

Keywords: Sanitation; Mekelle city; Children

Introduction

Background

Based on figures from the Central Statistical Agency in 2010, Mekelle has an estimated total population of 210,247. The 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.

The 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 first 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

The term "sanitation" can be applied to a specific aspect, concept, location or strategy, such as:

Basic sanitation - refers to the management of human feces at the household level. This 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 food safety.

Environmental sanitation - the control of environmental factors that form links in disease transmission. Subsets of this category are solid waste management, water and wastewater treatment, industrial waste treatment and noise and pollution control.

Ecological sanitation - an approach that tries to emulate nature through the recycling of nutrients and water from human and animal wastes in a hygienically safe manner.

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

Safe drinking water, sanitation and good hygiene are fundamental to health, growth, survival and development. However these basic necessities are still a luxury for many of world's poor peoples. Over 1 billion of our fellow citizens don't use drinking water from safe water sources. While 2.6 billion lack basic sanitation. Safe drinking water and sanitation are obviously to health that they risk being taken for granted. Efforts to prevent death from diarrhea or to reduce the burden of such diseases as ascariasis, dracunculiasis, hookworm, schistosomiasis, and trachoma are doomed to failure unless people have access to safe drinking water and basic sanitation. Lack of basic sanitation indirectly inhibits the learning abilities of millions of school aged children who are infested with intestinal worms transmitted through inadequate sanitation facilities and poor self hygiene [3].

Sub Saharan region remains the area of greatest concern. It is the region of the world where many people are dying due to lack of sanitation. More intensive, effective and concerted action by all stakeholders is needed in order to save the peoples dying due to lack of sanitation.

According to 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 and children in particular are dying due to lack of basic necessities. Thus, the government must collaborate with different stakeholders so as to minimize and if possible to stop death of children due to lack of sanitation.

This project will give a due focus to Lachi district where in many children are dying due to lack of basic necessities. So this project is aimed at minimizing the death of children which are caused by lack of 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 healthy thereby to have productive society which in turn improves the livelihood of the society.

Project objectives/project purpose

The objective of the project is:

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

Project background/rationale

Wherever humans gather, their waste also accumulates. Progress in sanitation and improved hygiene has greatly improved health, but many people still have no adequate means of disposing of their waste. This is a growing nuisance for heavily populated areas, carrying the risk of infectious disease, particularly to vulnerable groups such as the very young, the elderly and people suffering from diseases that lower their 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. They are obliged to defecate in the open or use unsanitary facilities, with a serious risk of exposure to sanitation-related diseases. While sanitation coverage has increased from 49% in 1990, a huge effort needs to be made quickly to expand coverage to the MDG target level of 75%. Investing in sanitation infrastructure involves a long project cycle.

If the MDG sanitation target is to be achieved, innovative approaches need to be developed to reduce the time span from policymaking to services delivery. The global statistics on sanitation hide the dire situation in some developing regions. With an average coverage in developing regions of 50%, only one out of two people has access to some sort of improved sanitation facility. The regions presenting the lowest coverage are sub-Saharan Africa (37%), Southern Asia (38%) and Eastern Asia (45%). Western Asia (84%) has the highest coverage among developing regions [5].

Human excreta have been implicated in the transmission of many infectious diseases including cholera, typhoid, infectious hepatitis, polio, cryptosporidiosis and ascariasis. WHO (2004) estimates that about 1.8 million people die annually from diarrhoeal diseases where 90% are children under five, mostly in developing countries. Poor sanitation gives many infections the ideal opportunity to spread: plenty of waste and excreta for the flies to breed on, and unsafe water to drink, wash with or swim in. Among human parasitic diseases, schistosomiasis (sometimes called bilharzias) ranks second behind malaria in terms of socio-economic and public health importance in tropical and subtropical areas. The disease is endemic in 74 developing countries, infecting more than 200 million people. Of these, 20 million suffer severe consequences from the disease.

The discharge of untreated wastewater and excreta into the environment affects human health by several routes:

- By polluting drinking water;
- Entry into the food chain, for example via fruits, vegetables or fish and shell fish;
- Bathing recreational and other contact with contaminated waters;
- By providing breeding sites for flies 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 sufficient 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 affected 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, effective 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

Environmental analysis (feasibility) of the proposed project

The project will not have any adverse effects 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 effect upon the environment and largely upon the society as far as the notion of the project is concerned

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 will coordinate the teams namely Finance, Construction, Training provider's Health service provider's teams.

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 doing this the project manager and team co-coordinators will

Teams

In order to successfully accomplish the project will organize three teams

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 efficient and flexible structure and leadership
- The 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

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)

The 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.

		Verifiable 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. Regional health bureau.	x. The community will collaborate. x. The project will be financed by the Tigrian regional government & international donors.
Expected Results	To y p d	4 Å N	1 . Th	-

of the objectives. Evaluation will determine a project's relevance, effectiveness, and benefits 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 of basic necessities. More specifically Lachi district which is founded in the Tigray regional state is also among the areas where in peoples particularly children dying because of lack of sanitation and hygiene. In the district many people are being adversely affected by the diseases caused due to lack of sanitation. This 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 this it is also becoming the reason for the drop out of and hindrance of the achievement of the children.

References

1. Gisselquist RM (2012) Good Governance as a Concept, and Why This Matters for Development Policy.
2. Dickovick JT, Riedl RB (2010) Comparative Assessment of Decentralization in Africa: Final Report and Summary of Findings.
3. Carrington (2008) The Theory of Governance & Accountability.
4. Legesse B (2008) Note on Fiscal Federalism, Service Delivery and Capacity Building: The Case of Ethiopia.
5. Bela (2012) Assessment of Governance and Administration of Urban Land: of Abi Adi Town, Tigray Regional State, Ethiopia.
6. Andrews, Shah (2003) Assessing Local Government Performance in developing countries. Washington Dc: The World Bank.
7. Eloy A (2006) Ethical Infrastructure for Good Governance in the Public Pharmaceutical Sector. World Health Organization, Geneva, Switzerland.
8. Bhatta (1998) Governance Innovations in the Asian-Pacific Region: Trends Causes and Issues. USA.
9. Blair H (2000) Participation and Accountability at the Periphery: Democratic Local Governance in Six Countries. World Development 28: 21-39.
10. Berhanu (2009) Fiscal Federalism, Service Delivery and Capacity Building: Abuja, Nigeria, Economic Commission for Africa, in collaboration with The World Bank.