Keywords: Sanitation; Mekelle city; Children

Introduction

Background

Based on gures from the Central Statistical Agency in 2010, Mekelle has an estimated total population of 210,247. e city has an estimated area of 24.44 square kilometers, which gives Mekelle a density of 6,923.40 people per square kilometer. Mekelle is the largest city in northern Ethiopia and sixth largest in Ethiopia.

e two largest ethnic groups reported in this town were the Tigrayan (96.5%), the Amhara (1.59%), foreigners from Eritrea (0.99%); all other ethnic groups made up 0.98% of the population. Tigrinya was spoken as a rst language by 96.26%, and 2.98% spoke Amharic; the remaining 0.76% spoke all other primary languages reported. 91.31% of the population practiced Ethiopian Orthodox Christianity, and 7.66% were Muslim. Concerning education, 51.75% of the population were considered literate, which is more than the Zone average of 15.71%; 91.11% of children aged 7-12 were in primary school; 17.73% of the children aged 13-14 were in junior secondary school; and 52.13% of the inhabitants aged 15–18 were in senior secondary school. Concerning sanitary conditions, about 88% of the urban houses had access to safe

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e term "sanitation" can be applied to a speci c aspect, concept, location or strategy, such as:

household level. is terminology is the indicator used to describe the target of the Millennium Development Goal on sanitation.

On-site sanitation - the collection and treatment of waste is done where it is deposited.

Examples are the use of pit latrines& septic tanks.

Food sanitation - refers to the hygienic measures for ensuring for project background/rationale safety.

waste treatment and noise and pollution control.

wastes in a hygienically safe manner.

According to UNICEF (meeting the MDG drinking water and sanitation),

billion of our fellow citizens don't use drinking water from safe water expand coverage to the MDG target level of 75%. Investing in sanitation sources. While 2.6 billion lack basic sanitation. Safe drinking waterfrastructure involves a long project cycle. and sanitation are obviously to health that they risk being taken for granted. E orts to prevent death from diarrhea or to reduce the burden and trachoma are doomed to failure unless people have access to Balicymaking to services delivery. e global statistics on sanitation sanitation facilities and poor self hygiene [3].

Sub Saharan region remains the area of greatest concern. Itcis/erage among developing regions [5]. the region of the world where many people are dying due to lack of sanitation. More intensive, e ective and concerted action by all stake infectious diseases including cholera, typhoid, infectious hepatitis, sanitation.

According to USAID,

to stop death of children due to lack of sanitation.

is project will give a due focus to Lachi district where in many children are dying due to lack of basic necessities. So this projectivironment a ects human health by several routes: aimed at minimizing the death of children which are caused by lack of • By polluting drinking water; sanitation.

Project Goal

What is the broad goal the project seeks to achieve?

Improving the livelihood of peoples living in Lachi district:

As healthy children are bases for the overall societal wellbeing to improve the health of children means indirectly to help the society Basic sanitation - refers to the management of human faces at the livelihood of the society.

Project objectives/project purpose

e objective of the project is:

To minimize the deaths of children (less than the age of 7) due to lack of sanitation in 50%.

Wherever humans gather, their waste also accumulates. Progress Environmental sanitation - the control of environmental factors in sanitation and improved hygiene has greatly improved health, but that form links in disease transmission. Subsets of this category affany people still have no adequate means of disposing of their waste solid waste management, water and wastewater treatment, industrial is a growing nuisance for heavily populated areas, carrying the risk of infectious disease, particularly to vulnerable groups such as the Ecological sanitation - an approach that tries to emulate nature young, the elderly and people su ering from diseases that lower through the recycling of nutrients and water from human and animal heir resistance. Poorly controlled waste also means daily exposure to an unpleasant environment [4].

In 2004, only 59% of the world population had access to any type of improved sanitation facility. In other words, 4 out of 10 people around the world have no access to improved sanitation. ey are obliged to Safe drinking water, sanitation and good hygiene are fundamental fecate in the open or use unsanitary facilities, with a serious risk of to health, growth, survival and development. However these basis posure to sanitation-related diseases. While sanitation coverage has necessities are still a luxury for many of world's poor peoples. Over 1nt reased from 49% in 1990, a huge e ort needs to be made quickly to

If the MDG sanitation target is to be achieved, innovative of such diseases as ascaris, dracunculiasis, hookworm, schistosomias proaches need to be developed to reduce the time span from drinking water and basic sanitation. Lack of basic sanitation indirectlyide the dire situation in some developing regions. With an average inhibits the learning abilities of millions of school aged children who overage in developing regions of 50%, only one out of two people are infested with intestinal worms transmitted through inadequate as access to some sort of improved sanitation facility. e regions presenting the lowest coverage are sub-Saharan Africa (37%), Southern Asia (38%) and Eastern Asia (45%). Western Asia (84%) has the highes

Human excreta have been implicated in the transmission of many holders is needed in order to save the peoples dying due to lack polio, cryptosporidiosis and ascariasis. WHO (2004) estimates that about 1.8 million people die annually from diarrhoeal diseases where 90% are children under ve. mostly in developing countries. Poor sanitation gives many infections the ideal opportunity to spread: Ethiopia's 81 million people have one of Africa's lowest rates plenty of waste and excreta for the lies to breed on, and unsafe water access to water supply, sanitation, and hygiene despite abundant surface rink, wash with or swim in. Among human parasitic diseases, and groundwater resources. Ethiopia is also among the sub Sahasahistosomiasis (sometimes called bilharzias) ranks second behind countries in which peoples in general and children in particular armalaria in terms of socio-economic and public health importance in dying due to lack of basic necessities. us, the government mustropical and subtropical areas. e disease is endemic in 74 developing collaborate with di erent stake holders so as to minimize and if possible untries, infecting more than 200 million people. Of these, 20 million su er severe consequences from the disease.

- e discharge of untreated wastewater and excreta into the
- Entry into the food chain, for example via fruits, vegetables or sh and shell sh;
 - Bathing recreational and other contact with contaminated waters;
 - By providing breeding sites for fies and insects that spread diseases;

Ethiopia is one of the most underprivileged countries in the world, ranking 105 out of 108 on the human poverty index. Approximately 50-70% of the population lives under the absolute poverty line, and the under-5 mortality rate is 123 deaths per 1,000 live births. About 85% of the populations live in rural areas. Sanitation- and hygiene-related diseases are among the most common deadly diseases in Ethiopia. In urban slums and rural areas alike, the majority of the population does not have access to su cient and safe sanitation [6].

Ethiopia as one part of the developing world with no proper sanitation infrastructure do share almost similar problem with these countries. But it is not to mean that the degree of the problem is identical all over the country, it is to mean while in the rural area the situation is worst relatively better in the urban one. Lachi a semi rural district nearby Mekelle city is the one that is severely a ected with sanitation problems which caused many of children to die.

us, the rationality why we are intending to design a project in the area is that, even though sanitation is an overall problem throughout the country it is sever in this area and solving the problem means to improve the living condition of the society in the area.

Problem Analysis

2.6 Billion of the world's population lack basic sanitation. Where by Lack of basic sanitation indirectly hampers the learning abilities and more importantly in question the life of these of millions of children.

Sub Saharan region is the one of the areas of the world where many people are dying due to lack of sanitation. More concentrated, e ective and rigorous action by all stake holders is needed in order to save the peoples dying due to lack of sanitation (Unicef).

In line to this, according (USAID) Ethiopia's 81 million people have one of Africa's lowest rates of access to water supply, sanitation, and hygiene despite abundant surface and groundwater resources. Ethiopia is also among the sub Saharan countries in which peoples in general

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Environmental analysis (feasibility) of the proposed project

e project will not have any adverse e ects on the environment since the project idea or notion deals with minimizing the death of children below the age seven.

Remedial measures will not be included in the project design because there will not be adverse e ect upon the environment and largely upon the society as far as the notion of the project is concerned

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Co-ordination committee and teams

Co-ordination is the process whereby two or more people/ organizations work together to deal collectively with a shared task.

In our project there will be four coordination committees that

government In order to successfully accomplish the project will organize three

teams Lachi

ms

- 1. Finance team
- Procurement team
- Auditing team
- 2. Construction team
- Architects
- Contractors
- Finance team
- 3. Training providers team
- For the awareness creation programs Hygiene promotion team
- 4. Health service providers team

To achieve all the expected results of this project, the teams are expected to exhibit the following characteristics:

- Openness and honesty
- Good communication ability
- Building interdependence among the members
- High degree of tolerance and mutual respect
- Commitment to a common purpose and goals
- An e cient and exible structure and leadership
- e ability to take strength and energy from each other
- Celebrate successes and share failures together

In the process of co-ordination problems such as lack of

commitment among team leaders, lack of openness and poor work habits may be the expected problems but to solve these types of problems the project manager and the concerned bodies will strictly follow up each activities and they will take an immediate action.

In our project there will be four coordination committees that will coordinate the teams namely Finance, Construction, Training and the doing this the project manager and team co-coordinators will provider's Health service provider's teams.

| A committees that | doing this the project manager and team co-coordinators will doing this the project manager and team co-coordinators will provider's Health service provider's teams.

the local community members which can be taken as a fundamental input for the project that we are going to realize.

Project design matrix (Log FRAME)

e Project design matrix is shown in Table 3.

Controlling, monitoring and evaluation

Controlling

While controlling, the following activities will be undertaken in our project:

- Measuring progress of the project
- Submitting over all reports
- · Monitoring performance
- Providing feedback and etc.

		Verifable indicators	Means of verification	Assumptions	
Goal	Improving the livelihood of peoples living in Lachi district.	Momentous achievement scored where in 90% of the families embarked on protecting their children health.	x. A survey made in the district. x. Local clinic reports.		
Project purpose	Minimize the deaths of children (less than the age of 7) due to lack of sanitation.	Children's death due to lack of sanitation significantly decreased in to 2%.	x. Data from the local clinics.	x. The community will collaborate.	
			x. Regional health bureau.	x. The project will be fnanced by the Tigrian regional government & international donors.	
Expected Results	Toÿ p d	4 Å N	1 . Th	-	

of the objectives. Evaluation will determine a project's relevance, Dickovick JT, Riedl RB (2010) Comparative Assessment of Decentralization in e ectiveness, and bene ts to the target community.

Conclusion

Ethiopia is also among the sub Saharan countries in which peoples in general and children in particular are dying due to lack Bela (2012) Assessment of Governance and Administration of Urban Land: of of basic necessities. More speci cally Lachi district which is founded Abi Adi Town, Tigray Regional State, Ethiopia. in the Tigray regional state is also among the areas where in peoples Andrews, Shah (2003 Assessing Local Government Performance in developing particularly children dying because of lack of sanitation and hygiene. countries. Washington Dc: The World Bank. In the district many people are being adversely a ected by the diseases Eloy A (2006) Ethical Infrastructure for Good Governance in the Public caused due to lack of sanitation. is problem of sanitation is becoming a major reason for the death of peoples though the prominent victims of the problem are children whose age is less than seven. In addition to Causes and Issues. USA. this it is also becoming the reason for the drop out of and hindrance of the achievement of the children.

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