Delivering community-owned water and sanitation solutions in Eritrea with UNICEF

According to UNICEF-WHO Joint Monitoring Programme data from 2015, only 16 per cent of the population in Eritrea have access to basic sanitation facilities and 76 per cent practice open defecation.

I support my team in achieving SDG 6 through planning and monitoring of programme activities and enhancing the capacity of government partners to enhance their monitoring and reporting.

For a sustainable development approach, it is necessary that the community take ownership and understand the benefit for its members. So, for better sanitation and hygiene practices, we adopt the community-led total sanitation approach. Accordingly, community leaders raise awareness of members of the importance of remaining free of open defecation and adopting better hygiene practices.

To achieve their goal, a village in Anseba used some locally-adopted rules to accelerate making their village free of open defecation. This included instating a penalty of 100 Nakfa (equivalent to US $7) for violations, and
obligating the perpetrator to remove and dispose of faeces away from the village. This has had a positive impact on community health, with people now reporting a significant decrease in the diarrhoeal diseases.

“It used to be very difficult to defecate in the open before the community-led sanitation triggering was started, especially during pregnancy and menstruation. We needed to go far from the village for privacy, also at night, when we could be cut by stones or bitten by insects. It was tough for us physically and it was a security risk as well. The latrines give us dignity and convenience. --a woman in Anseba region

Through the triggering and advocacy, communities were empowered to invest in latrines at their own cost. Villages also appointed hygiene promoters, who were responsible for 20 households each. This provided a structure for mutual community reinforcement and motivation for the greater good. In building the latrines, the community members shared the labour and did the physical work together, particularly in support of poorer families who were unable to manage on their own.
UN Volunteer Bipin Jha (Nepal) demonstrates washing hands with soap in a community in the Anseba region. (UNICEF, 2018)

UNICEF supported the water resources department in implementing water supply systems in the villages, where they dug wells to tap underground water sources.

For the sustainability of the water supply systems, they are handed over to the WASH committee for operation and functionality management.

"We collect a minimal charge for water of 1 Nakfa per 20 litres from the community members, which is then used for the maintenance and operation of the system. --a WASH committee member"

Other challenges to the smooth operation of the system were the unavailability of a skilled technician, lack of availability of spare parts locally and high cost of fuel for fuel-powered generators.
UNICEF Eritrea has started to adopt solar-powered systems as a more energy-saving and environment-friendly approach. The organization is also in discussion with government partners to ease access to spare parts hub at Zoba (regional) and sub-Zoba level.

“As a UN Volunteer in Eritrea for over one and half years now, working to deliver community-owned WASH solutions has been my greatest professional milestone. --Bipin Jha, UN Volunteer WASH Officer with UNICEF, Eritrea

People in the community expressed their gratitude for the improvement in their health and sanitation, as they can get safe water at their village after they used to travel at least three kilometres to get unsafe water.


Afrique subsaharienne

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Sustainable Development Goal: SDG 3: Good health and well-being, SDG 6: Clean water and sanitation, SDG 10: Reduced inequalities, SDG 17: Partnerships for the goals