



Global Health Action

ISSN: 1654-9716 (Print) 1654-9880 (Online) Journal homepage: <http://www.tandfonline.com/loi/zgha20>

Collecting water: Shashemene, Ethiopia, November 2015.

Hilary Bambrick & Stefano Moncada

To cite this article: Hilary Bambrick & Stefano Moncada (2016) Collecting water: Shashemene, Ethiopia, November 2015., Global Health Action, 9:1, 31958, DOI: [10.3402/gha.v9.31958](https://doi.org/10.3402/gha.v9.31958)

To link to this article: <https://doi.org/10.3402/gha.v9.31958>



© 2016 Hilary Bambrick and Stefano Moncada



Published online: 04 May 2016.



Submit your article to this journal [↗](#)



Article views: 53



View Crossmark data [↗](#)



PICTURE

Collecting water: Shashemene, Ethiopia, November 2015.



A water point was installed in 2012 as part of a biogas development initiative in an informal urban community of 200 households. The facility provides sanitation, gas for cooking, and organic fertiliser. It consists of four latrines and an inlet for animal waste, a fermentation chamber where the biogas (methane) is produced, and a communal kitchen with four stoves. The slurry by-product is rendered safe by fermentation and used as fertiliser for the community garden.

This facility solves the problem of managing human and animal waste in the community, thereby reducing gastroenteric disease. The methane produced provides a much cleaner alternative cooking fuel to solid biomass fuels such as wood, dung, and charcoal. This leads to reduced exposure to indoor air pollution, lowering the risk of associated respiratory disease. Yet another benefit is that families are able to reduce the amount of money spent on fuel. The fertiliser produced by the system facilitates community food production, increasing food security and generating income.

The water is piped from the town and is sold more cheaply than water from external vendors, and is much cleaner than the water from the small river that trickles through the community used for washing and toileting. The money raised by the community through the sale of water to its members is used to maintain the biogas facility, ensuring its sustainability.

This community typifies many in the region with its poor health, poverty, and vulnerability to climate change. Biogas is a climate-compatible development that has the potential not only to directly improve health through better sanitation and reduced exposure to dangerous

indoor air pollution but also to alleviate poverty through associated income generation and reduced expenditure on food and fuel.

The 2015–2016 El Niño drought in Ethiopia highlights the urgency of building resilience through projects like this in communities most at risk due to climate change.

Hilary Bambrick

School of Medicine

Western Sydney University

h.bambrick@westernsydney.edu.au

Stefano Moncada

Institute for European Studies

University of Malta

stefano.moncada@um.edu.mt

Responsible Editor: Julia Schröders, Umeå University, Sweden.

Read Hilary Bambrick's other works in *Global Health Action*:

Bambrick HJ, Woodruff RE, Hanigan IC. Climate change could threaten blood supply by altering the distribution of vector-borne disease: an Australian case-study. *Glob Health Action* 2009; 2: 2059, doi: <http://dx.doi.org/10.3402/gha.v2i0.2059>

Banwell C, Dixon J, Bambrick H, Edwards F, Kjellström T. Socio-cultural reflections on heat in Australia with implications for health and climate change adaptation. *Glob Health Action* 2012; 5: 19277, doi: <http://dx.doi.org/10.3402/gha.v5i0.19277>

Burton AJ, Bambrick HJ, Friel S. Is enough attention given to climate change in health service planning? An Australian perspective. *Glob Health Action* 2014; 7: 23903, doi: <http://dx.doi.org/10.3402/gha.v7.23903>