

Achievements ,Challenges and Future plan

Achievements

- Draft Rural Sanitation Policy and strategic direction has been published and distributed.
- Number of people who have access to a basic sanitation facility increased to 350,000 in the last three years as compared to 96,205 in an eight year period.
- The issue of sanitation is given priority attention in review and planning meetings in Ministry of Health and local administrators.
- Computation is developing among the villages.



Photo: Public latrines constructed by the community in Halhal village

Challenges of CLTS

- Shortage of private sector companies producing latrine construction materials.
- Lack of WASH facilities in public areas restricting Open Defecation Free declaration in many villages.
- Seasonal movement of communities in the low lands (nomadic community).

Future Plans

- Continuous capacity development and community mobilization.
- CLTS and beyond as a strategy.
- Introduction of social marketing school WASH promotion.
- Documentation of the CLTS experience in Eritrea.



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Community Led Total Sanitation (CLTS) in Eritrea



Photo: Locally designed and built Household latrine with hand washing facility

Progress on Community Led Total Sanitation in Eritrea



Eritrea is located in the Horn of Africa with an estimated population of 3.6 million. Before 2008, the main focus of sanitation projects was on producing toilets with a subsidy that included five bags of cement, iron bars for reinforcement, vent pipes and re-useable mould for the floor slab and the toilet building. Almost all the toilets built in Eritrea before 2008 were built using Government and or donor funds as most families in the rural areas could not afford to build this type of toilet on their own as well as they lacked the motivation. As funds were limited and families were waiting for subsidies, very few toilets were built. As a consequence, only 4% of rural families in Eritrea had a toilet. In addition, it was discovered through interviews that those families with toilets were not always using the toilets but continued to use open spaces for defecation.

By late 2007, the Government of Eritrea and UNICEF were determined to change the approach and management of the sanitation programme for Eritrea. It was recognised that the concept of Community Led Total Sanitation (CLTS) had much to offer in that it recognised the role of village communities in promoting and managing sanitation and focused on behaviour change on excreta disposal.

The strategy included focus on low cost sanitation options, managed at community level and the use of locally available materials where possible.



In 2009, the Ministry of Health, through their Environmental Health Unit, were ready to scale up CLTS and the government launched a nationwide sanitation programme with the assistance of UNICEF. The progress achieved during the last two years is very encouraging. The latrine coverage and KABP conducted in 2011 showed an increase in rural sanitation coverage of to 25% from less than 2% in the 2006 survey.

Chart: Progress on the number of people who have access to sanitation facilities in the last 10 years.(MoH data)

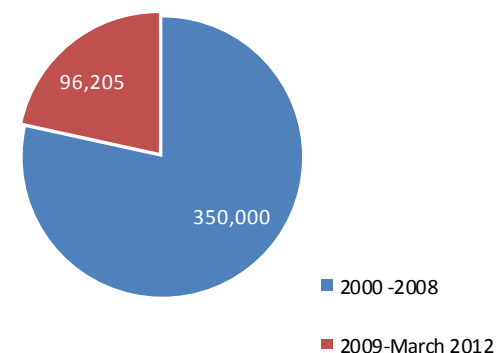


Table: Total number of villages and ODF villages for 2009—March 2012

Regions	# triggered villages	Total number of HH triggered	Total number of people triggered	# of ODF villages
Anseba	110	22683	114626	55
GB	54	17917	56929	17
Debab	80	9193	37545	25
NRS	72	16663	17896	38
Maekel	70	18843	87689	20
SRS	50	2237	17896	10
Total	436	87,536	406927	165