Health Extension workers could easily access the data, they were assigned within their duty station. Educational level of all Health Extension Workers is 10+3 (all are technical diploma graduates) and all of them are women.

The inventory of water supply schemes was done by physical observation of each and every scheme. On the other hand, the inventory of household latrine was not done by physical

observation of each and every constructed household latrine. Rather, list of all households in each kebele and "got" was obtained from each respective kebele administration office. Then, the data was collected largely by asking each and every household head/member on different meeting places. Visit from house to house was made in rare case where it was not possible to find household head/members in different meeting places. This vast task of inventory work was made possible by the very cooperativeness of the Woreda Administration officials who were interested and coordinated all Health Extension Workers of the woreda to execute the assignment within very short period of time.

In addition to the researcher, two Supervisors (one Sanitarian BA holder from Woreda Health Office and one Operation & Maintenance expert from Woreda water Office) were used as supervisor for supervision of the inventory work. Depending upon the number of households in each PA, it took from 20 - 30 days for Health Extension Workers to complete the inventory of water supply schemes and household latrine data in their respective PA.

3.2.1.2 Secondary data:

All relevant & available policy documents, program implementation manuals, national and sector strategic documents, Strategic plan document of the study woreda, program's implementation progressive reports, Consultants' Contract Completion Reports, Different Review Reports of the program's implementation at different levels, overall performance reports of the sector and other relevant documents were reviewed to substantiate the research findings as well as to formulate conceptual framework of the study. Secondary data was collected using formats that were prepared for collection of data from secondary sources. Required information was also retrieved from internet.

3.2.2 Sampling Technique

The WASHCOs of the user communities were selected for focus group discussions in the following procedures.

In the study woreda, the program is so far implemented in eight communities which have different water supply sources, i.e. Deep Well, Shallow Wells and Hand Dug Wells. Of the eight communities, one community is to be supplied water from Deep Well source, three communities were supplied from Shallow Well source and four communities from Hand Dug Well source. Three communities, one from each source type were selected for focus group

discussion. It was assumed that this gives a chance to assess the program implementation situation across different technology options.

Accordingly, Roge-Abu community was purposively selected as it is the only community supplied with water from Deep Well source. Among communities supplied with Shallow Wells, Kura-Jida community was excluded as the drilled well for the community was found unproductive and program implementation was interrupted in that community. From Ripha and Barrecha communities supplied water from shallow well source, Barecha community was randomly selected as the population is homogenous. From the remaining four communities supplied with hand dug wells, Biko community was again randomly selected as the population is homogenous. Among user households from each sample community, two households were randomly visited to look at the types of pit latrines constructed and observe its utilization situation as the population is homogenous.

3.2.3 Methods of Data Analysis

In order to meet the specific and general objectives of the study, the data analysis part was mainly done by using both qualitative and quantitative data analysis techniques.

Primarily, data obtained through focus groups and key informants discussions about performance of the program in the study woreda was seen or evaluated against program's purposes and objectives, i.e. compared and contrasted with what was theoretically assumed to be done. Next, data collected through different data collection techniques were triangulated with one another to validate its reliability and consistency.

Particularly, key informants discussions were designed and used for two basic purposes. These are (i) to triangulate and validate the data or information obtained through focus group discussions, and (ii) to undertake in depth investigation and understanding of the program's performance that can not be obtained through focus group discussions and observation methods of data collection. Information or data obtained from key informants was indispensable and very relevant.

Data obtained through observation method was used to substantiate and validate some of the information collected through other techniques of data collection.

Moreover, all available secondary data were collected and used to substantiate the primary data. At large, data collected through different data collection techniques were tried to be

triangulated with/against one another. Finally, doing all these, the findings of the research was tried to be interpreted and concluding remarks were drawn for each specific objective of the study. More over, it was also tried to indicate causes and implications of each critical issues under program's implementation.

Descriptive statistics (such as percentage, mean, standard deviation, and the like) were used for interpretation of quantitative data generated from both primary and secondary sources.

CHAPTER FOUR:

4. RESULTS AND DISCUSSIONS

4.1 PLANNING PROCESS OF THE PROGRAM

Basically the RWSSHP is commonly named as a woreda program, because each program inclusive woreda is expected to prepare its own woreda strategic RWSSHP, implement and manage it. To do so, Strategic Plan Committee (SPC) need to be established & trained on "*Result-based Strategic Planning and Management*" and prepare strategic plan of a woreda for the next five years. While the committee is preparing its strategic plan, the planning consultant called Woreda Support Group is expected to coach them and provide the required technical assistance (Guide to Results-Based Planning & Management of the Woreda RWSSHP, 2005).

The woreda Strategic Plan Committee is supposed to be established with a composition of different professionals who could prepare five years strategic plan for the woreda. Few members of SPC are expected to be from WWT (PMT) so that all members of PMT will not be strange for the plan at implementation stage. With the discussion held with WWT, it was revealed that SPC who is fully responsible for the preparation of strategic plan was not established in the study woreda. Instead of establishing SPC, the woreda has represented one member from WWT (Head of woreda Water office) and fully delegated him to coordinate the data collection work and prepare the document with WSG members. As SPC was not established, a "*Result-based strategic planning and management training*" which is critically important for preparation of strategic plan as well capacity building of the woreda for similar other planning activities was given only for WWT members, most of which were not practically participated in the preparation of the plan.

It was also found out that the woreda failed to establish the SPC for the following two major reasons: (i) during that time the woreda had very critical shortage of manpower, especially professionals who could undertake such a technical work, (ii) the WWT had been assuming that the preparation of strategic plan document was the assignment of the consulting firm. From this, we can conclude that duties and responsibilities of each stakeholder were not clearly defined.

On the other hand, with the discussion held with one of the key informants (former team leader of WSG and current deputy bureau of OWRB) the following factors were identified as major reasons why WWT members were not fully participated in the planning process and the plan was predominately done by the consulting firm:

- All WWT members were higher officials in the woreda and they have got many commitments under which they could not fully avail themselves for the assignment,
- The consulting firm was compelled to be involved in most of the technical issues that WWT members could not handle it.
- The client (OWRB) was pushing WWT and the consulting firm to complete and submit the document within specified (two months) period of time which was not sufficient, and
- As a consulting firm, WSG was evaluated by its client by the time it completes its assignment and quality of the document supposed to be done by its full technical assistance.

On this point one can imagine how the very intent of the program implementation was deviated. Because, the woreda water supply, sanitation and hygiene program was basically intended to be planned by the woreda personnel themselves so as to involve them in the whole planning process and they have every information, they internalize the program, they own the program and ultimately they develop knowledge and skill in planning activity of RWSSH and similar other development programs in their woreda. Generally, it is possible to say that planning process at woreda level was not participatory and it doesn't achieve the intended program's objective.

Inactive participation of the program owners (woredas and communities) is a point where the core objective of community participation and management was deviated. On this issue, The International Institute for Environment and Development on its publication entitled "participatory learning and Action Notes" (1999:23) dictates the importance users/owners' participation: "... The objective is to get the process of strengthening management capacity moving, creating opportunities for communities to debate and reflect on their abilities to manage their own systems".

Contrary to this, Community WASH plan was done more or less in a participatory manner. With the discussions held with all WASHCOs, it was understood that a thoroughly discussion was made with users on issues of water supply, sanitation & hygiene development activities (RWSSH objectives). In reviewing of program documents at woreda level, it was observed as

there are community applications to the woreda for inclusion in the program. Community applications shows the commitment of users which was confirmed by users petition. It was also revealed that about 20% - 30% members of WASHCOs are women (see Annex- 16), but in most case the positions they hold in WASHCOs are largely not important positions where they can involve in decision making. CFT experts had also trained WASHCOs on '*Result-Based Strategic Planning & Management*' and accordingly they have prepared their 'Community WaSH Plan' with technical the assistance from CFT experts. The 'Community WaSH Plan' was appraised by the woreda and the selected communities were signed '*Community Grant Agreement*' with the woreda Administration before the construction of different facilities were commenced.

The smooth flow or continuity of program activities is critically important for effective implementation of the program. Connected to this, a couple of questions were raised and situations were tried to be assessed. These are stability of staff working on the program, proper handing over of program's documents & activities during staff transfer and clarity of program's objectives and working procedures. In the assessment it was found out that there is high staff turn over in the woreda and this had negatively affected the whole planning and implementation of the program. For instance, as information obtained from the current chief Administrator, a woreda administrator who is supposed to be a chair person of WWT has been changed six times from commencement of the program up to now in the woreda. It was also made clear that during staff transfer there hasn't been formal transfer of documents and activities.

It is also revealed that the high staff turn over is similar with all positions in the public sectors in the woreda from top to bottom. This situation is connected to institutional instability (frequent restructuring) on one hand and free labour movement on the other hand.

On the other hand, every time, new members of WWT are not officially assigned, but simply take the position by virtue of their position in the identified organizations to be a member of WWT. These are Woreda Administration Office, Woreda Water Office, Woreda Health Office, Woreda Education Office, Woreda Women Affairs Office and Woreda Finance & Economic Development Office. From the focus groups as well as key informants discussions, it was made clear that there hasn't been a practice of program orientation for the new staff, mainly since two years. Formerly during commencement of the program, there had been refreshment training by

the regional PCU once or twice a year. More over, woreda consultants had been constantly doing this. After July 2007 (since the termination of contract of woreda consultants), this activity was totally discontinued and the overall awareness of the existing staff about the program is very low, which also lowered their commitments. From this situation it is possible to conclude as the high staff turn over in the woreda has created wide gap in smooth continuity of the program planning and implementation.

At present, it is possible to say that no one, including WWT members know the existence of strategic plan for the woreda. Annual plan of water supply, sanitation and hygiene development activities haven't been drawn from the strategic plan. Each and every stakeholder organizations are preparing their own annual plans without referring to the existing & approved woreda's strategic plan.

The time given for the preparation of the plan was two months. But, it was revealed that the time it actually took was more than four months. The main reason for extension of plan preparation period was lack of data at woreda and community levels. It is possible to say that almost the data base was newly done by WSG members with the assistance of different experts from sector offices. Connected to this, from review of different program documents in the woreda, it was observed that the once established data base hasn't been updated yet since its establishment. Therefore, it could be said that the woreda is still not in a good position in having reliable data for evaluation of the program under implementation and for future planning in the sector.

Next to man power, financial resources and necessary logistics for office and field activities are critically needed for proper execution of the planning activity. In the assessment regarding this point, it was understood that Birr 30,000 (thirty thousand) was allocated for execution of this assignment from region. It was revealed that the allocated money was hardly enough to produce a good plan document. And most of the work was done by transferring woreda's budget from other budget codes simply not to lose the chance that the woreda had obtained. Also there was no any logistics (car, motor bike, computer, printer) arranged for this activity. The woreda has used its own facilities for the preparation of the strategic plan. Here, it is possible to say that failure to allocate sufficient budget and failure to facilitate the required logistics for the plan preparation had greatly affected the quality of the work and also lagged its timely completion.



A Focus Group Discussion held with Current Woreda WASH Team members of Bereh woreda



Focus Group Discussion held with Regional Program Coordination Unit members.

Logically an important document like strategic plan needs to be critically reviewed by a responsible body before it gets into implementation. From discussions held with key informants both at woreda and regional levels, it was made possible to understand that the plan document was commented by appraisal team established at regional level, but the comments were too shallow that doesn't qualify the original document. Because, (i) the appraisal team members were doing the assignment as a supplementary work to their regular activities and every thing had been done in hurry, and (ii) there was no clear cut standard to appraise it against. For instance the regional PCU had simply accepted the five years RWSSHP strategic plan of all woredas, including the study woreda assuming that each woreda may draw projects as they obtain budget from any possible sources, but first year plan of the strategic plan was approved for all woredas with an average budget ceiling of Birr 2.4 million secured from IDA for each program woreda.

In addition, the following major problems were also drawn from focus groups and key informants discussions at regional level with regard to the quality of the strategic plan document:

- Primarily, during early commencement of the program, the whole process of program implementation (starting from strategic plan preparation) was not clear for all stakeholders to go through a proper path,
- There was no reliable data for proper planning in all woredas, including the study woreda,
- There was ambiguities of duties and responsibilities among program owners & consulting firms at early commencement of the program, and
- Poor skill of planning among stakeholders.

For proper execution of any assignment, especially in preparation of technical documents like strategic plan, Terms of Reference is need to be set down before the actual work is commenced. TOR stipulates the specific inputs and outputs, guidelines or directions for implementers, a reporting period, the required budget for execution of different activities and the like (Guide to Results-Based Planning & Management of the Woreda RWSSHP, 2005). Accordingly, from available documents at woreda level, it was observed that a well elaborated & defined TOR was prepared. Nevertheless, with this point also the problem lies on minimum contribution of the program owners (be WWT members or technical experts of the woreda) & it was predominately the input of the consulting firm. Had its TOR and the actual plan document was prepared by concerned woreda staff (as it was thought to be), the strategic plan document would have not been strange for both the former and the existing WWT members.

In the study woreda the program intervened communities were prioritized mainly based on the existing water supply problem & population number. Communities WaSH plans were also apprised by the woreda council and 'Community Grant Agreement' was signed with WASHCOs of each respective community. The core element & objective of community grant agreement is to define duties and responsibilities of major stakeholders mainly the woreda & the user community to assure their commitment in the formal manner.

Summary of Findings Related to Planning Process of the Program:

1. From existing strategic plan document, it is possible to say that a good indicative strategic plan was prepared for the woreda, i.e. it showed where, when & what resources are there and required as well as what each kebele/community looks like. But, the plan is too ambitious to be attained within the specified planning period, especially reliable financial sources for realization of the programs were not identified. Thus, there is a wide gap between the financial resource expected from different sources and actually committed and that could also be obtained in the remaining planning period.
2. Due to failure to establish Strategic Plan Committee (SPC) with a composition of pertinent stakeholders for the preparation of strategic plan and the plan was predominately prepared by the consulting firm, it is possible to say that the planning process was not participatory.
3. The strategic plan document was poorly appraised to make it feasible or practicable.
4. A "*Result-Based Strategic Planning and Management*" training which is critically important for preparation of strategic plan as well capacity building of the woreda for

similar other planning activities was given only for WWT members, most of whom didn't participate in the preparation of the plan.

5. By the virtue of their position in the woreda, WWT members are so much overstretched with many assignments and they took the assignment of strategic plan document preparation which they could not actually did.
6. For the simple reason of making their working atmosphere smooth with their client, the consulting firm took over the preparation of strategic plan document from WWT/SPC. This means the long term strategic advantage that the woreda could acquire wasn't received a due consideration. The WWT as well as the consulting firm tend to give emphasis on accomplishing their immediate assignment.
7. It is observed that high staff turn-over in the woreda had negatively affected the smooth continuity of the program planning & implementation in the study woreda. Due to this high staff turn-over and poor culture of properly handing over of activities and documents a three and half years existed program is hardly known among all stakeholders, including higher official of the woreda (program owners).
8. Lack of data base was found to be one of the major problems that delayed the preparation of strategic plan in the study woreda. These days too, it is not accustomed to update the data yearly or in any other interval, based on once established base. Therefore, the woreda is still not in a good position in having reliable data for evaluation of the program under implementation and for future planning in the sector.
9. Budget and time allocated for strategic plan preparation was not sufficient to produce a good plan document.
10. A well elaborated and defined TOR was done for strategic plan document preparation, but it was predominately done by consulting firm, the situation which put the program owners aside & ignorant of their concern.

4.2 IMPLEMENTATION /CONSTRUCTION PHASE/ OF THE PROGRAM

Implementation of Community Project Cycle:

Implementation of Rural water Supply, Sanitation and Hygiene program involves a series of interaction between envisaged user communities and the woreda. This series of interactions is called 'Community Project Cycle'. Each program woreda is expected to include all communities with consecutive community project cycles (Woreda RWSSHP Operations Manual, 2005). At the base year of the program, there were about 312 rural communities (gotts) altogether in Bereh woreda, of which by then only 67 communities had access for water supply service. In terms of coverage it was only 23.84%. This does not mean that the 67 communities were 100% served and no additional schemes were planned to be developed for them. By then there were about 245 non-served communities. In the five years strategic plan of the woreda, 254 communities (245 non-served communities & 9 communities were service level was very low) were planned to be covered under the program. In addition it should be noticed that the number of communities and numbers of schemes may not coincide. Because, in one community there could be more than one scheme (refer annex 5).

The strategic plan document of the woreda doesn't explicitly show the sanitation coverage for the base year, but it plans household latrine for all the then rural households in the woreda. Thus, it was deduced that the rural sanitation coverage of the woreda at base year was nil. Accordingly, as regard to sanitation all the 312 rural communities were planned to be covered within the five years strategic plan period. On this point, the strategic plan has got one problem, i.e. the fact that number of households' increment that always goes with population increment was not considered. In other words, household latrine construction plan was done only for households at base year. (Woreda RWSSHP Operations Manual, 2005).

Among the alternative community project cycle types, Bereh woreda has selected what is called 'overlapping Cycle', i.e. the woreda has planned to implement five community project cycles where each cycle will be started every 12 months. Starting from EFY 1998 (2005/06), about 24, 55, 55, 60, & 60 communities were planned to be covered under each cycle from year 1998 - 2002 EC respectively. The following table shows major activities planned to be implemented under each community project cycle.

Table 4.1: Five Years Program Schedule and Budget of Bereh Woreda:

S/N	Activities	Unit	Quantity	Unit Cost (Birr in ml.)	Total Cost (Birr in ml.)	Schedule				
						Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
1.	Study & design of water supply schemes	"	254	0.0002	0.0508	24	55	55	60	60
2.	Community mobilization & Fund raising	Comt.	254	0.004103	1.0422	24	55	55	60	60
3.	Construction of hand dug well	No.	197	0.02	3.94	10	45	45	45	52
4.	" " shallow well	"	47	0.05	2.35	9	9	9	10	10
5.	" " deep well	"	7	0.40	2.80	3	1	1	1	1
6.	" " spring on spot	"	55	0.02	1.10	5	10	10	15	15
7.	" " spring with distn.	"	9	0.06	0.54	5	1	1	1	1
8.	" " different water supply structures	Lump sum			3.825	Construction of water points, reservoirs, pipe laying, & etc				
9.	Construction of household latrine	"	10971	0.000226	2.48276	756	1508	2639	3016	3052
10.	" " washing basin	"	5	0.005	0.025	1	1	1	1	1
11.	" " public shower	"	5	0.03	0.15	1	1	1	1	1
12.	Scheme inventory	No.	5	0.02	0.10	1	1	1	1	1
13.	Rehabilitation of non-functional schemes	No.	300	0.0011	0.33					
14.	Capacity building (conduct different trainings)	Lump sum			0.1791					
15.	Conduct community promotion activities	Lump sum			0.23					
16.	Capacity building (procurements)	Lump sum			1.70	For procurement of office & field equipments				
	Total				20.844					

Source: Bereh Woreda RWSSHP WaSH Plan, 2005, p.63).

With the discussion held with both former and current WWT members it was understood that the woreda has undergone so far only one community project cycle. Even out of the 24 cycle-1 program communities, due to budget constraint the full program activities have been undertaken only in eight communities. In the remaining 16 cycle-1 communities, sanitation & hygiene promotion activities had been undertaking for the first two years while community facilitation experts were within the community. But, it was interrupted due to failure to integrate water development component of the program, which is the prime interest of the community.

From discussion held with regional PCU, it was realized that Bereh woreda is one of the woredas in which the program was early started, but even community project cycle- 1 was not yet completed. The following points were the main reasons for this delayed accomplishment in the study woreda as well as other similar woredas:

- Lack of sufficient budget to embrace many communities with overlapping cycles.
- Highly bureaucratic nature of donors fund release system, i.e. replenishment system that is hindered by our poor utilization capacity at all levels (regional, woreda & community levels).
- Prolonged period of 'no objection' system from donors, particularly from World Bank. The information collected regarding this issue reveals that this system is very lengthy that retarding the timely accomplishment of activities as per the scheduled time frame.
- Weak capacity of suppliers and contractors in the country in timely accomplishing their contracts.

As to improving the situation in the study woreda and many other similar woredas, the region is currently preparing itself to continue the program activities in 1st, 2nd and even in 3rd cycle communities as much as the fund obtained from DFID could afford.

The following are the eight rural communities where the program has been implemented for the last 3 - 4 years.

Table 4.2: List of Cycle-1 Communities in the Study Woreda:

S/N	PA	Community	Proposed Water Supply Scheme	User Population			Household Latrine		
				Plan	Achievement	%	Plan	Achievement	%
1.	Roge- Abu	Roge-Abu	DW	1500	0	0.00	306	46	15
2.	"	Biko	HDW	125	255	204	32	9	28
3.	"	Fincha	HDW	125	270	216	28	8	29
4.	"	Adama	HDW	125	270	216	30	7	23
5.	"	Gora	HDW	125	245	196	24	6	25
6.	Ripha-Danbal	Ripha	SW	200	420	210	57	21	37
7.	Roge- Abu	Barecha	SW	200	175	87.5	44	13	30
8.	Kura- Jida	Arbu- Keno	SW	200	0	0.00	46	3	7
	Total			2600	1635	63	567	113	20

Source: Bereh Woreda Water Office and Inventory conducted under this Study.

The construction of the four Hand Dug Wells was completed in 2006 with few months delay from the scheduled time of completion. As explained by key informants at woreda level, the main reasons for late completion of the construction of HDWs were delay in practical training given for woreda Local Service Providers and late release of construction budget from the regional office. Nevertheless, since its completion the HDWs are well functioning. This shows that the local capacity created under the program (establishing of local contractors) was successfully done.

The two Shallow Wells in Borecha and Ripha communities were drilled in March 2007 and installations of pumps were done in September 2008. The Shallow Well in Ripha community has been well functioning since its completion while the one in Barecha community is facing frequent failure. The drilling of the 3rd Shallow Well in Arbu- Keno community was done at the same time with other shallow wells, but was found unproductive. As information obtained from woreda water office, for Arbu- Keno community an alternative budget source was looked from Government capital budget and it is under construction in this year (2001 EC). The construction of one Deep Well in Roge- Abu community is not yet completed for different reasons. The well was drilled in January 2008 and was found productive, but other structures like pipe laying, construction of reservoirs and water points were not completed to avail the system for the intended service.



The Deep well drilled in Roge- Abu community (184 mt. depth).

From figures that are illustrated in the Table 4.2 above it could be understood that within the intervened communities access to water supply service has reached 63%. Compared to the overall water supply access of the wereda (34.6%), the intervened communities are at better level, but with the following limitations. (i) most of the completed schemes are serving over their capacities. This is due to the fact that unserved people come from neighboring communities, (ii) due to the reason mentioned in item (i) above, the existing service standard is

not maintained, i.e. 15 liters of water per day per person within 1.5 km radius, and (iii) there is high chance of failure caused by over utilization. On the other hand users number greatly vary across schemes depending on water discharge that is determined by (i) proper site selection with good aquifer, and (ii) proper drilling techniques & installation of materials during construction. For instance, as physically observed and the data in the table shows shallow well in Ripha community has good discharge and large number of people are getting service from it, while shallow well in Barecha community has very low discharge which is serving under capacity.

As regard to sanitation coverage in the program intervened communities (20%) is not much better than the woreda's average of 14.8% (refer Annex 4). With the discussion held with the concerned key informant in the woreda, it was understood that in the whole woreda including the RWSSHP intervened communities the rate of progress in latrine coverage was slowed down for the following major reasons:

(i) Health Extension Program that encompasses the promotion of household latrine construction and hygiene behavioral change is a new program that doesn't bring significant behavioral changes within the community yet, (ii) Lack of unified and similar approach in its promotion. Some development partners (eg. Agri- Service Ethiopia Bereh Program Office) promote household latrine construction with free supply of sanplats while the Government and other development partners do not, and (iii) in most cases rural households don't construct a standardized latrine that can serve longer period. Significant number of households construct a latrine that can serve only for 1- 3 years. And once the pits get fill or its shelter is removed, most households are not interested to construct another latrine, but go back to open defecation.



Sample household latrines in Biko community.

As was understood from the focus groups discussions and sample household latrines were randomly observed, the quality of household latrine is predominately very poor, have short life

span and unhygienic. There is no hand washing facilities and practices. In most cases this is related to shortage of water and low awareness.

Similar to ideas suggested above, with regard to sanitation & hygiene promotion activities most of the regional PCU members have also suggested as it is very difficult to promote it separating from water supply provision. It is believed that sanitation & hygiene promotion activities are better go side by side with water supply provision though not compulsory. Because, people are highly interested with water supply provision as it is their burning problem. Under this program, it was understood that water supply is the point where people could easily understand or taste the fruits of the development intervention and also it could help as entry point for successful achievement of sanitation & hygiene development activities.

What was tried to be illustrated in Table 4.2 above & description related to it is what have been implemented under RWSSHP based on the strategic plan of the woreda. Apart from this & contrary to basic principle of RWSSHP, i.e. integrated & coordinated undertakings of all water supply, sanitation & hygiene development activities of the woreda, there were some development activities/projects which were independently done by different development partners. The following activities/projects were done by different development partners in the last 3 - 4 years independently of RWSSHP (Inventory of water supply schemes conducted under this study):

- a) Agri- Service Ethiopia Berek Program Office - 4 HDWs, 1 SPOS & distribution of 360 sanplats.
- b) Oromo Development Association - 24 HDWs.
- c) Berek Woreda Water Resources Office - 5 SWs, 2 HDWs and 2 medium SPWD.

The overall management of these implemented activities/projects was not under the management of WWT. All activities have been fully managed by separate development partners and procedural implementation steps of RWSSHP were not followed. This issue will be further discussed under item 4.4 of this study (Stakeholders Coordination/Program's Integration Situation of the Program). Therefore, though all development efforts were not integrated and coordinated under one unified program, the rural water supply and sanitation status of the study woreda have showed a progress in the last 3 - 4 years. Table 4.3 shows the existing water supply and sanitation status of the study woreda.

Table 4.3: Bereh Woreda Water Supply and Sanitation Access Achievement Versus Plan.

S/N	Scheme Type	Service Standard (No. of users per Scheme)	Water Supply Coverage										Sanitation Coverage (Access to Household Latrine)			
			From 1998 - 2000 EC			Overall Achievement up to 2000 EC										
			Physical Target			Users			Total Rural Popn.	Accessed Popn. At Base year	Total Accessed Popn.	%	Plan	Achievement	%	
			Plan	Achievement	%	Plan	Achievement	%								
1	HDW	125	100	34	34	12,500	4,250									
2	SW	200	27	7	26	5,400	1,400									
3	DW	1500	5	1	20	7,500	1,500									
4	SPON	125	25	1	4	3,125	125									
5	SPWD(medium)	500	7	2	29	3,500	1,000									
6	Household Latrine															
	Total		164	45	27	32,025	8,275	26	68,251	15,363	23,638	34.6	13,471	1,987	14.8	14.8

Source: - Bereh Woreda RWSSHP WASH Plan, (October, 2005).

- Water Supply Schemes & Household Latrine Inventory conducted under this study.

From the data illustrated in table 4.1, we can understand that within the past three program years (1998 - 2000 EC) 134 communities were planned to be covered (had got access to water supply service). Within this elapsed program period, it was planned to construct about 100 hand dug wells, 27 shallow wells, 5 deep wells, 25 spring on spot and 7 medium spring with distribution. With provision of these facilities about 32,025 rural population were expected to get access to clean water supply service which will increase rural water supply coverage of the woreda to 69.4% (15,363 rural users at base year plus 32,025 planned users for the last three years out of the total rural population of the woreda by year 2000 EC, i.e. 68,251). But the achievement at the end of 2000EC was only 34.6%. (refer Table 5 above). Rural water supply inventory under this study shows as non-functional rate of the schemes has reduced from 16.4% at base year to 13.4% in 2000EC (refer Annex- 2). From this it could be deduced that the improvement was seen due to human and material capacity building done in the woreda. On the other hand, it was planned to construct about 4,903 household latrines within the last three program years which will rise the sanitation access of the woreda to 39.1% at the end of 2000 EC, but the achievement was only 7.4%(refer Annex 4). Household latrine inventory conducted under this study reveals that about 1,987 rural households have got household latrine up to February 2009, which shows as sanitation coverage of the woreda to date is only 14.8% (refer Annex 4).

Procurement plan and its implementation is another very essential activity that contributes for effective implementation of RWSSHP. For all inputs of the program (be it work, goods or services) each woreda need to prepare a procurement plan and translate it in to action accordingly. With the discussion held with WWT members and as program documents were reviewed both at woreda and regional levels, the woreda had prepared a procurement plan for Cycle- 1 communities and passed it to the regional office. Because, most of the works, services and goods have been procured at regional level for all program woredas under one contract. It was only services provided by Local Service Providers that have been procured at woreda level.

The procurement of services by LSPs was done according to the existing Government procurement procedures which is also accepted by donors procurement procedures. Moreover, IDA allows necessary adjustment to specific situation so as to make the procurement procedure simple and effective (The FDRE MoWR, 2005). This study found that there was no any problem of procurement system at woreda level as to transparency, accountability, and the like point of views. Nevertheless, the woreda has suffered a lot from untimely procurement activity at regional level. It was revealed that there was no any goods and services timely procured under the program. For instance, the procurement and supply of moulds, tripod, and chain blocks was delayed for more than one year, the procurement and supply of hand pumps for shallow wells, dewatering pump, generator for dewatering pump, motor-bikes, computer & printer was delayed for more than one and half years. More seriously, the procurement of goods and services connected to Deep Well construction in Roge- Abu community has delayed for more than two years and not yet finalized to avail the service for users.

All activities of RWSSHP were designed in such a way that it will be contracted out to different service providers. Therefore, in order that the contracted out services were properly discharged, each program woreda is expected to manage different contracts under the program. As regard to contract management, in the study woreda there were two contract types. These are:

- (i) Contract of one group of CFT which comprises a group of three experts (one community mobilization expert, one sanitation & hygiene promotion expert and one technical expert) who were working in community mobilization, organization, program planning and training. This team had been working in the eight communities where the program has been implementing.

- (ii) Contract of Local Service Providers. This group is comprised of local artisans who were organized and given required training for construction of simple water supply & sanitation schemes (hand dug wells, spring on spot and household & institutional latrines).

The first group of CFT was contracted for two years (2006 & 2007) while the 2nd group of LSP was contracted for about three months alone for construction of four hand wells done under the program. These contracts had been largely managed by one member of WWT (head of Woreda Water Office) under overall management of WWT. Though the activities had been done in the woreda, other contracts were outsourced and managed at regional level. These contracts were contract of program consultant (WSG), contract of deep & shallow wells drilling, contract of pumps and generators Supply, contract of moulds & chain blocks supply, Contract of office equipments (computers & printers) supply and contract of civil works on Roge- Abu deep well.

During construction of water supply projects, the day to day activities of LSPs and regional level contractors have been supervised and monitored jointly by woreda water office, the woreda consulting firm, CFT experts and members of WASHCO in respective community. The woreda PMT (WWT) had been also monitoring at some intervals. The monitoring of household latrine construction & hygiene education given by CFT experts have also been jointly supervised by WSG & WASHCO members for some time at early commencement of the program, but was interrupted at latter stage.

Under contract management, a very important task of checking the satisfactory completion of works was well done from Local Service Providers, i.e. the construction of four hand dug wells. But, it was not well done for one of the shallow wells. Since its completion, the shallow well in Barecha community has not been functioning properly due to frequent failure. It is clear that the well has got either drilling or installation problem, but fully handed over to users without any enforcing condition upon the contractor to resolve the problem.

From focus group & key informants discussion at regional level, it was realized that the following are the main reasons why contracts of most of the works, goods and services have been out sourced and managed at regional level:

- For the purpose of economic advantage most of works, goods and services have been procured in bulk at regional level for all program inclusive woredas including the study woreda.

- It was very difficult to find suppliers and contractors at woreda level for all these program woredas.
- There is better knowledge & skill of contract management at regional level than at woreda level.
- Most woredas have critical shortage of man power, especially at early commencement of the program so that they were not in a position to handle the work.

Though contract management at regional level had the aforementioned advantages, it was also realized that the following shortcomings were observed in the course of its implementation:

- For proper execution of activities rules and statements of conditions are well stated in the contract documents, but there have been gaps in effecting what are put on contract documents. That is why the supply of goods and services as well as completion of works have been delayed in most cases. This situation is true for delayed supply of goods & services and untimely completion of construction activities in Bereh woreda.
- There have been also no strict control and supervision to keep the quality of work and services. The technical problem encountered Barecha shallow well is related to this fact.

It is obvious that the real meaning of a given intervention could practically tested at users level. Accordingly, discussions were held with WASHCOs of selected communities.



Discussion held with WASHCO members of Roge- Abu community.



Discussion held with some WASHCO members of Barecha Community.

From the focus group discussions held with WASHCOs of the selected communities the following key points were grasped as regard to program implementation (construction activities):

- It was understood that users in the intervened communities have been actively participating in different construction activities in cash, labor and local materials contribution. Users have been participating in construction of access road & site

clearing for water supply projects. At early commencement of the program all households were also so much enthusiastic to construct household latrine. Most households were disinterested in household latrine construction with failure of water supply projects, some started well but discontinued to use and very few continue to use it to date.

- There is no procurement and contract management done at community level, except that WASHCO members have been jointly supervising & monitoring water supply construction activities with woreda water office, WSG & CFT members.
- All WASHCO members have been given different trainings by CFT experts on different subjects including construction supervision. In addition, in each community 2 caretakers 3 hygiene animators were trained. In each community one of the two (50%) the caretakers are female while all (100%) of the hygiene animators are female.
- Due to low awareness and economic inability to construct model latrines, most of the hygiene animators are not good exemplary for personal and environmental promotion activities.
- WASHCO members of Barecha community are highly dissatisfied with technical problem with the shallow well constructed for their community. They said, '*due to low water discharge & frequent disrepair on the system, more than 75% of the users were forced back to the unsafe traditional sources*'.



The developed Barecha Shallow well.



Hambisa river (one of the traditional source of water that the Barecha community is using).

- WASHCO members of Roge- Abu community are telling the water supply problem in their community with a very deep sorrow. They said '*We have been deceiving our people for the last 3 and half years without solving their problem*'. People are still using the traditional unsafe water sources.



The Maja dam (constructed in 1988 EC) Unsafe water supply source for Roge- Abu Community.



Wadecha river (the other traditional source of water being used both for human & animal consumption).

- On the completed hand dug wells people are getting the service with payment. The existing tariff is a flat rate decided by WASHCO and approved by the user communities. The existing tariff ranges from Birr 0.50 to 1.00 per family per month. The money collected by WASHCOs of the respective schemes is being used for operation and maintenance of the systems.

Summary of Findings Related to Implementation/Construction Phase/ of the Program:

1. With implementation of RWSSH program in 254 communities, the study woreda has planned to increase water supply access from 23.84% to 100% and sanitation access from 0% to 100% within five years period (2005/06 - 2009/10).
2. This 100% water supply and sanitation access will be achieved through construction of 197 hand dug wells, 47 shallow wells, 7 deep wells, 55 springs on spot, 9 medium spring with distribution and 10,971 household latrines. But, the schemes constructed so far is 34 hand dug wells, 7 shallow wells, 1 deep well, 1 spring on spot, 2 medium spring with distribution and 1987 household latrines, i.e. 14.3% of the planned water supply schemes and 18% the planned household latrines.
3. The woreda is undergoing the overlapping community project cycle on yearly basis. According to the plan, the woreda would have completed three community project cycles and should undergoing the fourth one in 2008/09. Up to 2007/08 the water supply access would have reached 69.4% while the achievement was only 34.6%. For the same year sanitation access would have reached 39.1%, but the achievement was only 7.4%, and up to February 2009, it was only 14.8%.
4. As to improving the situation in the study woreda and many other similar woredas, the region is currently preparing itself to continue the program activities in 1st, 2nd and even in 3rd cycle communities as much as the fund obtained from DFID could afford.

5. Construction quality of small schemes (HDWs) done by LSPs was found good while there are some technical problems with bigger schemes (shallow wells) constructed by big contractors.
6. The rate of increase in household latrine access is very slow which is further threatened by very poor standard of constructed latrines of short life span leading back to open defecation.
7. Lack of similar approach in sanitation & hygiene promotion has negatively affected its pace/progress (some development partners promote it with free supply of Sanplat while others are not).
8. For all inputs of the program (works, goods & services) procurement plan was done at both woreda and regional levels, but haven't been translated into action accordingly. For the purpose of economic advantage and simplicity of management, contract management of most activities were managed at regional level. Nevertheless, many problems were revealed including untimely supply of goods & services, technical problems on construction, untimely completion of construction activities, weak capacity of contractors & suppliers and from client side failure to manage different contracts as per the signed terms of agreements.
9. Prolonged and untimely completion of projects has created a desperate situation in some communities and has developed negative attitude towards the program.

4.3 MONITORING AND EVALUATION OF THE PROGRAM

The performance of RWSSH was designed to be monitored and evaluated in a participatory approach. All stakeholders are expected to be involved in monitoring and evaluation of the program. Above all, the user communities are taken as the best source of information about how the program is being implemented, how facilities are functioning and how they are being used. Monitoring and evaluation reports of the program are expected to resolve problem, refine the policy and implementation strategy and improve training materials (Federal Democratic Republic of Ethiopia, 2004).

From the focus group & key informants discussions held at woreda level it was realized that the program has been monitored by WWT members and the woreda consulting firm. The number of WWT who have been participating was not fixed, and a member who has participated at one time may not participate in the next time, except the secretary of WWT (head of woreda water office) who has been constantly participating. Other stakeholders (eg.

NGOs operating in the woreda, concerned woreda staff other than WWT members) haven't been participating in M&E of the program. Thus, it is possible to say that monitoring & evaluation of the program at woreda level hasn't been participatory.

It was also revealed that there is no fixed interval and scheduled time frame to undertake M&E of the program by WWT. It has been done usually if problem arise or there are community complaints. In the 1st year of the program (2005/06), M&E have been done at least every quarter, in the 2nd year (2006/07) biannually. Since then there has been no especial arrangement for M&E of the program, except that it has been superficially monitored by WWT members while they went for field works for different assignments. Connected to this, transportation problem, shortage of petty cash for per diem, fuel & lubricant and man power shortage were mentioned as crucial problems encountered the woreda in order to regularly monitor and evaluate the program.

The woreda WWT have been using different methods for M&E of the program. The most commonly used methods were: (i) monthly reports from CFT experts, (ii) monthly reports from WASHCOs, and (iii) physical observation of activities done within the communities. Generally, the monitoring tool commonly used were performance monitoring, i.e. evaluation of program status against the target plan. But, that by itself was not exhaustive enough. Because, the status was simply seen for community project cycle- 1 alone. It should have also seen for the whole program target plan.

As regard to standard format for M&E, at early commencement of the program the Woreda consulting firm had developed a standard format, but WWT haven't been used it. Usually, WWT members simply go out in hurry for field work, then they observe the overall situation, interview the concerned bodies, they orally give directives as required. More over, there is no practice of preparing M&E reports. After field trips, only if there were critical problems beyond their capacity, they used to report for regional PCU.

The woreda WWT had been constantly getting monthly progressive report from CFT experts while they were deployed in the communities. CFT experts have been using a standard reporting format developed by the woreda consulting firm. Since the contract of CFT experts were terminated, there haven't been progressive reports coming from community to woreda. WASHCOs don't regularly report, but only if problem arise. The reports that the woreda have

been getting from CFT experts as well as from WASHCOs, in most cases were not inclusive of all program activities. It usually lacks sanitation & hygiene performances. On the other hand, from the woreda WWT side there was poor practice of feed backing.

Beyond the woreda level, the woreda WWT had been quarterly reporting to the regional PCU until the termination of WSG contract using a standard reporting formant prepared by the woreda consulting firm. Since the report was mainly required from regional PCU for the purpose of payments for the consulting firm, it was totally discontinued after termination of the WSG contract. From focus group and key informants discussions held at regional level as well as from reviewed documents, it was realized that from regional level too, usually there hasn't been corrective actions and feedbacks for different reports from woreda as well as from the consulting firm.

According to the operation manual of the program, the woreda WWT need to bring representatives of local stakeholders (WASHCOs, CFTs, LSPs, WSG, Woreda administration, concerned woreda staff, traditional leaders, zonal & regional PCU representatives) together to review progress reports and tackle issues that arisen and hindering the implementation of the program twice a year. Nevertheless, except that they have been separately discussing with WASHCOS, CFTs, LSPs and WSG experts this important task was not done in the study woreda.

With regard to monitoring & evaluation, the other important task of Woreda WWT is the establishment of woreda data base and its updating on yearly base. WWT of the study woreda has established a very comprehensive data base, but the data has not been updated up to now.

In the study woreda it is not practiced to send monitoring and performance reports for different stakeholders whose support and satisfaction is critical to the success of the program. All kinds of reports have been sent mainly for the regional PCU. Even WWT hasn't been regularly sending different reports for the woreda council. From the discussion with both former and current WWT members, it is also understood that the woreda hasn't been undertaking output monitoring to provide immediate feedback on performance, and decisions based on findings that can be built into next annual plan. There was also no outcome monitoring that can suggest need or possibility of strategic changes.

As regard to M&E of the program, in depth discussion was held with the regional program coordinator and all necessary documents were reviewed and it was realized that the following activities have been undertaken or the existence of the following situations were understood:

- In order to evaluate the progress of the program, regional PCU have been conducting stakeholders (all program woredas WWTs, WSGs, regional PCU members, national and regional program consultants) forum biannually in the first two years and since then annually. Actually the forum has helped a lot for experience sharing and improvements of program monitoring & evaluation. WWT and WSG of the study woreda has been participating in the forum.
- Teams of multi-disciplinary experts from region were used to round all program woredas to evaluate the implementation of the program at least annually. A lot of experience sharing and on spot corrective actions have been taken by these evaluating teams. More over, necessary feedbacks have been given depending up on M&E reports of these teams. The study woreda has been constantly included under this program evaluation.
- Basically the M&E of RWSSHP is very weak and uncoordinated. Even the national manual for M&E of the program was not yet finalized and made effective. Thus, all woredas including the study woreda and the region have been developing & using their own M&E formats, which have been constantly changing and non-standardized.
- Generally there is a very poor practice of timely taking corrective actions and giving feedbacks for different M&E as well as performance reports (from region to woredas as well as from woredas to communities). The study woreda is not unique to this fact.
- As there is no clear cut directives with regard to M&E, the regional PCU haven't been strictly urging the study woreda for execution of M&E activities.
- At regional level as well as in all program woredas including the study woreda lack of vehicles, financial and man power shortages were found as the major bottlenecks for M&E activities under the program.

It is clearly stated that user communities are the major source of information regarding RWSSHP (Woreda RWSSHP Operations Manual, 2005). Accordingly, from early commencement of the program the user communities as well as their representatives (WASHCOs) have been actively participating in the establishment of the program's data

base. During construction of water supply projects as well as household latrine construction they have been also actively participated in M&E activities, especially during early commencement of the program.

Under this program, WASHCOs of the study woreda are not accustomed to regularly report to the woreda. They used to report only when problem arise. More over, their reports commonly didn't include all program activities, especially it doesn't include sanitation and hygiene promotion activities. In fact all WASHCOs have been using a standardized reporting formats developed for them by the woreda consulting firm.

Summary of Findings Related to Monitoring & Evaluation of the Program:

1. In the study woreda, M&E of the program have been done only by WWT members. It doesn't involve all pertinent stakeholders. Hence, it is possible to say that M&E of the program has been not participatory.
2. There hasn't been fixed period for conducting M&E, but usually if problems arise and that itself was getting weaker and weaker from year to year. Budget constraint, man power shortage and lack of vehicles were the major bottlenecks in M&E activities of the program in the study woreda.
3. In the study, it was observed that the woreda has established a comprehensive and reliable data base, but the data haven't been up dated since its establishment.
4. Performance monitoring (monthly & quarterly progressive reports and physical observation reports) were the most common M&E tools used in the study woreda. Nevertheless, in most cases the reports have been incomplete and not regular.
5. The study revealed that there has been very poor feed back system in the program's implementation at all levels (regional, woreda and community levels).
6. In the study woreda some important M&E activities that could highly contribute for the strengthening of the program implementation was not conducted. These activities are (i) stakeholders forum (ii) output monitoring, and (iii) outcome monitoring.

4.4 STAKEHOLDERS COORDINATION/ INTEGRATION OF PROGRAM'S ACTIVITIES/

Stakeholders coordination was taken as a primary step in RWSSH program implementation. Because, it has been repeatedly said that nationally and internationally a long time disintegrated efforts in the sector was ended with very few successes. Therefore, it was believed and the program was designed in such a way that all stakeholders will participate in

implementation of the program starting from planning to management of the services (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005).

Integration of a woreda water supply, sanitation and hygiene development plan means having one plan, one budget and one report instead of independent plans, budgets and reports by different development partners in the woreda which will have multiple advantages including minimized efforts' duplication, reduced misuse of resources, realization of sustainable development and above all accessing large number of service seekers within possible shorter period of time (Federal Democratic Republic of Ethiopia, 2008).

The primary activity in the program's integration process is stakeholders' analysis. In the study woreda, stakeholders analysis was well done and the following stakeholders and collaborators were identified. The identified stakeholders were the user community, WASHCOs, CFT, LSP, WWT, District Council, WSG, Regional PCU and donor organization (World Bank). And the identified collaborators were (i) Woreda Finance & Economic Development Office, (ii) Woreda Agricultural & Rural Development Office, (iii) Woreda Education & Capacity Building Office, and (iv) Agri- Service Ethiopia Bereh Program Office (Bereh Woreda RWSSHP WASH Plan, 2005).

Beside these, the strategic plan document clearly depicts benefits expected by each stakeholder, contributions possibly obtained from each stakeholder and potential adverse effects if expectations will not met or contribution will not be made. In discussion held with them, the former members of WWT have explained as the stakeholders and collaborators in the woreda were well integrated & coordinated up to the establishment of data base for the program. Then after, at woreda level every activity was left for woreda WWT and direct line workers of the program (WSG, CFT and LSP).

With the discussion held with one of the key informants (Planning, M&E Officer in Agri-Service Ethiopia Bereh Program Office) it was made clear that the staff of his organization don't know the existence of the program in the woreda, their office being identified as one of the stakeholders and as they haven't been invited & participating in any activity related to the program. Though the organization was not identified as a stakeholder (because the organization started operating in the woreda after preparation of the strategic plan) a Program Coordinator of other NGO named 'Oromo Development Association' has suggested similar

idea. For further understanding of the situation, a discussion was also held with responsible persons from organizations which were identified as collaborators and it was realized that their knowledge about the program is very superficial and limited. In general, it is possible to say that the program was not well communicated among the woreda staff as well as within the community. From this point, it could also be concluded that the program was not mainstreamed among the concerned stakeholder organizations.

It was also revealed that the identified stakeholders haven't been planning, implementing, monitoring & evaluating jointly the water supply, sanitation and hygiene development activities in the woreda. All stakeholders have been operating independently. For instance, the Woreda Water Resources Office, being a secretary of the woreda WWT and spearhead implementer of the program have been planning & implementing water supply projects separately from projects that have been undertaken under the program. The office is considering as program projects/activities only those assisted by the World Bank. What is surprising here is that even the office has different strategic plan document whose detail activities and overall target is different from that of RWSSHP.

The woreda Health Office has been undertaking in all PAs and communities Health Extension Program in which sanitation and hygiene development activities are one of the major components. But, no sanitation & hygiene development activities have been planned & implemented in referring with the woreda RWSSHP. None of the stakeholders know the strategic plan of the program and drawing their annual plans from it. Even the key stakeholders like the Woreda Water Office and the Woreda Health Office know and involved in the program only to the level of activities currently operational in eight communities assisted by the World Bank.

Similarly, Non-Governmental Organizations operating in the woreda also don't know as they should incorporate their water supply and sanitation development projects within the woreda program. It was due to this unclear situation that both NGOs have been separately undertaking water supply, sanitation and hygiene development activities in the woreda. It seems that the woreda is not integrating and coordination similar/the same activities in such a way that it could contribute better, but obtaining all kinds of assistance and availing the services to the community in whatever means it could lay down. Ideally, it was assumed and

the strategic plan was put on paper in which all stakeholders will plan, implement and manage the service in integrated and coordinated manner, but not yet practical.

From the focus group as well as key informants' discussions, it was also realized that on irregular meetings of woreda WWT, not strategic and long term objectives of the program are commonly raised and discussed. WWT usually discuss on immediate tasks regarding the program and approval of payments regarding the program activities.

The other important step undertaken in the strengthening stakeholders coordination/program's integration was the signing of MoU between the three line ministries (MoWR, MoH & MoE) at all levels of government structure and its implementation as per the agreement. Following the signing of MoU at federal level, it was signed at regional level in the year 2006. In the same year it was passed to all zones and woredas to be effected accordingly. With discussion held with the key informant at zonal level, it was realized that the directives was passed to all program woredas to be signed. But, MoU is not yet signed at zonal level as well as in most of the woredas. Out of 11 program woredas in the zone, it was signed so far only in two woredas assisted by Unicef. The reason for the failure is lack of attention with all stakeholders. In similar situation, in the study woreda this important step of stakeholders' coordination that could highly contribute for integration of the program was not conducted. Therefore, it was understood that further activities under MoU for strengthening of stakeholders coordination and hence for program's integration was not done in the woreda.

Alongside these, in the operation manual of the program it was also suggested that stakeholders discussion forum need to be conducted on regular basis. It is believed that this forum will be a good ground for experience sharing, evaluation of each stakeholder in discharging its responsibilities and planning of next activities. Above all, it is believed that such forums will develop the spirit of coordination/integration. From the group discussion at woreda level, it was realized that this activity hasn't been conducted since the commencement of the program in the woreda. The following points were found as major factors why it was failed to be executed: (i) no one took the initiative to create the forum, and (ii) there was financial constraint to conduct such forums.

As regard to harmonization process of the program, almost all the processes are expected to be finalized first at federal & regional levels and passed to woreda level for implementation..

In this process what has been done so far at woreda level was all water supply, sanitation & hygiene development supporting funds (that of IDA & AfDB) were pulled into one source/account (channel 1b) and being operational. In the process, no problem is so far encountered in the woreda.

The necessity of integrating program's activities was evolved from empirical situation that exist on ground. Having such empirical ground, theoretically it was formulated and further enriching by experts and practitioners in the sector at top government structure with necessary technical assistance from different development partners. Accordingly, the assignment of designing stakeholders coordination & hence integration of program's activities was formerly done at national & regional level and disseminated to local level implementers. Its theoretical enrichment and at the same time translating it into practice is still expected to be done first at national level, then to be cascaded down to the least government structural level. The role of Non-governmental stakeholders at each level will also be defined alongside this. Based on this reality, it was tried to overview what the actual situation looks like at national and regional levels regarding the program's integration issue.

A) At National Level:

The following key points were drawn from the discussions held with key informants at national level:

- Program coordination office that works for the three co-signatory ministries was established in 2007 and has been working hosted by MoWR. Currently it is largely working for MoWR and also stepping to encompass the activities of the other ministries as well.
- Formerly all donors and implementers had been separately undertaking review of the program. Since 2007 different development partners mainly the major donors & the co-signatory ministries have been jointly undertaking technical review of the program twice a year. More broadly, a multi-stakeholders forum that includes all pertinent stakeholders from many civil society organizations have been undertaking since 2007 once in a year. It is believed that these forums are gradually developing the spirit of coordination/integration.
- A draft of the new PIM called 'Harmonization PIM' was prepared & endorsed in June 2008 and stakeholders are continued discussing on it.

- A sector wide M&E manual was prepared and endorsed in October 2008 and on preparation to be effected.
- As regard to creating a 'Pull Fund' for the program, major donors like IDA, DFID, AfDB have pulled the financial resources of the program into one channel & one account (AfDB having a separate account within the same channel), but other donors like Unicef, Finnida, and NGOs not yet implemented it.
- Integration of water supply, sanitation & hygiene development activities planning, implementing, M&E and managing of the services is not practically done. This is mainly due to failure to think and act in a newly envisaged approach. It is suspected that there might be vested interests among different stakeholders that tie them to the long lasted practice and approach. Vested interest mainly refers to longing for resources' control.
- Generally, it is found that the harmonization process at national level is a very slow process that may not realize the integration of the program activities/components in short period of time.

B) At Regional Level:

The following key points were drawn from the discussions held with focus group & key informants at regional level:

- MoU was signed and Regional Steering Committee was established in 2006 with a membership of heads of co-signatory bureaus, heads of Regional BoFED & Women Affairs' Bureau. At present, it is possible to say that this Committee is not existing, because there is no any formal work relationship among these bureaus since the signing the MoU. Currently, the boldly seen gap with regard to program's integration is MoU among the three co-signatory Bureaus is not legally backed. From empirical evidence it seems that MoU statements are a matter of voluntary cooperation than legal enforcement. MoU is not legally institutionalized to make it effective.
- With a membership from these bureaus (majority of them from the leading bureau of Water Resources) a regional PCU was established & coordinating the overall implementation of the program in the region. The program coordinator also being assigned from OWRB.
- In each bureau there are also technical committee/focal person to follow up the program activities and provide all the technical assistance. But, due to high staff turn over and taking the program's activities as supplementary work, there is a wide gap in mainstreaming the program's activities among the regional staff.

- Program Coordination Office having about 11 program support staff was established in 2007. The office is hosted by Oromia water Resources Bureau and staffs also largely working for the bureau.
- In order to back-up the program activities at woreda level, Program Coordination Unit was also established at zonal level, but they are practically nominal due to budget constraint, high staff turn over, lack of commitment and failure to mainstream the program's activities in the respective offices.
- Major donors like IDA, DFID, AfDB have pulled the financial resources of the program into one channel & one account (AfDB having a separate account within the same channel), but other donors like Unicef and NGOs not yet implemented it.
- Joint Technical Review Meetings and Multi-Stakeholders Forum were not yet commenced in the region. Generally, it is possible to say that the coordination/integration of the co-signatory bureaus and other stakeholders is almost non-existent. No one is taking initiative to prepare a forum for discussion, reviewing and evaluation of the program.
- It is obviously seen that there is lack of commitment among many and overload of assignments on few devoted experts that hampering the program. It is also suspected that there are vested interests among different stakeholders that tie them to the long lasted practice and approach. Vested interest mainly refers to longing for resources' control.
- At large, lack of commitment at regional level backed by the slow process of harmonization at national level has resulted almost non-existence of harmonization of the program at regional level.

C) At Community Level:

- The community and its representatives (WASHCO members) is a single unit where you don't find the coordination/integration problem, but it is the end receiver of all program's outputs be it positive or negative. Therefore, the only thing that could be said on this point is the program inclusive communities could have received better services if the aforementioned problems of coordination/ integration at upper levels were resolved and the program was implemented as supposed to be.

At large, in this study it was realized that stakeholders coordination/integration problems that existing at woreda level are emerging from national and regional levels. Because, government institutions, mainly the co-signatory ministerial offices at woreda level, in duties

and responsibilities they are the prototype of their higher level structure. Therefore, unless with some exceptional cases, all causes of weak integration, poor commitment and vested interests are what have been emerging and structurally defusing from top to bottom.

Summary of Findings Related to Stakeholders Coordination/Program's Integration

Situation:

1. The stakeholders analysis activity which is the primary step in program's integration process was well done in the study woreda and stakeholders & collaborators were identified. Duties and responsibilities of each were also well defined.
2. This study found out that the program is not mainstreamed among the concerned stakeholder organizations. It is not known among many, and program activities are taken as supplementary assignment among all.
3. The strategic plan of the woreda is not well understood and being used by co-signatory offices. At woreda level among all stakeholders, it is considered that the program' projects/activities are only those assisted by the World Bank.
4. There have been many water supply and sanitation development projects implemented by Governmental and Non-Governmental Organizations without integrating to the woreda RWSSHP.
5. The very important step in stakeholders coordination/ program's integration was the signing of MOU among the three ministries at all levels. This important activity was not conducted in the study woreda. And hence possible advantages that could foster the integration process were not attained.
6. Joint technical review meetings and multi-stakeholders forums haven't been commenced in the woreda.
7. It is assumed that the harmonization process of the program both theoretically & in practice be finalized first at national level & then to be cascaded down to the least government structural level. Accordingly, some steps have been gone at national level. But, it is found that the harmonization process at national level is a very slow process that may not realize the integration of the program activities/components in short period of time.
8. Lack of commitment at regional level backed by the slow process of harmonization at national level has resulted almost non-existence of harmonization of the program at regional level. The same situation being seen in the study woreda.

9. It was realized that the core factors for the existing poor integration of the program in the study woreda is the reflection of what are existing at upper levels of government structures. Generally, all causes of weak integration, poor commitment and vested interests have been emerging and structurally defusing from top to bottom.

4.5 CAPACITY BUILDING ASPECT OF THE PROGRAM

One of the strategies for creating enabling environment for program's implementation is building the capacity of the woreda/stakeholders so that they could play roles expected from them. Human resources, organizational resources, material resources and financial resources are the identified critical resources within which different capacity building activities are expected to be done (Guide to Result-Based Planning & Management of the Woreda RWSSHP, 2005:38-40).

A) Human Resources:

The first and foremost resource need to be capacitated under the program was human resources. WSG was the prime body responsible to create this capacity at woreda level. With the discussion held with WWT as well as cross checked with completion report of the contract (R-WaSH Completion report, 2007), it was found that the following human capacity building activities were conducted in the woreda:

- A series of training were given for 6 members of WWT on planning, implementation, monitoring & evaluation techniques, operation and management of water supply and sanitation systems & hygiene promotion activities.
- With membership of 6 multidisciplinary experts two teams of CFT were established to assist the woreda in mobilization, training & coaching the community in program implementation. This is an additional capacity created for the woreda, but the established local consultancy firms were dissolved due to failure of the other community project cycles.
- Two groups of Local Service Providers (LSPs) consisting of 4 artisans were created. These groups of LSPs were trained to augment the shortage of local contractors in the water supply and health sectors in the woreda. This component of human capacity building is the most successful one. Because:
 - as discussed under item 4.2 of this paper, the schemes constructed by this locally established contractors were successfully completed and have been serving the community without any problem,

- In the discussion held with these LSPs, it was understood that they are performing their job in a good manner. Even they are working beyond their woreda. One of the groups has reported as they have constructed 14 HDWs in Aleltu woreda (neighboring woreda) in the 2000 EC.

Training as major element of human resources capacity building plays a very important role. Accordingly, the following training types were planned and executed for the stakeholders at woreda level.

Table 4.4: Training Activities Accomplishment versus Plan in Bereh Woreda.

Stakeholder (Trainees)	Planned Training Topic	Achievement	Remark
Woreda Council	o Promotion/demand creation	Executed	
	o Community selection/FMP approval	Executed	
	o Results-based planning & management	Not executed	The pertinent members were given as WWT members
WWT (PMT)	o Results-based planning & management	Executed	
	o Monitoring/evaluation & reporting	Executed	
	o Data collection /information management	Executed	
	o Budgeting and financial management	Executed	
	o Promotion, verification & selection	Executed	
	o Facilities Management Plan assessment	Executed	
	o Procurement & contract management	Executed	
	o Training – planning & management	Executed	
	o Hygiene & sanitation promotion	Executed	
	o Gender responsive programming	Not Executed	Included in Result-based ...
	o Supervision	Not Executed	Included in M&E training
CFT	o Participatory mobilization & planning	Executed	
	o Participatory training	Executed	
	o PHAST programming	Executed	
	o Gender equality promotion	Executed	
	o WASHCO management training/coaching	Executed	
	o Results-based planning, M & E., reporting	Executed	
LSP	o Advising on technology/design	Executed	
	o Cooperative, participatory planning	Executed	
	o Providing technical assistance	Executed	
	o Working under community supervision	Executed	
Caretakers	o Assembly & disassembly of pumps	Executed	
	o Inspection & preventive maintenance	Executed	
	o Identification of pump problems - repair	Executed	
	o Environmental promotion	Executed	
	o Community relations	Not Executed	Due to budget constraint
Operators	o Equipment operating procedures	Not Executed	Schemes are not constructed
	o Routine & preventive maintenance	Not Executed	Schemes are not constructed
	o Water quality surveillance & recording	Not Executed	Schemes are not constructed
	o Trouble shooting, problem solving	Not Executed	Schemes are not constructed

	o Community relations	Not Executed	Schemes are not constructed
Hygiene animators	o Personal & environmental hygiene/sanitation	Executed	
	o PHAST programming	Executed	
	o Gender equality promotion	Executed	

Source: 1. Bereh Woreda RWSSHP WASH Plan (2005) 2. R-WaSH Completion Report (2007:64-65).

Remarks: - Number of woreda council who took the training on item no. 1 is about 73 while on item no.2 is only 17.
 - Number of WWT who took the training varies from 4-6.
 - All of CFT members (6 of them) and all of LSP members (4 of them) fully taken all the training types.
 - 16 care takers from the cycle-1 eight communities fully taken all the training types.
 - 3 hygiene animators were trained from each community.

From focus group discussion held and review of the training reports, the following key points were drawn:

- o Members of the woreda council are not well aware of the program to properly participate in the intended training program.
- o WWT have been actively participating in the training program, but they are less active in translating into action after they took the training. This is because they have got many commitments. Though trainings are consecutive and supportive to each other; the trainees vary from one training program to another. These conditions made difficult to create a capable personnel who can properly manage this and similar programs in the woreda.
- o There was merging of different training program into one program due to budget & time shortages. This had negative impact on quality of the training given.
- o Planning of the training program was found very poor. Usually, participants were told to participate within short period of time. In rare case there were also training participants who did not attend the whole training sessions. This had also negative impact on trainings that have been given.
- o It is possible to say that trainings that have been given for CFTs and LSPs were successfully undertaken.
- o Training given for care takes were also successfully undertaken, except one type of training which was not conducted due to budget constraint.
- o Training given for hygiene animators were also successfully undertaken.
- o Trainings for operators were not conducted. Because, it was planned to be given on motorized water supply schemes, and unfortunately there is only one motorized scheme on which the construction activities are not yet completed.
- o About 60 different kinds of training materials were prepared and given for the trainees on these training programs. Of these, about 20 materials were translated into the regional working language (Afan Oromo). The remaining ones are only English version. The

translation of the training materials into working language has highly contributed to make it user friendly.

- Generally, though there were the aforementioned shortcomings, it is possible to say that the training component of human resources capacity building was well done & contributed a lot.

B) Organizational Resources:

The other major capacity building element of the program is the availability of organizational resources, i.e. the existence of policies, legislation, plans, procedures, standards, regulations, systems, logistics, ect for implementation of the program. From the discussions as well as from observed materials at the disposal of the woreda, it was revealed that:

- As regard to organizational resources, there is no much policy or regulation gaps, but the intent of the existing policies and regulations are not well understood among most of the stakeholders which is manifested by poor commitment and ambiguity of duties & responsibilities.
- Many documents related policy, rules and regulations regarding the implementation of the program were given for the woreda and trainings were given on them, but most of the resources are English version, very bulk volume and not simplified. At large, some of the resources are not user friendly at woreda level by now.
- It is understood that at woreda level the woreda council and WWT delegated by the woreda council is the owner of the program and the highest decision making body regarding the program. As regard to this issue, there is no observed responsibility gap, but there is low awareness & little attention given for the program.
- With regard to organization resources the major problem encountered the woreda was lack of clear regulation regarding CFT and LSP licensing. The CFTs and LSPs who have operating in their woreda has no legal entity so far. They failed to get license due complicated requirements from zonal Water Resources Office and zonal Trade & Industry office.

From the discussion held with a key informant at zonal level it was realized that both the concerned offices (Zonal Water Resources Office and Zonal Trade & Industry Office) are not clear with the procedures and requirements for licensing of CFTs and LSPs by themselves. Therefore, it could be concluded that clear cut directives need to be passed to all responsible

bodies. Moreover, during delegation such new tasks or jobs to lower level structure, required training need to be given for implementers.

C) Material Resources:

The fulfillment of office and field equipments to the gaps of the woreda is the other capacity building component of the program. From the focus group discussions it was understood that materials need of the woreda was included in the overall procurement plan of the woreda. Most of the materials need of the woreda was not fulfilled, because the procurement of different field and office equipments were incorporated in budgets of different community project cycles. Therefore, as large majority of community project cycles were not yet implemented most of the equipments are also not yet fulfilled.

Nevertheless, the most important field and office equipments were fulfilled under community project cycle-1. The following field & office equipments were fulfilled under the program so far:

- i) Field equipment: - One mould for production of concrete rings with its accessories.
 - One tripod for hand dug well drilling with its accessories.
 - One winch with retarding break
 - One submersible dewatering pump for hand dug wells drilling
 - One generator for dewatering pump, and
 - One motor-bike.
- ii) Office equipment: - One desktop computer, one printer and other minor office equipments required for the execution of routine office activities.

It was realized that these equipments are to the gap of the woreda and assisted them much for both field and office activities. But, the woreda has dissatisfaction with late supply of the materials. The delivery of the materials were delayed for more than one year which has affected their performance, especially it has greatly prolonged the construction of water supply schemes. Connected to this, it was realized that there is no problem with the handling of the materials so far and all of the materials are functional by now.

RWSSHP involves the facilitation of spare parts for both the existing water supply & sanitation facilities and schemes planned to be constructed under the program. In this respect,

it was revealed that no activity has been done in the woreda with regard to the spare parts provision, but actually the problem is burning and will be more serious in the future.

D) Financial Resources:

Financial resource is the other capacity building component of the program. The financial resources of the program was planned both for the provision of water supply and sanitation facilities as well as enhancing the capacity at local level to implement water supply and sanitation improvements (The FDRE MoWR, 2005).

The fund for the program implementation is expected to be raised from the Government, user communities, World Bank and other development partners. The following table shows financial resources utilized versus plan and secured up to now.

Table 4.5: Financial Resources Utilized Versus Plan & Secured Amount Under the Program in the Study Woreda:

S/N	Source	Plan for the Whole Program Period (Birr in ml.)	Secured up to March 2009(Birr in ml.)	Utilized up to March 2009(Birr in ml.)	Secured Fund (%) From Plan	Utilized % up to March 2009	
						From Plan	From Secured
1.	Government	1.91	0.53	0.33	27.75	17.3	62.3
2.	User Communities	3.70	0.15	0.02	4.05	0.54	13.3
3.	World Bank	15.24	2.06	1.04	13.52	6.8	50.5
4.	Other Development Partners	-	-	-	-	-	-
	Total	20.85	2.74	1.39	13.14	6.7	50.7

Sources: Partly from Bereh Woreda Finance & Economic Development Office and partly from OWRB.

Remark: Budget planned & utilized by other development partners could not be obtained.

From the above table we can understand that budget secured/obtained from all possible sources are much below the expected. This could be attributed to the very ambitious plan of the strategic plan. It is only 13.14% of the total planned budget that was obtained so far. The secured amount is moderate from that of World Bank, relatively better from that of Government matching fund and least from community matching fund. With the discussion held with WWT, it was explained that the secured community matching fund was lowered due to the fact that the program failed to be implemented in large majority of the communities.

As regard to the utilized budget, it is highest with that of Government matching fund due to the existing Government financial regulation that restricts the rolling-over of unutilized budget to the next year/s, and hence priority has been given for it to be utilized first in the last

program years. On contrary budget from other sources have been rolling from year to year. The very low utilized percentage for community fund was due to the same reason for its raising mentioned above. The unutilized 49.5 % from that the World Bank is due to delayed construction & other procurement activities.

With discussion held with WASHCO members of the selected communities, capacity building activities conducted at community level includes series of trainings for WASHCO members, Care-takers and hygiene animators. In this study it was realized that CFTs have prepared training materials by local language which makes the training materials user friendly. On the other hand, there is a complaint from WASHCOs upon regional program coordination unit for their failure to provide tool kits that can support care takers to undertake some minor maintenance.

With regard to financing the capacity building component of the program, it was revealed that community contribution was lowered due to absence and delay of water supply development activities. It was found out that the community contribution could be raised even up to 18% of the construction cost had the construction of water supply facilities were realized.

Summary of Findings Related to Capacity Building Component of the Program:

1. Most of the trainings required to build the capacity of the woreda personnel were conducted, but didn't create competent managers of the program in the woreda due to:
(i) trainees have been changed from one training program to another, and (ii) most of the trainees are not working with the knowledge and skills they have acquired from the trainings.
2. A reliable capacity of local consultants and contractors were created with a limitation on one wing, i.e. CFT groups were temporarily dissolved due to inability to extend their contract to other community project cycles. Nevertheless, the established LSPs are in a good position to augment the shortage of local contractors in water supply and health sectors in the woreda.
3. Trainings that have been given for WASHCOs and Care-takers were also successfully undertaken, except failure to provide tool kits for Care-takes so that they can undertake minor maintenances within their communities.
4. Training of hygiene animator were successful completed, but didn't brought significant change which is manifested by low rate of sanitation access in all communities.

5. Quite a lot of training materials were prepared for trainings that have been conducted both at woreda and community levels. The translation of some of the training materials into the working language of the region had made it user friendly, and it is a good start to ground the program in a practical manner.
6. The licensing of CFTs and LSPs was delayed for a long period of time due to complicated requirements from zonal water Resources Office and Zonal Trade & Industry Office. This situation had great negative impact on capacity building of these local contractors and consultants which is restricting or reducing their opportunity to compete different service and work contracts within and out of the woreda.
7. Currently, the woreda has supplied with the basic field and office equipments under the program, and there is a plan to fulfill their further needs.
8. The problem of spare parts supply continues to exist in the study woreda. No effort has been made with this respect to establish spare parts supply chain. Thus, it could be said that this issue is one of the threatening factors for sustainability of water supply and sanitation services both from the existing and schemes to be constructed in the future.
9. In the study woreda budget secured for implementation of the program is much below than what was planned. Of the total budget of 20.84 ml. Birr only 2.74 ml. Birr (13.14%) was obtained and only 1.39 ml. Birr (6.7%) is utilized so far. The secured budget was underutilized due to delayed construction activities. The delay of water supply facilities' construction is also the major factor that discouraged the raising of community matching fund.

CHAPTER FIVE

5. CONCLUSION AND RECOMMENDATIONS

5.1 CONCLUSION

- ◆ Failure to establish SPC is the major problem in planning process of the program in the study woreda. The strategic plan of the woreda was predominately prepared by the woreda consulting firm with inactive participation of WWT. Thus, it is possible to say that the long term strategic advantages (i.e. knowledge and skill of planning plus internalizing and owning the program) that the woreda personnel could acquire in due time didn't receive due consideration.
- ◆ Sufficient time, budget and required logistics were not allocated for strategic plan preparation of the woreda. This has negatively affected the quality of the strategic plan document of the woreda.
- ◆ The study woreda has prepared a very ambitious plan that can not be attained within the specified planning period, especially sufficient budget was not secured and the secured amount was not timely utilized.
- ◆ In the study woreda construction activities are remained much behind their schedule which had created negative attitude towards the program. From this, one can imagine how wrong promises are creating challenging situations for development endeavors within the community.
- ◆ The rate of increase in household latrine access is very slow which is further threatened by very poor standard of constructed latrines of short life span leading back to open defecation. In addition, lack of similar approach in sanitation & hygiene promotion has negatively affected its pace/progress.
- ◆ There have been many water supply and sanitation development projects implemented by Governmental and Non-Governmental Organizations without integrating to the woreda RWSSHP. This shows as the idea of integration doesn't practically exist.
- ◆ The study result revealed that construction quality was better with local contractors than with big contractors. From this, it could be concluded that quality problem on construction could exist with all contractors regardless of their capacity.
- ◆ With regard to M&E, the study result showed that there is very poor system of feed backing. This shows responsibility and accountability gaps in the program's management.

- ◆ The program activities are not mainstreamed among the identified stakeholders. From this, it is possible to conclude that all stakeholders didn't internalize and own the program.
- ◆ As SPC was not established, "Result-Based Strategic Planning" training which was supposed to be given for them was given only for WWT members. Thus, it could be concluded that the required training was not delivered for all the appropriate woreda personnel to produce a competent staff for the woreda.
- ◆ Having passed almost four program years, MoU was not yet signed in the study woreda and at zonal level. At regional level too the document simply exist nominally. From this, it could be concluded that the implementation of MoU is a matter of goodwill and voluntary commitment that unfortunately doesn't exist.
- ◆ The successful works done by local contractors and consultants indicates as the sector could be further strengthened with these development partners, particularly in fulfilling man power shortage at woreda level. On the other hand this interesting and encouraging achievements is being hampered by unwanted long and complicated system of license issuance.
- ◆ The study found out that spare parts shortage for water supply and sanitation facilities is one of the outstanding sustainability problem in the woreda and it is an area where no effort was so far made to solve the problem.

5.2 RECOMMENDATIONS

- Strategic Planning Committee (SPC) consisting of multi-disciplinary professionals need to be established and given required training for strategic plan preparation. Then, SPC need to revise the strategic plan of the woreda with full knowledge of WWT and the Woreda Council. Next, the revised document should be critically appraised before it will be approved and taken as a working document.
- Sufficient time, budget and required logistics (vehicles for field works, office & office equipments, and the like) should be allocated for the revision of the strategic plan.
- In order to accelerate improvements in water supply and sanitation in the woreda, extensive program orientation, mass mobilizations and fund soliciting activities need to be done by all stakeholders in a coordinated manner.
- Special attention should be given to accelerate improvements in sanitation access and hygiene behaviour of people. Similar hygiene promotion approaches are better followed by all development partners operating in the woreda.
- Stakeholders analysis need to be done again to refine concerned stakeholders and redefine their duties and responsibilities. Related to this, MoU need to be signed among co-signatory offices at woreda and zonal levels with concession and recognition of other stakeholders as well. More over, it seems better to legally enforce its implementation.
- The existing poor practice of feed backing system need to be radically improved at all levels. Here also the effectiveness of accountability is better legally backed up.
- In order to create responsibility and accountability among stakeholders, program's activities need to be mainstreamed among all stakeholders as stipulated in stakeholders analysis framework.
- To facilitate the licensing of local contractors and consultants, procedures for licensing of LSPs and CFTs need to be made clear and simple. During delegation of such new tasks or jobs to lower level structure, required training should also given for implementers. Moreover, the licensing of CFTs and LSPs is better decentralized to be provided at woreda level.
- The study reveals that no effort has ever made to establish spare parts supply chain. Therefore, in order to guarantee the sustainability of water supply and sanitation facilities in the woreda, strong effort need to be done to establish spare parts supply chain.

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Annex- 1: Summary of Water Supply Schemes Inventory of Bereh Woreda (As of February, 2009):

S/N	PA	HDW		SW		DW		SPOS		SPWD		Total	
		F	NF	F	NF	F	NF	F	NF	F	NF	F	NF
1.	Achane H/Kalate	-	-	1	-	-	-	-	-	-	-	1	-
2.	Bura Didibe- Kike	-	-	-	1	-	-	-	-	-	-	-	1
3.	B/J/ Mogno	2	-	-	-	-	-	-	-	-	-	-	2
4.	Bura Maru- T/Korbesa	-	2	-	-	-	-	-	-	-	-	3	-
5.	Bura- Alaltu	3	-	-	-	-	-	2	-	-	-	4	-
6.	Bura- Barak	2	-	-	-	-	-	-	-	-	-	-	-
7.	Chafé- Kula F.	-	-	-	-	-	-	2	-	-	-	3	1
8.	C/Sire- Goyo	1	1	-	-	-	-	-	-	-	-	14	1
9.	Godo- D/Muda	12	1	2	-	-	-	-	-	-	-	12	2
10.	Dire- Sokoru	8	1	2	1	1	-	1	-	-	-	10	-
11.	Girar- Barak	8	-	-	-	-	-	-	-	2	-	10	-
12.	D/Dambal- Y/Gowasa	6	-	1	-	-	1	3	-	-	-	10	1
13.	Ripha- Danbal	-	-	1	-	-	-	-	-	-	-	1	-
14.	Wodecha- Kontoba	1	-	-	-	-	-	-	-	-	-	9	1
15.	Laga Bolo- L/Bori	9	1	-	-	-	-	-	-	-	-	6	1
16.	Coba- Lencha Bululto	4	1	2	-	-	-	-	-	-	-	4	2
17.	G/Lemlem- M/A/Kombole	2	2	2	-	-	-	-	-	-	-	3	1
18.	Mugaro- H/A.	2	-	1	1	-	-	-	-	-	-	6	-
19.	Roge- Abu	6	-	-	-	-	-	-	-	-	-	-	-
20.	Warabi- Tonkole	-	-	-	-	-	-	-	-	-	-	-	-
21.	Walgaho	2	-	3	1	1	-	2	-	-	-	8	1
22.	Yeka- Saden	-	1	-	-	-	-	-	-	-	-	-	1
23.	Kura- Jida	-	-	-	-	-	-	-	-	-	-	-	-
Grand Total		68	10	15	4	2	1	10	-	2	-	97	15

Source: Data produced by the researcher for this study.

Annex- 2: Functionality Rate of Water Supply Systems in the Study Woreda:

S/N	System Types	Base Year Status (Beginning of 1998 EC)					
		Functional		Non- Functional		Total	
		Number	%	Number	%	Number	%
1.	HDW	40	88.9	5	11.1	45	100
2.	SW	7	63.6	4	36.4	11	100
3.	DW	2	100	0	0.00	2	100
4.	SPOS	7	77.8	2	22.2	9	100
5.	SPWD	-	-	-	-	-	-
TOTAL		56	83.6	11	16.4	67	100
S/N	System Types	Existing Status (March, 2001 EC)					
		Functional		Non- Functional		Non- Functional	
		Number	%	Number	%	Number	%
1.	HDW	68	87.2	10	12.8	78	100
2.	SW	15	78.9	4	21.1	19	100
3.	DW	2	66.7	1	33.3	3	100
4.	SPOS	10	100	0	0.00	10	100
5.	SPWD	2	100	0	0.00	2	100
TOTAL		97	86.6	15	13.4	112	100

Source: - Bereh Woreda Strategic Plan for RWSSHP, (October, 2005, pp.27-29)
 - Existing water supply schemes inventory undertaken for this study.

Annex- 3: Comparison of Water Supply Facilities at Present (February, 2001EC) Versus at Base Year (Beginning of 1998 EC):

S/N	PA	HDW			SW			DW			SPOS			SPWD			Total Schemes		
		2001	1998	Incre- ment	2001	1998	Incre- ment	2001	1998	Incre- ment	2001	1998	Incre- ment	2001	1998	Incre- ment	2001	1998	Incre- ment
1	Achane H/Kalate	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-	1	0	1
2	Bura Didibe- Kike	-	-	-	1	1	0	-	-	-	-	-	-	-	-	-	1	1	0
3	B/J/ Mogno	2	0	2	-	-	-	-	-	-	-	-	-	-	-	-	2	0	2
4	Bura Maru- T/Korbesa	2	2	0	-	-	-	-	-	-	-	-	-	-	-	-	2	2	0
5	Bura- Alaltu	3	1	2	-	-	-	-	-	-	-	-	-	-	-	-	3	1	2
6	Bura- Barak	2	2	0	-	-	-	-	-	-	2	2	0	-	-	-	4	4	0
7	Chafé- Kula F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
8	C/Sire- Goyo	2	2	0	-	-	-	-	-	-	2	2	0	-	-	-	4	4	0
9	Godo- D/Muda	13	6	7	2	2	0	-	-	-	-	-	-	-	-	-	15	8	7
10	Dire- Sokoru	9	6	3	3	0	3	1	0	1	1	0	1	-	-	-	14	6	8
11	Girar- Barak	8	2	6	-	-	-	-	-	-	-	-	-	2	0	2	10	2	8
12	D/Dambal- Y/Gowasa	6	6	0	1	1	0	1	1	0	3	3	0	-	-	-	11	11	0
13	Ripha- Danbal	-	-	-	1	0	1	-	-	-	-	-	-	-	-	-	1	0	1
14	Wodecha- Kontoba	1	0	1	-	-	-	-	-	-	-	-	-	-	-	-	1	0	1
15	Laga Bolo- L/Bori	10	3	7	-	-	-	-	-	-	-	-	-	-	-	-	10	3	7
16	Coba- Lencha Bululto	5	5	0	2	2	0	-	-	-	-	-	-	-	-	-	7	7	0
17	G/Lemlem- M/A/Kombole	4	4	0	2	2	0	-	-	-	-	-	-	-	-	-	6	6	0
18	Mugaro- H/A.	2	1	1	2	0	2	-	-	-	-	-	-	-	-	-	4	1	3
19	Roge- Abu	6	1	5	-	-	-	-	-	-	-	-	-	-	-	-	6	1	5
20	Warabi- Tonkole	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
21	Walgaho	2	2	0	4	4	0	1	1	0	2	2	0	-	-	-	9	9	0
22	Yeka- Saden	1	1	0	-	-	-	-	-	-	-	-	-	-	-	-	1	1	0
23	Kura- Jida	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0
Total		78	44	34	19	12	7	3	2	1	10	9	1	2	0	2	112	67	45

Source: - Base year data from Bereh Woreda Strategic Plan for RWSSHP, (October, 2005, p.25-26)

- Existing water supply schemes inventory undertaken for this study. The inventory doesn't include schemes under construction in the current year.

Annex- 4: Sanitation/Latrine/ Coverage of the Study Woreda in the Last Five Years:

S/N	PA	Up to 1997 EC.			Up to 1998 EC			Up to 1999 EC			Up to 2000 EC			Up to February 2001EC		
		Total HHS	Who Had latrine	%	Total HHS	Who Had latrine	%	Total HHS	Who Had latrine	%	Total HHS	Who Had latrine	%	Total HHS	Who Have latrine	%
1.	Achane H/Kalate	494	2	0.4	524	2	0.4	586	2	0.3	648	76	11.7	712	112	15.7
2.	Bura Didibe- Kike	320	0	0.0	332	0	0.0	343	0	0.0	360	0	0.0	377	0	0.0
3.	B/J/ Mogno	320	0	0.0	328	0	0.0	344	0	0.0	349	0	0.0	370	0	0.0
4.	Bura Maru- T/Korbesa	376	0	0.0	388	0	0.0	404	0	0.0	412	0	0.0	428	0	0.0
5.	Bura- Alaltu	221	0	0.0	255	0	0.0	293	0	0.0	347	40	11.5	418	84	20.1
6.	Bura- Barak	339	0	0.0	347	0	0.0	364	0	0.0	380	28	7.4	397	42	10.6
7.	Chafé- Kula F.	338	0	0.0	345	0	0.0	360	0	0.0	375	0	0.0	402	0	0.0
8.	C/Sire- Goyo	614	0	0.0	621	10	1.6	629	17	2.7	643	63	9.8	688	98	14.2
9.	Godo- D/Muda	587	1	0.2	599	1	0.2	619	4	0.6	633	18	2.8	656	74	11.3
10.	Dire- Sokoru	457	2	0.4	498	2	0.4	573	2	0.3	658	143	21.7	837	376	44.9
11.	Girar- Barak	392	0	0.0	403	0	0.0	416	0	0.0	437	48	11.0	461	100	21.7
12.	D/Dambal- Y/Gowasa	546	0	0.0	558	0	0.0	575	11	1.9	598	28	4.7	633	76	12.0
13.	Ripha- Danbal	399	0	0.0	417	0	0.0	438	0	0.0	488	8	1.6	529	88	16.6
14.	Wodecha- Kontoba	492	0	0.0	506	3	0.6	534	25	4.7	586	76	13.0	652	115	17.6
15.	Laga Bolo- L/Bori	442	0	0.0	461	1	0.2	477	1	0.2	492	3	0.6	512	82	16.0
16.	Coba- Lencha Bululto	816	0	0.0	841	5	0.6	879	39	4.4	902	119	13.2	964	226	23.4
17.	G/Lemlem-M/A/Kombole	733	5	0.7	758	5	0.7	780	5	0.6	798	15	1.9	827	52	6.3
18.	Mugaro- H/A.	414	4	1.0	423	4	0.9	437	4	0.9	455	5	1.1	474	65	13.7
19.	Roge- Abu	541	0	0.0	570	9	1.6	591	72	12.2	610	91	14.9	648	102	15.7
20.	Warabi- Tonkole	319	0	0.0	326	0	0.0	339	0	0.0	357	0	0.0	370	40	10.8
21.	Walgaho	762	12	1.6	792	34	4.3	817	59	7.2	841	114	13.6	884	147	16.6
22.	Yeka- Saden	625	0	0.0	650	0	0.0	688	0	0.0	704	44	6.25	739	94	12.7
23.	Kura- Jida	424	0	0.0	437	3	0.7	451	6	1.3	479	10	2.1	493	14	2.8
	Total	10,971	26	0.2	11,379	79	0.7	11,937	247	2.1	12,552	929	7.4	13,471	1987	14.8

Source: - Yearly households' number taken from Bereh Woreda Finance & Economic Development Office.

-Yearly Household latrine coverage data taken from inventory undertaken for this study.

Annex 5: Summary of Existing and Proposed Water Supply and Sanitation Facilities for Bereh Woreda(1998-2002EC):

S/N	Name of PA	Population						No. of users		Current coverage		No. of required schemes/facilities to be developed to bring the P.A. to 100 % water supply & sanitation coverage							
		total	M	F	HH	community	no. of developed schemes	WS	San	SpOS	SpG	SpM	HDW	SW	DW	Total	Larine		
1.	Achane	1910	977	933	494	6	0			1			5	2	1	9	494		
2.	Bura Didibe kike	2211	1225	986	320	6	1	8.7		3			1	2		6	320		
3.	B/J/Mogno	2026	1000	1026	320	14	0	0.0		10			2	6		18	320		
4.	B/Maru-T/korbecha	1901	930	971	376	9	2	0.0		2			3	3		8	376		
5.	Bura Alaltu	2541	1156	1385	221	14	1	0.0					12			12	221		
6.	Bura Barak	2209	993	1216	339	6	4	11.5		1			3	2		6	339		
7.	Cafe- Kulo F.	3486	1839	1647	338	13	0	0.0		5			8			13	338		
8.	C/Sire Goyo	5385	3043	2342	614	15	4	21.4					4	2	1	7	614		
9.	Godo-Dabe Muda	2340	1273	1067	587	19	8	22.2		3			14	2		19	587		
10.	Dire Sokoru	2572	1372	1200	457	16	6	71.9		11	4					15	457		
11.	Girar-Barak	2160	1056	1104	392	16	2	28.9			1		10	5		16	392		
12.	D/Danbel-Y/Gowasa	3888	1998	1890	546	8	11	76.4									546		
13.	Ripha Danbel	2270	1070	1200	399	8	0	-					5	1		6	399		
14.	Wodecha-Kontoba	3810	1962	1848	492	6	0	-		1			2	5	1	9	492		
15.	L/Bolo L/Bori	2400	1260	1140	442	11	3	18.3					8	3	1	12	442		
16.	Coba Lencha Bululto	4036	2047	1989	816	48	7	49.6					46	2		48	816		

S. No	Name of PA	Population							No. of users		Current coverage		No. of required schemes/facilities to be developed to bring the P.A. to 100 % water supply & sanitation coverage									
		total	M	F	HH	comm unity	no. of developed schemes	Total	W/S	San	SpOS	SpG	SpM	HDW	SW	DW	total	Latrine				
17.	G/Lamlam- Meta Achani Kombole	3623	1887	1736	733	44	6	1890	52.2		2			39	2		43	733				
18.	Mugaro H. A.	1831	937	894	414	15	1	500	27.3		5	2		7	2		16	414				
19.	Roge- Abu	2459	1252	1207	541	6	1	250	10.2					4	2		6	541				
20.	Wara- Tenkole	2851	1396	1455	319	17	0	-			3	2		12	2		19	319				
21.	Walgaho	3860	2009	1851	762	8	9	2720	70.5		2			3	3		8	762				
22.	Yeka- Sadeni	2436	1276	1160	625	7	1	0	0.00		4			3	1	3	11	625				
23.	Kura-Jida	2244	1149	1095	424	8	0				2			6			8	424				
24.	Bake	7771	3783	3988	1554	4	1	5539	71.3									1554				
25.	Sendafa-01	10,118	4804	5314	2023	6	3	10118	100.0									2023				
	Total Urban Kebeles	17,889	8,587	9,302	3,577	10	4	15,657	87.52		-	-	-	-	-	-	-	3,577				
	Total Rural Kebeles excluding the two urban kebeles	64,449	33,107	31,342	10,971	312	67	15,363	23.84%		55	9	-	197	47	7	315	10,971				
	Total Woreda	82,338	41694	40644	14,548	322	71	31020	37.67%		55	9		197	47	7	315	14,548				

Source: Bereh Woreda Strategic Plan for RWSSHP, 2005, pp. 25-26)

Annex 6: Population Projection of Bereh Woreda (2.9 % Growth Rate):

No.	Name of PA	Year (E.C.)				
		1998	1999	2000	2001	2002
1	Achane	1910	1965	2023	2082	2142
2	B/Dib/kike	2211	2275	2341	2409	2479
3	B/J/Mogno	2026	2085	2146	2208	2272
4	B/M/T/korbecha	1901	1956	2013	2071	2131
5	Bura Alattu	2541	2615	2691	2769	2849
6	Burua Barak	2209	2273	2339	2407	2477
7	Chafe kulo F.	3486	3587	3691	3798	3908
8	C/S/Goyo	5385	5541	5706	5872	6042
9	D/M/godo	2340	2408	2478	2550	2624
10	Dire Sokoru	2572	2647	2724	2803	2884
11	Girar Barak	2160	2223	2288	2354	2422
12	G/D.Danbel	3888	4001	4117	4236	4359
13	Ripha Danbal	2270	2336	2404	2474	2546
14	Kontoba wodecha	3810	3921	4035	4152	4272
15	Kura Jida	2244	2309	2376	2445	2516
16	L/Bolo L/Bari	2400	2470	2542	2616	2692
17	Lencha c/Bullulto	4036	4153	4273	4397	4525
18	M.G. Kombole	3623	3728	3836	3947	4062
19	Mugaro	1831	1884	1939	1995	2053
20	Roge Abu	2459	2530	2603	2679	2757
21	Wara Tenkole	2851	2934	3019	3107	3197
22	Walgawo	3860	3972	4087	4206	4328
23	Yeka sadeni	2436	2507	2580	2655	2732
24	Bake (Urban Kebele)	7771	7996	8228	8467	8713
25	Sendafa-01 (Urban Kebele)	10,118	10,411	10,713	11,024	11,344
	Total Urban Kebeles	17,889	18,407	18,941	19,491	20,057
	Total Rural Population excluding the three urban kebeles	64,449	66,320	68,251	70,232	72,269
	Total Woreda Population	82,338	84,727	87,192	89,723	92,326

Source: Bereh Woreda Strategic Plan for RWSSHP, (October, 2005, p.10)

Annex- 7: Semi-Structured Interview Guide for Bereh Woreda WaSH Team and Key

Informants:

I. Planning Process Related Questions:

1. Do you have woreda RWSSHP strategic plan? If yes, when and who prepared it? How intensively all members of SPC were involved in its preparation?
2. What major challenges did you face in preparation of your woreda RWSSHP strategic plan?
3. How much the woreda staff, including WWT members are clear with RWSSHP objectives and its whole steps (starting from planning to management stage)? If not, what problems are associated with this?
4. Was duties and responsibilities of all stakeholders were clearly known among all & it have executed accordingly? If not, what were the problems?
5. Did the woreda get enough budget for strategic plan preparation? If not, how did you accomplish it?
6. Is the woreda is drawing its annual water supply, sanitation & hygiene development activities from the strategic plan? if not, what problems are associated with it?
7. Was the woreda strategic plan document appraised? If yes, who appraised it & was the comments given incorporated? If not, why?
8. Was TOR prepared for strategic plan preparation? If yes, who prepared it and how much the planners were adhered to it?
9. How did the woreda prioritized program inclusive communities? Did the woreda appraise communities' WaSH plans & signed with each WASHCO 'Community Grant Agreement'? If not, why?

II. Questions Related to Implementation of the Program:

1. What was your water supply and sanitation access at base year ? And what was your target of the strategic plan? What is the achievement so far? What are reasons for over/under achievement?
2. How many community project cycles you have gone through up to now?
 - 2.1 What type of community project cycle the woreda is using and how many communities are planned under each cycle?
 - 2.2 What are the reasons for over/under achievement so far?
3. How was the quality of water supply projects construction? Was the construction completed according to the scheduled time frame? If not why?
4. Have you prepared procurement plan for the program? How was its implementation?
5. Was there any problem in procurement process under the program implementation? If yes, what are they?
6. How was the contract management of different activities under the program have been done?
7. How effectively the supervision and monitoring of construction activities have been undertaking? Who have been executing it?

III. Monitoring & Evaluated Related Questions:

1. Was there M&E of the program in the woreda? If yes, which stakeholders have been participating? At what interval have you been undertaking it?
2. What methods/tools of M&E were employed in your woreda?
3. Is M&E progressive reports were inclusive of all program activities? If not, which components were not included usually & why? Did the reports complete and regular? If not, why?
4. Was there standard M&E formats? If yes, who prepared it and have you been using it regularly? If not, why?
5. Was there a practice of feed backs for M&E from communities & also from region for the woreda?

- 5.1 To whom have you been sending program performance progressive reports? And was it regular? If not, why?
6. Did the woreda PMT have been conducting different stakeholders forum? If not, why?
7. Did the woreda has established a data base for the program & up dating it? If yes, at what interval?
8. Have you been conducting output & outcome monitoring? If not, why?
9. What major problems have you encountered in conducting M&E of the program?

IV. Stakeholders Coordination/Program's Integration/ Related Questions:

1. Was stakeholders analysis conducted in your woreda? If yes, what important activities were done under it?
2. How far different stakeholders have been participating in the program implementation? What problems were encountered in your woreda?
3. How much the program is communicated among the woreda staffs? Is the program mainstreamed among stakeholder organizations? If not, why?
4. How far the co-signatory offices and NGOs have integrated their projects/activities in the woreda's RWSSHP? What problems are associated with it?
5. Was MOU signed in your woreda? If not, why?
6. Do technical reviews & stakeholders forums regarding the program have been conducted in your woreda? If not, why?
7. How is the harmonization process at woreda level? What problems are associated with it?

V. Capacity Building Related Questions:

1. What types of trainings were given under the program to build the capacity of the woreda?
Which stakeholders have been participating?
- 1.1 How was the effectiveness of the trainings?
- 1.2 Was it given for appropriate persons, i.e. who took the trainings and work with it?
If not, why?
- 1.3 Was there a training plan? If not, how do you have been conducting it?
2. How many CFTs and LSPs were established in the woreda? Are they functional now? If not, why?
3. Do you think that competent managers of the program and service providers were created in the study woreda? If not, what problems are associated with it?
4. Is there any organizational resources problem for implementation of the program? If yes, what are they?
5. What kinds and number of materials were supplied to build the capacity of the woreda?
- 5.1 Are the supplied materials are to the gaps of the woreda? If not, why?
- 5.2 Did the materials were supplied on time and have been used for the intended purposes?
If not, why?
- 5.3 Are the supplied materials well handled and functional by now? If not, why?
6. What steps does the woreda has gone so far to establish spare parts chain?
7. What is the financial resources plan of the woreda for implementation of the program? How much does the woreda has secured and utilized so far?
- 7.1 What problems are associated with financial issues of the program?

Annex- 8: Semi-Structured Interview Guide for Regional Program Coordination
Unit and Key Informants:

I. Planning Process Related Questions:

1. How have you been organizing or coordinating woredas RWSSHP strategic plans?
2. Did all program inclusive woredas have properly established SPC and WWT and they executed their duties accordingly? If not, what problems were encountered & how did you overcome? What was particular situation regarding Bereh woreda?
3. Was strategic plan documents of woredas, particularly of the study woreda were appraised? Who appraised it? Did comments were incorporated? If not, why?
4. How did you evaluate the quality of strategic plan documents of program woredas, particularly of Bereh woreda?
5. Do you think that WSGs, particularly that had been consulting Bereh woreda was properly discharged its responsibilities? If not, what problems were associated with it?
6. How do you see the effect of high staff turn-over at woreda level, particularly in Bereh woreda on smooth continuity of the program implementation?

II. Questions Related to Implementation of the Program:

1. What is the number of communities/population served in the program woredas so far? How is the specific case of the study woreda?
2. What are the major reasons for over/under achievement so far?
3. What is your strategy to give services for communities which are lagged behind?
4. How was contract management of different activities have been done?
- 4.1 What types of contracts were managed at woreda & regional levels?
- 4.2 What were the major challenges in the contract management?

III. Monitoring & Evaluated Related Questions:

1. What M&E activities have been undertaken at regional level to strengthen the M&E activities at woreda level?
- 1.2 What good lessons were learnt from it or what positive results were obtained from it?
2. Is there standard M&E format for the program at national or regional level? If not, how do you executing it?
3. How is the practice of using M&E reports in the program woredas, particularly in Bereh woreda?
4. What major challenges did you face in undertaking M&E under RWSSHP program, particularly in the study woreda?

IV. Stakeholders Coordination/Program's Integration/ Related Questions:

1. What major activities were so far undertaken in the harmonization process of the program? How is the rate of its progress? What problems are associated with it?
2. Was MOU signed in your woreda? If not, why?
3. How far the co-signatory offices and NGOs have integrated their projects/activities in the woreda's RWSSHP? What problems are associated with it? How is the situation at national/regional levels?
4. Do technical reviews & stakeholders forums regarding the program have been conducted? If not, why?

V. Capacity Building Related Questions:

1. What capacity building activities were undertaken in the program woredas, particularly in Bereh woreda?

- 1.1 Do all the training programs have been conducted according to the plan?
- 1.2 What problems are associated with training component of a capacity building?
2. How is the establishment and effectiveness of CFTs and LSPs in the study woreda?
3. What organizational resources problems encountered the program's implementation in general and the study woreda in particular?
5. What steps have been gone under the program to establish spare parts chain at different levels?

Annex- 9: Semi-Structured Interview Guide for WASHCOs:

I. Planning Process Related Issues:

1. Did the community meetings held in your community to discuss on water supply, sanitation & hygiene issues (RWSSHP objectives)?
2. Did users interested & applied to woreda to be included in the program?
3. Who established WASHCO in your community? How many members are women? who trained you & on what areas the training was given?
4. Have you collected data required for planning & reached on consensus with users on issues of technology options, siting, maintenance, money-collection & management, integration of sanitation and hygiene activities with water supply development activities?
5. Have you prepared 'Community WaSH Plan'? who planned it & did the woreda approved it?
6. Did WASHCO/you and woreda have signed 'Community Grant Agreement'?

II. Questions Related to Implementation of the Program:

1. At implementation/construction stage, in what manners did the user communities and WASHCO members have been participating?
2. How was the participation level(interest) of users with different aspects of program components (water supply, sanitation & hygiene)?
3. How did WASHCOs have been participating in contract management of activities in your community? What major problems have you faced in the process?
4. How do you evaluate the quality of water supply projects' construction in your community?
5. In your opinion, to what extent do water supply problem in your community was resolved under the program? And how do express the overall feeling of the user community?
6. How do people are getting service from developed schemes (with payment or freely)? If with payment, what is the tariff & who set the tariff?

III. Monitoring & Evaluated Related Questions:

1. In what manners have the users and WASHCO members been participating in M&E activities of the program?
 - 1.1 Have you been participating in data base establishment & up dating of the program?
 - 1.2 Have you been participating construction supervision of water supply projects & sanitation facilities, If not, why?
2. Have you been regularly preparing progressive reports of the program & sending it to woredas? If not, why?
3. Do you have a standard reporting format? If yes, when & who prepared it? And how regularly you use it?

IV. Stakeholders Coordination/Program's Integration/ Related Questions:

1. How is the harmonization process at community level? Is there different interest among the community or WASHCO members? What problems are associated with it?

V. Capacity Building Related Questions:

1. What kinds of trainings were given at community level under the program?
 - 1.1 Which stakeholders have been participated?
2. Was there training materials during training program? If yes, was the materials prepared with working language & user friendly?
 - 2.1 Who have been giving different trainings conducted in your community? Was it satisfactory?
3. What problem are associated with trainings that have been given for WASHCOs & Care-takers?
4. Does the user community fulfilled the required community matching fund? If not, why?

Annex-10: Format for Inventory of Existing Water Supply Schemes in Bereh Woreda
(as of February, 2001EC):

S/N	PA	Commu- nity	Type of Scheme	Year of Construc- tion	Source of fund for Construct- ion	Existing Status	
						Function- nal	Non- Function- nal
1.							
2.							
3.							
....							
Total							

Note: Type of Scheme could be:

HDW = Hand Dug Well

SW = Shallow Well

DW = Deep Well

SPOS = Spring on Spot

SPWD = Spring with Distribution

Existing Status could be:

F = Functional

NF = Non-Functional

Annex-11: Format for List of Rural Households with and without Household Latrine
in the last Five years in Bereh woreda (as of February, 2001 EC):

S/N	PA	Community	Name of Household	Make '✓' for those who have HH latrine and 'x' for those don't have	Year of construction for those who have HH latrine
1.					
2.					
3.					
....					
Total					

Annex-12: Format of Summary for Quantity of Household Latrine Constructed in
Bereh Woreda in the Last Five Years (as of February, 2001EC):

S/N	PA	Community	up to 1997EC	up to 1998EC	up to 1999EC	up to 2000EC	up to 2001EC
1.							
2.							
3.							
...							
Total							

Annex- 13: List and Background of Former WWT Members of Bereh Woreda:

S/N	Name	Position/Responsibility	Educational Level	Job Experience
1.	Ato Muse Mola	Woreda Chief Administrator	Certificate (TTI)	25 Yrs
2.	Ato Daka Gemechu	Head, Woreda Water Office	12 + 3 (Mechanical Engineer)	23 Yrs
3.	W/ro Asnakech Bekele	Head, Woreda Women Affairs Office	Certificate (TTI)	18 Yrs
4.	Ato Yahanis Kebede	Head, Woreda Finance & Econ. Devt. Office	BA (Accounting)	14 Yrs
5.	Ato Mekonin Nigussie	Head, Woreda Education Office	Diploma(Geography)	14 Yrs
6.	Ato Girma Gonfa	Head, Woreda Health Office	Diploma (Nurse)	20 Yrs

Source: Bereh Woreda RWSSHP WaSH Plan, 2005, p.12).

Annex- 14: List and Background of Existing WWT Members of Bereh Woreda:

S/ N	Name	Organization	Respons- ibility	Educational Level	Job Experience
1.	Ato Addisu Tefera	Woreda Administration	Vice Admini- strator	12+4 (Bachelor)	12 Years
2.	" Hambisa Terefe	Woreda F & Eco. Devt. Office	Head	12 + 2	21 Years
3.	" Alemayehu Asefa	Woreda Water Office	"	12 + 2	10 years
4.	" Getinet Haile	Woreda Health Office	"	12 + 2	10 years
5.	" Tilaye Tesema	Woreda Education Office	"	12 + 2	17 years
6.	W/ro Abebech Fayisa	Woreda Women Affairs Office	"	12 + 2	7 years

Source: From information gathered by the researcher.

Annex- 15 : List and Background of Regional PCU (Program Coordination Unit) members:

S/ N	Name	Organization	Respons- ibility	Educational Level	Job Experience
1.	Ato Kebede Gerba	OWRB	Deputy B/Head	MSc	16
2.	" Lamesa Mokonta	OWRB	Program Coordinator	MSc	15
3.	" Fikadu Labecha	OWRB	Construction Team Leader	MSc	23
4.	" Benya Bekele	OHB	Head, Environmental Health Department	MSC	25
5.	" Yemane Gadisa	OEB	Program Focal Person	MA	15
6.	" Hunde Tulu	OWRB	Operation & Maintenance Team Leader	MSc	20
7.	W/ro Fasika Woldu	Oromia BoFED	Program Accountant	BA	12
8.	Ato Melka Beyene	OWRB	Program Support Staff	BSc	17
9.	Ato Getachew Debele	OWRB	Program Support Staff	MSc	17

Annex- 16 : List and Background of Selected WASHCOs members:

S/N	Name	Position in the WASHCO	Sex	Age	Educational Level
I. Roge-Abu Community					
1.	Ato Qajim Misiriya	Chair person	Male	54	Read & Write
2.	" Tsegaye Tulu	Secretary	"	47	Grade 5
3.	" Ade Gudeta	Cashier	"	52	Read & Write
4.	" Tafaru Mamo	Auditor	"	56	Grade 3
5.	W/ro Yadash Anbese	Member	Female	41	Read & Write
6.	W/ro Asgedu Hunde	"	"	35	Read & Write
7.	Ato Negash Abdi	"	Male	39	Grade 4
II. Barecha Community					
1.	Ato Tayu Damise	Chair person	Male	40	Grade 3
2.	Ato Tesfaye Dinku	Secretary	"	59	Grade 7
3.	Ato Kebede Bira	Cashier	"	27	Read & Write
4.	W/ro Bishawork Ragasa	Member	Female	32	"
5.	Ato Wandu Bulcha	"	Male	29	"
III. Biko Community					
1.	Ato Abera Nadhi	Chair person	Male	48	Read & Write
2.	Ato Asfaw Gamada	Secretary	"	45	Grade 4
3.	W/ro Chali Negashu	Cashier	Female	35	Read & Write
4.	Ato Tesfaye Kedida	Member	Male	28	"
5.	Ato Deme Gudisa	"	Male	42	"
6.	W/ro Dinke Wadajo	"	Female	51	"
7.	Ato Abebe Ishete	"	Male	55	"

Annex- 17 : List and Background of Key Informants:

S/N	Name	Organization	Position in the Organization	Educational Level	Profession	Job Experience
1.	Ato Abera fanta	Woreda Administration	Current Chief Administrator	12 + 2	Management	22
2.	Ato Muse Mola	" "	Former "	12 + 2	Teaching	26
3.	Ato Addisu Tefera	" "	Vice Administrator	12 + 4	Mathematics	14
4.	Ato Hambisa Terefe	Woreda Finance & Econ. Devt. Office	Head	12 + 2	Accounting	23
5.	Ato Alemayehu Asefa	Woreda Water Office	Head	12 + 2	Management	10
6.	W/ro Abebech Fayisa	Woreda Women Affairs Office	Head	12 + 2	Afan Oromo	7
7.	Ato Tilaye Tesema	Woreda Education Office	Head	12 + 2	Management	17
8.	Ato Getinet Haile	Woreda Health Office	Head	12 + 2	Nursing	10
9.	Ato Hailu Danyie	Woreda Water Office	Operation & Maintenance Expert	12 + 2	Mechanical Engineering	5
10.	Ato Cimdi Mulisa	Woreda Health Office	Health Extension Program Team Leader	12 + 4	Environmental Health	2
11.	Ato Sintayehu Taye	Woreda Education Office	Deputy Office Head	12 + 2	Mathematics	4
12.	Ato Teshome Afrasa	LSP Member	Chair Person	12	Local Artisan	4
13.	Ato Mayazewal Igezu	Agri-Service Ethiopia Bereh program Office	Planning, M&E Officer	MA	Economics	18
14.	Ato Amare Hayimata	Oromo Development Association	Program Coordinator	MSc	Agricultural Economics	22
15.	Ato Ebasa Oljira	North Shewa Zone Waters Resources Office	Head and Secretary of Zonal PCU	MSc	Hydrogeologist	8
16.	Ato Kebede Gerba	OWRB	Deputy Bureau Head	MSc	Hydrogeologist	16
17.	" Lamesa Mokonta	OWRB	Program Coordinator	MSc	Hydrogeologist	15
18.	" Benya Bekele	OHB	Head, Environmental Health Department	MSC	Environmental Pollution Science	25
19.	" Yemane Gadisa	OEB	Program Focal Person	MA	Educational Planning	15

20.	Ato Lechisa Idosa	OWRB		Head, Planning, M&E	MA	Environment and Development	18
21.	Ato Melka Beyene	OWRB		Program Support Staff	BSc	Geologist	17
22.	Mr. Will Devies	MoWR		Technical Assistant for WaSH Program	-	-	-
23.	Dr. Asefa Gameda	Ministry of Health		Program's National Consultant	MSc	Medical Doctor of Public Health	32
24.	Ato Asefa Biru	MoWR		Program's National Consultant	MSc	Environmental Sanitation	27

Some pictures taken during data collection and that could help for further visualization of the study area:



A Focus Group Discussion with WASHCO members of Biko community.



Shane Kurufa well-one of the traditional and very tiresome source of water in Barecha community.



One of the Household latrines without a shelter in Biko community.



Didibisa spring- one traditional source of water in Roge-Abu community. Women and girls need to wait long time to collect water due its very low discharge.



A well fenced HDW with good drainage system in Biko Community.



Lake Hambisa- major traditional source of water for Roge-Abu, Barecha and other communities, especially during long dry season.

Declaration

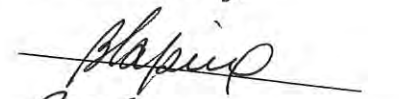
I, the undersigned, declare that the thesis is my original work, has not been presented for a degree in any other university and that all sources of material used for the thesis have been duly acknowledged.

Declared by:


Samuel Tolessa

Candidate

Confirmed by:


Belay Smane
Advisor