Analysis of stakeholders in the sanitation sector on the example of Arba Minch, Ethiopia

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Additional Information:

- This is a conference paper.

Metadata Record: https://dspace.lboro.ac.uk/2134/30005

Version: Published

Publisher: © WEDC, Loughborough University

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Sanitation interventions in Ethiopia involve many stakeholders, including different local, regional and federal government offices, non-governmental organizations, community-based organizations, private sector companies, religious, political and kebele leaders as well as communities. Not only do the relationships in this large network of actors affect the activities of each stakeholder in their functions, but they also influence their interventions as a whole. Interviews with various representatives of stakeholders involved in the sanitation sector in Arba Minch were conducted in order to analyze their roles, share of responsibilities, problems and a potential for better cooperation. In particular, involvement of the private sector in sanitation interventions has been neglected. The planned establishment of a multi-stakeholders regional forum that would gather various actors and enable them to share experience, ideas and cooperate on a regional scale seems to be a good way to start.

Introduction

According to the Joint Monitoring Program report (2008), total sanitation coverage in Ethiopia rose from 4% in 1990 to 11% in 2006. Even though almost all sub-Saharan African countries are not on track to meet the MDG sanitation goal, Ethiopia’s progress is truly slow. “Any sanitation intervention takes place against a background of complex relationships between different stakeholders”. The nature of these relationships inevitably affects the way in which a sanitation project is planned, implemented and managed” (Cotton, A., Saywell D., 1998). Thus, a stakeholder’s analysis was performed based on information collected in Ethiopia by means of one-to-one interviews with representatives from various non-governmental organizations (NGOs), local and regional governmental offices, etc.

Stakeholders in the sanitation sector and their roles

Arba Minch, located about 500 km south of the capital, and its vicinity was where stakeholders’ representatives were interviewed and their relationships analyzed.

Regional government

The Regional Water Bureau (RWB) in Awassa works with the Regional Education and Health Bureaus in order to bring about behavioral changes at woreda level in the Southern Nations, Nationalities, and People’s Region (SNNPR). Apart from preparing annual work plans and budget, they train water, sanitation and hygiene (WaSH) committees, community health agents and health extension workers (HEWs). They also develop sanitation and hygiene promotion manuals. Together with the Regional Health Bureau (RHB) they integrate health and environmental sanitation with water supply provision programs. In 80 out of 134 woredas that fall under RWB’s jurisdiction, teams composed of a specialist in hygiene and sanitation, a community sanitation worker and a technical specialist work closely with communities, which come up with their WaSH plans. Woredas where such teams do not operate, have HEWs and woreda health offices available.
Local government
Arba Minch City Health Bureau is a superior body that controls the city’s health center and woreda health offices. Sanitation coverage in Arba Minch is still low and open defecation is commonly practiced. Health and sanitation main committees are established in each of eleven kebeles. Sub-city health and sanitation offices (Abaya, Shecha, Sikella and Nech Sar) work through them. The advantage of this is that committee members live in the intervention area, people respect them and are not reluctant to ask them for information. They work on the household level and carry out preventative, promotional work. A sub-city health and sanitation main committee is also held responsible for controlling overall sanitation facilities in the area under its jurisdiction, i.e. at hotels, schools, beverage and food industry. Sub-city health and sanitation offices also provide infrastructure in a sub-city, e.g. roads and public toilets. Sub-city offices have their own strategic and action plans for each kebele under their jurisdiction. Kebeles also have their strategic and action plans because problems in each kebele may vary. This structure is governed by the Arba Minch Health Center which is responsible for inspections of establishments and home visits to promote toilet construction. The already mentioned four sub-city committees perform the same activities but on a smaller-scale. The Health Center works through community health agents selected by communities that are assigned to each of eleven kebeles. Their task is to educate households on all health-related issues and to assist HEWs in their work. Woreda Health Office in Arba Minch is responsible for 29 kebeles (rural areas). It employs HEWs who pay house-to-house visits and educate on toilet use, personal hygiene, family planning, etc. They demonstrate good hygienic practices and provide technical support for toilet construction. Their extension packages are prepared by the Ministry of Health. Community health agents receive training from woreda health offices. They promote whenever an opportunity arises, e.g. during coffee ceremonies or community meetings. HEWs and community health agents meet on a regular basis in order to communicate and share their work. The Arba Minch municipality’s role in the sanitation sector is provision of infrastructure and hardware.

Non-governmental and community-based organizations
Numerous NGOs operating in the area have a different focus, e.g. urban vs. rural areas, sanitation as a part of water supply programs or as a means of elimination of blinding trachoma, provision of institutional sanitation, community-lead total sanitation (CLTS) approach or a community development project. The work of NGOs is typically value-driven and they try to take a broader perspective on their sanitation interventions (Scott, R. and Sansom, K., 2006). Not only is their goal to provide the service or facility, but also to reach development-based outcomes in a form of community mobilization, a good example of which is the work of Refugee Trust International with its CLTS approach. Also, many community-based organizations (CBOs) are active in Arba Minch, of which idirs, equbs, religious and youth groups are mostly common. These organizations have different structures and roles, e.g. the original purposes of idirs are funerals, which they finance and organize, if one of their members dies. However, CBOs often go beyond their original goals, like in the case of idirs which even build public water supply taps or educate their members on HIV prevention. Equbs are community organizations, in which members collect money and distribute it among themselves following set rules. Religious groups have mainly spiritual goals but they could be considered as a potential stakeholder serving as a good platform for discussions and dissemination of knowledge on good hygienic and sanitary practices. Youth groups in Arba Minch have different goals, ranging from self-help among members to preventing misbehavior of young people.

Private sector
Local service providers are commonly contracted by the local government and NGOs for sanitary supplies and procurement. In the case of Catholic Relief Services Ethiopia, which went beyond that, local artisans were contracted to develop plastic slabs for Arborloos. Water Aid Ethiopia also appoints private companies to perform baseline studies. However, private sector involvement in the sanitation sector in Ethiopia is lagging far behind when it comes to its participation in the water supply sector.

Communities
The main role of communities in the sanitation sector is their active input. Households normally provide labor or collect construction materials. They are often the ones, from whom the initiatives come. They communicate their problems to local administration or NGOs, which triggers sanitation interventions.
Main problems of the stakeholders

Regional and local government
Communities are generally cooperative and willing to ring changes. However, important aspects such as establishing water supply schemes are still lagging behind, which slows down the overall progress. Local government often faces budget-related problems, especially for training and awareness raising campaigns. Sub-city health and sanitation offices do not generally have problems with communication with upper-level governmental offices, but such constraints as lack of infrastructure, illiterate, unemployed or old generation people living in kebeles, making health and sanitation education efforts more challenging, are common.

Private sector
One of the biggest problems of suppliers operating in the SNNPR region is provision of spare parts and incapability of creating a marketing system. Another challenge includes lack of training of local sanitation providers. Also, there is no information sharing system with the private sector regarding sanitation projects. There is a plan to establish spare part centers in four cities in the SNNPR region in order to resolve the problem of maintenance support and where training and technical expertise could also be catered for. Also, a revolving fund or other credit schemes should be made available to the private sector for starting up their businesses. Sanitation involves a lot of software at scale and little is known how much it actually costs. This appears to be yet another important factor why investors are not willing to move to this sector. From the private sector’s point of view there is little potential profit from rural sanitation provision. About 80% of the toilets built in rural areas have no cash expenditures involved. In Ethiopia, sanitation interventions have been focused mainly on rural areas and so has the government. This fiscal year (2008), health and sanitation were set as the core of the country’s health plan. Every woreda needs to plan for health and sanitation, but again the focus is mainly rural. The next step includes more H&S work in urban areas but institutional aspects make it difficult. There are many players involved in urban sanitation, which makes it more complicated. Mainly plastic producers are interested in getting involved in urban sanitation due to the fact that the introduction of plastic pans makes transportation cheaper and easier as compared to cement. Many NGOs still do procurement of sanitation units themselves. Thus, there needs to be a clear encouragement from the government’s side in order to consider private sector participation.

The relationships of stakeholders with each other

The governmental perspective
Communication with superior governmental offices is generally good. Local government administration in Arba Minch cooperates with many stakeholders, including locally active NGOs, Resource Oriented Sanitation for peri-urban areas in Africa (ROSA), Community-Led Total Sanitation (CLTS) committee and CBOs. The latter easily reach out to communities having their trust and respect and they are usually trained by local NGOs. There are many CBOs operating in Arba Minch, e.g. community-based reproductive health group. Its members are appointed in place of HEWs (who will commence their work only in about two years time) to work with the community on certain issues and are paid a small gratitude in return. Sub-city health and sanitation offices cooperate with NGOs which train community health agents or support building of household toilets. The protestant church also works with general sanitation issues in this area. They also cooperate with church-based organizations through religious leaders and with CBOs such as idirs, women and youth associations.

The NGOs’ and CBOs’ perspective
NGOs that operate in Arba Minch cooperate with the local government, e.g. by providing financial support for training of community health agents. NGOs that work with community based programs, introduce other partners into the project area, i.e. for electricity, water and agriculture. They also cooperate with the town municipality and the local private sector for supplies. Even though cooperation with the local administration might be troublesome, it is considered as greatly valued. Ideally, an NGO acts as a bridge between the government and communities. Preferably, the existing problem should be raised by the beneficiary community. Then it is clear that the intervention is going to be accepted by the community and, as such, has more potential to become sustainable. NGOs use kebele leaders to communicate with the community. Generally, NGOs in Arba Minch take good care in fostering cooperation with other stakeholders and
creating enabling environment for implementation of their projects. They enter into partnerships with other NGOs, e.g. experience and knowledge sharing through trainings and construction of sanitary facilities.

Many of the CBOs operating in Arba Minch have never participated in any projects of the city, kebele administration or NGOs. They are rarely asked for participation even though they are generally willing to become involved. CBOs such as idirs have well-established organizational structures that could be used in interventions in the sanitation field. They create good potential links to communities, which has already been realized and used by some NGOs. Some idirs already work together with the administration, e.g. by cooperatively building infrastructure; others have participated in trainings organized by kebeles, where they are taught about health and hygiene issues. Such groups as idirs are a good panel for dissemination of knowledge since their members trust each other and meet on a regular basis. Also, idirs invite experts from administration or NGOs to carry out awareness raising campaigns on health-related issues.

Church groups in Arba Minch have not been very active in the sanitation field. Their main problem is lack of financial capacity. Their members are sometimes not able to pay the monthly fee, so they have no financial capacity to work additionally on other activities. As much as they are willing to participate, they would require some sort of financial support.

Youth groups in Arba Minch have already worked in the sanitary field and their main activity includes road cleaning. They do not receive money from kebele administration for the work they do. Even though youth groups have already worked with the city administration, they have not been invited to work with NGOs yet.

Outlook and conclusions

Cooperation with a variety of stakeholders brings along some challenges, e.g. cross-learning might be difficult, everyone may be keen to defend their own interests and approach limitation may, as a result, become a serious bottleneck. Cooperation with local government on project sites, where sanitation coverage is very low and marginalized people live, is generally non-problematic. However, in urban settings securing land as well as bureaucracy can become a challenge.

CBOs’ role in sanitation interventions should not be neglected and their easiness to reach out to communities should be used more often. Dissemination of knowledge through organized structures by people who declare their willingness to participate should be valued and taken advantage of.

A multi-stakeholders forum at the regional level is planned to be established and the potential for launching it seems promising. Firstly, there has already been some good experience with NGOs sharing responsibilities as a reaction to the crisis that took place in the SNNPR region (draught and famine). Members of this regional multi-stakeholders forum would mainly include local government offices, NGOs, CBOs and the private sector. The objective of the forum would be to share experience and ideas with different stakeholders operating in the region. Through the forum, innovative approaches such as PHAST and CLTS could be better communicated and experience on their successful implementation could be shared. The forum meeting could be held every three or six months, depending on the demand. The RWB already communicates with NGOs through a reporting system, but it is still too weak and it is important to include other stakeholders in order to obtain better and sustainable results in the sanitation sector. In a nutshell, for a successful involvement of the private sector there are solutions that might be implemented in near future. One of them includes setting up spare part centers where training and maintenance would be high on the agenda. Also, incorporating the private sector into the regional multi-stakeholders forum could help it stay up-to-date with planned and on-going projects, communicate with other stakeholders and finally become noticed as a potential project partner.

The WaSH movement provides a panel where all stakeholders work together with international and national NGOs, media as well as the private sector including bottle, soap manufacturers, toilet and septic tank producers (e.g. AquaSan Ethiopia, Roto PLC) and chemical manufacturers. The activities of the WaSH movement include social mobilization and raising awareness. Besides its obvious objectives, WaSH can be seen as a platform for other stakeholders to work with the private sector.

In order to bring about changes sanitation should be considered as public goodwill and as such some tax cutting benefits should be allowed for sanitary technologies. Then, the private sector would take advantage of it and become capable of developing technology faster and more efficiently.

Successful sanitation interventions should have a clear objective of replication to other areas. It can only be achieved where stakeholders are encouraged and enabled to work closely together, share experience and lessons learnt. In other words when they create partnerships in place of lone initiatives.
Acknowledgements
The authors would like to extend thanks to the project members of ROSA (Resource-Oriented Sanitation concepts for peri-urban areas in Africa) in Arba Minch, ESE (Ecological Sanitation Ethiopia) in Addis Ababa, Mr. A. Knapp from the Water and Sanitation Program of the World Bank, all interviewees from Arba Minch and Addis Ababa, Mrs. F. Meizinger for support in organizing the trip and Mrs. Lundén for her editorial comments.

References

Notes
The interviews with following people were conducted for the purpose of this paper: Mr. Abaire, Mr. Tolessa and Mr. Tsegaye from Catholic Relief Services Ethiopia, Mr. Alemayehu from the Arba Minch Health Bureau, Mr. Asrat from Catholic Church of Gamo Gofa Zone, Mr. Banjaw and Mr. Feseha from Refugee Trust International, Mr. Chemisha from Woreda Health Office in Arba Minch, Mrs. Mamo from Water Aid Ethiopia, Mr. Mekonnen from Oxfam Ethiopia, Mr. Negesh and Mr. Mikonen from Red Cross Ethiopia, Mr. Nigussie from ORBIS, Mr. Nuredin from the Regional Water Bureau in Awassa, Ms. Schubert from Hamburg University of Technology, Mrs. Yalemtsehay from Arba Minch Health Centre, a representative of Kale Hiwot Church Ethiopia, representatives from Abaya, Shecha and Sikella sub-city health and sanitation offices in Arba Minch.

Keywords
community-based organizations, Ethiopia, non-governmental organizations, private sector, sanitation, stakeholders.

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