



Progress in Water, Sanitation and Hygiene Service Coverage in Ethiopia: What More Do We Need to Do and Why?

THE PROBLEM

Access to adequate Water, Sanitation and Hygiene (WASH) services is a fundamental human right¹. However, inadequate WASH coverage continues to be a leading contributor to the burden of disease in Ethiopia, particularly amongst children under five years². One of the many benefits of adequate WASH is a decreased incidence of infectious diseases such as diarrhea and associated morbidity and mortality¹. Also, improving WASH services can reduce the risk of stunting by decreasing diarrheal incidences¹. Given the high burden of diarrhea and stunting amongst children under five years in Ethiopia, higher coverage of basic WASH services is of vital importance.

This describes the progress made in WASH services coverage in Ethiopia between 2000 and 2016. We also show the contribution of improvements in WASH coverage to the change in diarrhea and stunting in children under five years.



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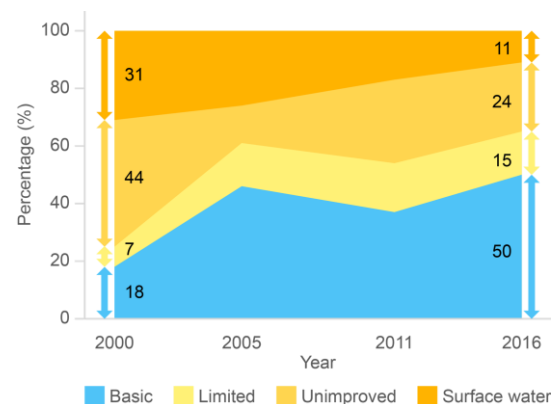
KEY FINDINGS

Coverage of basic water services has increased but significant improvements are still needed: Although basic water service coverage increased by 32% between 2000 and 2016, 24% of households still use an unimproved water source, and 11% use surface water.

METHODOLOGY

For this analysis, nationally and regionally representative household and child data from the four rounds of the Ethiopia Demographic and Health Survey (2000, 2005, 2011 and 2016) were used, and included a total of 61,715 households and 20,509 children under five years. For progress in WASH service coverage, the analysis team used the new WHO/UNICEF Joint Monitoring Program (JMP) service ladders³. These new service ladders build on the widely used improved/unimproved facility type classification and introduce additional indicators to reflect higher standards³.

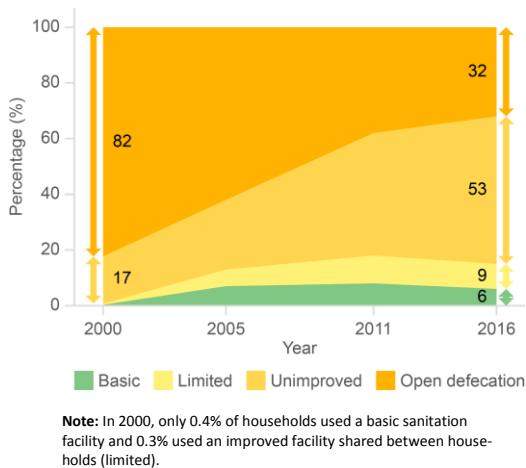
Figure 1: Water service coverage between 2000 and 2016



1. United Nations. The human right to water and sanitation 2010.
2. GBD 2017 Risk Factor Collaborators. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: A systematic analysis for the global burden of disease study 2017 Lancet 2017;392(10).
3. WHO.UNICEF. WASH in the 2030 Agenda: new global indicators for drinking water, sanitation and hygiene. Geneva. Geneva.: World Health Organization, United Nations Children’s Fund; 2016.

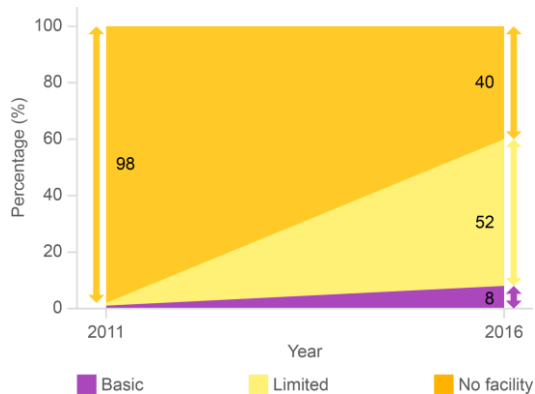
Coverage of basic sanitation services is low: Although open defecation declined by 50% nationally between 2000 and 2016, basic sanitation service coverage is still low at only 6%.

Figure 2: Sanitation service coverage between 2000 and 2016



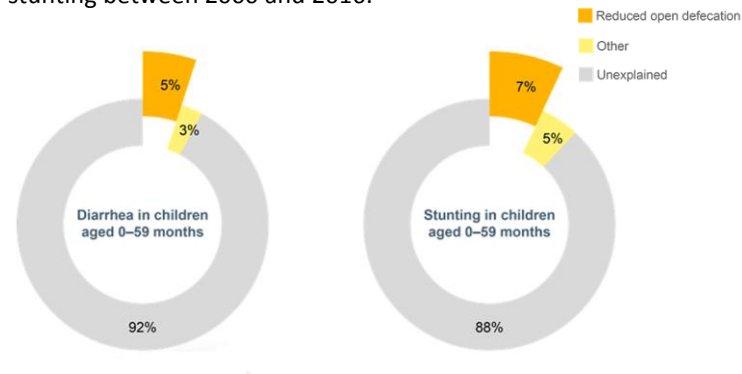
Less than 10% of households have access to basic hygiene facilities: Only 8% of households in Ethiopia have access to a basic hand washing facility.

Figure 3: Hygiene service coverage between 2011 and 2016



Improvement in water and sanitation service coverage contributed to the reduction in diarrhea and stunting: Reduction in open defecation contributed to 7% of the total decline in stunting and 5% of the total decline in diarrhea in children aged 0-59 months.

Figure 4: Contribution of the reduction in surface water use and open defecation to the decline in diarrhea and stunting between 2000 and 2016.



ACTIONS TO INCREASING COVERAGE OF WASH SERVICES FOR ALL

Action 1: Increase coverage of basic water services for all through financial investment and engagement of the private sector in WASH services

- Secure more investment for sustainable water service delivery through a combination of taxes, increased tariffs, and transfers.
- Increase private sector engagement.

Action 2: Redesign components of the current Community Led Total Sanitation and Hygiene (CLTSH), such as triggering mechanisms, by adopting more community-inclusive approaches to improve effectiveness in some regions.

- Reinforce messages delivered through the CLTSH program via the implementation of additional social and behavior change communication interventions.

Action 3: Increase access to basic hygiene services for all through strengthening implementation of hygiene-related components of CLTSH, promotion of hygiene practices and increasing availability of hygiene products.

- Develop and/or scale up hygiene promotional activities to ensure that basic hygiene practices are sustainably adopted.
- Support local hygiene technologies and scale up sanitation marketing initiatives to meet the demand for hygiene products.

FURTHER INFORMATION: The extended brief and the manuscript from which information for this brief was drawn from are available on the NIPN website (<http://www.nipn.ephi.gov.et/>).

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