



ETHIOPIA



COUNTRY OVERVIEW

According to the most recent UNDP report¹, Ethiopia is ranked 169th out of a total 175 countries included in the Human Development Index. Without doubt, Ethiopia is one of the world's poorest countries. The need for water and sanitation in Ethiopia is dire. Only 22 percent of the population has access to an improved water supply, and only 13 percent of the population has access to adequate sanitation services. In rural areas, these numbers drop even further. This is ironic given that the country is commonly referred to as the "water tower of Africa," due to the numerous rivers and streams that are born in and flow out of the country. The country is also endowed with many inland fresh water bodies, and there is tremendous potential to develop groundwater resources. Underdevelopment, coupled with shortage of development finances and know-how, explains the paradoxical relationship of extreme shortage amid bounty.

Agriculture is the backbone of the Ethiopian economy and the means of subsistence for about 85 percent of the population. As of January 2003, the total population is estimated to be 67.5 million people, 85 percent of whom live in rural areas. The annual population growth stands at around 3.2 percent. Subsistence agriculture accounts for 90 percent of the export earnings and contributes about 46 percent of the GDP. The government considers the role of agriculture to be central in the quest for national development. Therefore, the present economic development strategy focuses on this particular sector with its widely publicized policy of "Agriculture Development Led Industrialization" (ADLI), stressing the importance of integrated rural development.

Large proportions of the population (about 64 percent) in the country live at or below subsistence level and are susceptible to minor shocks and disturbances. Many people continue to suffer a high level of both livelihood and household food insecurity. It is estimated that per capita food availability has been declining over the years, largely a consequence of consecutive droughts. Over the period 1995-2001, nearly half (47 percent) of the under-five population was found to be underweight, while more than half (52 percent) showed signs of moderate to severe stunting.²

Health indicators clearly show that Ethiopia has serious problems in the areas of health care and disease prevention. Very high infant and child mortality rates, an HIV/AIDS pandemic, and low life expectancy point to a lack of basic services and underdeveloped infrastructure. Water and sanitation-related diseases, particularly diarrhea, are among the top three causes of death in the country after malaria and HIV/AIDS.

There is clearly an urgent need to develop safe water supplies and basic sanitation for the rural population of Ethiopia. The lack of access to safe drinking water places a heavy burden of morbidity and mortality on children who are especially vulnerable to diarrheal disease. Furthermore, these diseases are a particular threat to people with HIV/AIDS, who have compromised immune systems with limited resistance to opportunistic infections. Repeated bouts of diarrhea are not only debilitating for the patients but also increase the burden on caregivers, family livelihoods, and ultimately the community.

The sanitation situation in Ethiopia is critical, and a concerted effort is needed to immediately address this major problem. It is well established from programmatic experience as well as more formal research that safe excreta disposal can lead to an even greater reduction of infectious fecal-oral disease incidence. Although basic sanitation facilities are relatively low cost, it is a significant challenge to bring about behavior change in hygiene and sanitation practices.

Human Development Report, UNDP, 2003

DONOR REPORT

Project Report Submitted to: Holy Cross Metropolitan Community Church

People Served: 1,000

Project Report Submitted by: Living Water International

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SUPPORTING DATA



Population: 76.5 million
Population younger than 15: 43%

Urban population: 16%

Birth rate: 3.7%

Death rate: 1.5%

Under-5 deaths: .15%

Infant mortality (deaths per 1000 live births): 92
 (compared to 7 in the U.S.)

Life expectancy: 49 years

GNI per capita: \$180 USD

Population living below the poverty line: 38%

Population growth (annual): 2.2%

HIV prevalence: 4.4 %

Population with improved drinking water: 22%

Population with adequate sanitation facilities: 13%

Sources Cited: World Bank, USAID, United Nations, IFAD



GENERAL INFORMATION

The community of Tula 1 is located in the SNNP/Sidama/Hawela Tula region and district of Ethiopia. Most people in this community earn a living by working on coffee plantations. Their previous water source was from a spring about 2.25 kilometers away causing water borne illnesses such as cholera and dysentery. The community helped the team with the project by providing materials, labor and security. When the project was complete, the community established a point person to be the caretaker of the well.

Testimony from a community member: Sileshi Tefera, 35 year old farmer spoke with the team about the water needs for his community. "The community is happy to have a pure water source and not one contaminated by the springs".

CHARACTERISTICS OF THE WELL

Location	Tula 1
GPS Coordinates	06 59.785 N 38 49.975 E
Altitude	1712 meters
Total Depth	25 meters
Static Level	5 meters
Diameter of Casing	125 mm
Depth of Cylinder	24 meters
Casing Material	PVC
Liters per minute	30
Pump Type	Afridev
People Served	1,000

TESTIMONY/EVANGELISM

The team integrated evangelism into the health and hygiene lessons. The main story of focus was the account of the woman at the well from John 4. The team also works alongside the local Word of Life church to meet the spiritual needs.

HYGIENE TEACHING

In the Tula area, the team conducted community health and hygiene training. They work with the community leaders to organize a gathering at the site of the well to introduce the community to the basic concepts of hygiene and sanitation. The curriculum is based on the PHAST approach, adapted for rural Ethiopia. The goal is to work with the local clinics and the local government so that the program will be sustainable in the village. Also, they will be able to document the improvement in the villages through the clinic records.





Sileshi Tefera, 35 year old farmer

