

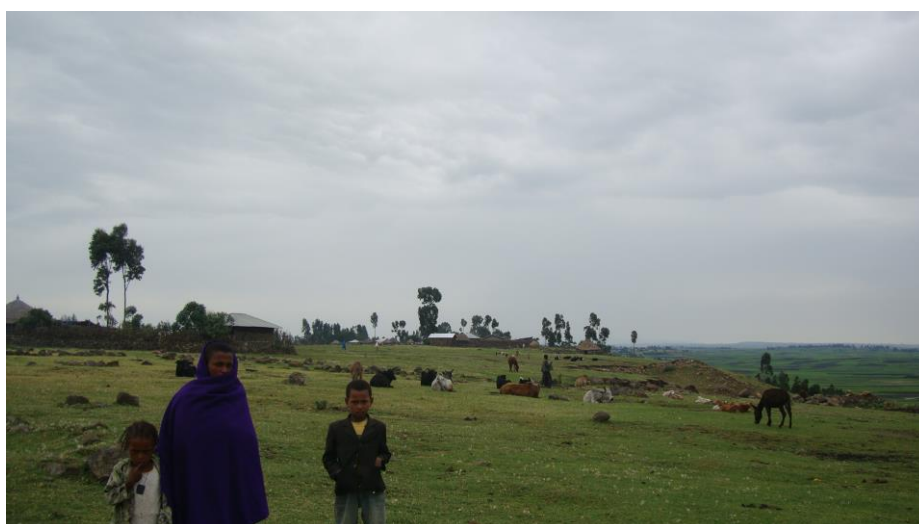
ETHIOPIAN KALE HEYWET CHURCH DEVELOPMENT PROGRAMME

INTEGRATED WATER SUPPLY, SANITATION & HYGIENE

3-YEAR PROJECT PROPOSAL (2014-2016)

IN

GIMBICHU WEREDA, OROMYIA REGION



Future project Mengigisso Gora village

Submitted to Hope for Rural Children and Orphans - Canada

Note: HORCO and EKHC agreed to a 1-year project involving only Cheffe Donsa and Ancheta Village for 2014. Total cost to HORCO = \$42,446 (see revised budget on page 13)

October, 2013

Addis Ababa, Ethiopia

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Acronyms

CBO	Community Based Organization
CLTSH	Community Led Total Sanitation & Hygiene
EKHCDP	Ethiopian Kale Heywet Church Development Program
GoE	Government of Ethiopia
HEW	Health Extension Workers
HQ	Head Quarters
IEC	Information, Education & Communication
IWSP	Integrated Water and Sanitation Program
KAP	Knowledge, Attitudes and Practice
LCW	Local Community Workers
PA	Peasant Association
SC	Scheme Care Takers
WASH	Water, Sanitation & Hygiene
WASHCOM	Water Supply & Sanitation Committee
UAP	Universal Access Programme

1. Executive Summary

Over the last 28 years of WASH services in Ethiopia, the Ethiopian Kale Heywet Church Development Programme Integrated Water and Sanitation (EKHCDP/ IWSP) has a sound partnership in the region and contributing to the attainment of government poverty alleviation and UAP strategies. Since its inception in 1985/86 IWSP started its operation in the region with a historic partnership and benefitted thousands of people through mutual cooperation and currently we have ongoing project agreement due to complete in December 2013 in Gimbichu wereda of Oromyia and other weredas in the region.

EKHCDP Integrated Water Supply and Sanitation Program together with Hope for Rural Children and Orphans (HORCO) is one of the major role players in the WASH sector in Gimbichu wereda addressing the unprivileged communities' needs. Its main plan is to supply safe and adequate drinking water and sanitation facilities to bring health improvements.

The main task of this project component is to provide WASH facilities and services, to empower the communities in properly managing and utilizing the available water potential efficiently and effectively in a sustainable manner. The major activities and outputs include mobilization and organization of communities, hygiene and sanitation education, training and capacity building, construction of safe water supply schemes and sanitation facilities; water works designs and socioeconomic studies, monitoring and evaluation, provision of operation and maintenance tools.

This project intends to provide WASH services for a total of 14,680 primarily users in Gimbichu wereda in 4 Kebeles/villages of Anchata (Adadi Ejere kebele) Jejiga/Gode, Cheffe Donsa and Menjigso Gora with a total budget of Eth. Birr 2,779,343 over 3 years.

Strategies to implement the project begins with a demand driven approach where initial beneficiary needs are analyzed and then water sources mapping are conducted in cooperation with the wereda water resource water office. Based on the findings initial planning meetings were conducted with respective woreda offices for further introducing CBO/WASHCOM organization, community mobilization, capacity building, community contribution and ownership. The CLTS approaches will be used as facilitation skills.

EKHCDP Technical staff will be responsible for the day-to-day construction work and a community empowerment and capacity building for training of communities and the local government WASH staff.

Timely reporting and internal monitoring system is in place to track progress on biannual and annual base. Activities will be carefully co-ordinated with other Offices of Water Sector, Health, Education, Finance and Economic Development and other relevant sectors in the wereda through the relevant government bodies on zone, district and local levels. The recommendations of the previous terminal evaluation in 2012 is taken as a lesson and addressed in the current proposal.

To ensure phasing out and sustainability of the project WASH committees, scheme care takers and technicians, water guards/attendants, HEW, kebele managers are organized, trained and provided with the necessary tools for operation and maintenance.

The programme sustains as WASHCOMs manage the scheme by collecting money from the users where a water guard/attendant daily manages the operation of the scheme. The scheme will be maintained by a trained scheme care taker/water technician from

the community or the woreda as appropriate. The users are trained on sanitation and hygiene by CLTS approaches and practicing the new behaviours. The woreda and kebele oversee and monitor the community scheme for its effective and efficient continuity as this capacity building aspect is also worked out with the woreda WASH staff. The district as part of the community is also equipped and responsive in the impact and sustainability of the built up asset.

2. Project Profile

2.1 Project Title:	Integrated Water, Sanitation & Hygiene (WASH)
2.2 Location:	Oromyia Region, East Shoa, Gimbichu wereda
2.3 Duration:	January 1/2014 – December 31/ 2016
2.4 Budget from Funding Agency:	Birr 2,660,543
2.5 Community contribution in kind	Birr 118,800
2.6 Total Project Cost	Birr 2,779,343
2.7 Implementing Agency:	EKHCDP/IWSP
2.8 Direct beneficiaries of water users:	8,640 people water
	Health: 6,040 People (70% of water users)
	Total: 14,680 people in 3 years

3. Background

The existing situation for most rural Ethiopian populations and in particular the proposed user communities of this action is a combination of:

- 1) Distant and unreliable water sources,
- 2) Water which is contaminated at source by human and animal excreta,
- 3) Contamination of the soil, surface water and ground water because of lack of sanitation facilities,
- 4) Poor knowledge of the links between water, excreta and disease, and poor hygiene practices,
- 5) Low capacity and poor WASH sector governance.

However, the commitment of the wereda government in collaboration with partners, to accelerate the UAP can meet the MDG goals within the remaining years and this project adds value to meeting these targets. In addition several of the MDGs are contributed to by this action:

- Reduction or eradication of extreme poverty and hunger (MDG 1) through improved health and so by allowing beneficiaries to be more economically active. With less money will be spent on treating health problems more funds are potentially available for investment purposes.
- Promotion of gender equality and empowering women (MDG 2) through community training as well as CBO strengthening. A minimum female representation on the water, sanitation committees is ensured (at least 3 out of 6), as well as training provided that specifically targets both men and women to address gender inequalities in the communities. Improved access to water will also mean that girls will spend less time involved in water collection activities allowing

them greater opportunity to attend school. The current bias in Ethiopia to educate boys will be one issue addressed through the gender training. Reducing child mortality, improving maternal health (MDG 3) and combating HIV/AIDS, and other diseases (MDG 4) through provision of health and hygiene training, and improved sanitation facilities. It is expected that the incidence of water- and excreta-related diseases will be reduced by more than 60%, and safe hand washing practice will be increased amongst 65% of adults and 85% of school children through these measures in the specific target areas.

- Ensuring environmental sustainability - water and sanitation (MDG 6) through provision of improved quantity and quality of water closer to users' homes. Beneficiaries will be within or less than 500m distances of water points providing 15 l/c/d of water with zero faecal coli forms at point of delivery.

4. Description

Title: *Integrated Water Supply and Sanitation Programme*

Location: *Gimbichu* wereda in East Shoa zone of Oromyia region. The project is demand driven request of communities and woreda officials. The selection criteria parameters of the wereda mainly un-served population size, low WASH coverage and low primary health facilities, low school water availability, better road accessibility and high breakdown of schemes is referred in the mixture process of the community.

Proposed Activities: Table 1

Activities	Site name	Outputs for # users & scheme				Remarks
		Total users or trainees in 3 years	Year I	Year II	Year III	
Gravity Water Supply/ motorized pump construction and spring protection	1. Ancheta village	1,800	1			Expansion of gravity scheme from the main line of Gimbichu – Fentale line to un-served community (2.2 km distance with a water point)
	2. Cheffe Donsa	3,000	1			Spring Development & extend 200 meter pipeline to existing town water supply reservoir tank.
	3. Jejiga village	1,500		1		Gravity scheme from spring source (2,7 km with 2 water points)
	4. Mengigso Gora	2,340			1	To be further investigated in detail estimated length 4.5 km with 5 w.p & reservoir
Scheme caretaker for O&M trainee	Same site above indicated for water	6	2	2	2	2 scheme caretakers for each scheme for 3 rural communities.
Hygiene, Sanitation & Education	Same above	6,048	3,360	1,050	1,638	70% of total water users will be addressed by health education
CBO/WASHC OM training	Same above	18	6	6	6	Only for rural communities (Cheffe Donsa has its own established system)

5. Objectives

The overall objective, is to contribute *sustainable health improvements amongst 14,680 water users and 70% of this figure is expected to be addressed by hygiene and sanitation education in the wereda of those mentioned of the wereda. Through this action significant change will be expected in the life of targeted communities WASH related diseases.*

By improving access to potable water sources and improved sanitation facilities water-borne diseases will decrease greatly, in particular women and children will benefit to a greater extent.

5.1 Specific objective

- Construction of safe water supply schemes and ensuring management chain from source to end users;
- Facilitating the construction and proper use of improved sanitation facilities, focusing in the local school;
- Promotion of improved hygiene practices and behavior change;

6. Problem Identification

The overall water supply provision coverage, reported by the Government, is low of the population with having access to sanitation facilities, with rural areas being less well served than the urban areas.

The existing situation for most of rural Ethiopia's population and in particular the proposed beneficiaries of this action is a combination of:

- Distant and unreliable water sources
- Water which is contaminated at source by human and animal excreta
- Environmental pollution because of lack of sanitation facilities
- Poor knowledge of the links between water, excreta and poor hygiene practices

Consequently, women and children spend up to 1 –2 hours per day fetching contaminated water that is inadequate in quantity to allow good hygiene to be practised. In many schools, children take alternate mornings off classes to collect water for the school, thus missing 25% of their education, as well as collecting water for the household after school. Since much time is wasted in water hauling, physical injury follows from this load carrying such as back injuries, hernia & miscarriages. Furthermore the whole population and especially children suffer from ill health, water- and excreta-related diseases such as parasitic worms, diarrhoea, skin and eye diseases.

In order to improve this situation people must get sufficient water of better quality from well developed and improved water supply systems closer to their homes such that they can practice good hygiene, including safe excreta disposal, hand washing and home cleanliness. However, at present communities are not able to bring about the changes required without external assistance due to the low awareness and educational levels, particularly in relation to the need for improved hygiene and sanitation practices, as well as the high initial cost of installing water supply schemes which are unaffordable at community level. Although most communities have some sort of development committee (established by the Government), these are poorly organised and lack the ability and resources to take this level of initiative prior to enhancing their capacity by the action.

To sum up, the major existing problems for the poor health situation all over the region and particularly in the selected areas are a combination of:

- **Lack of sustainable access to adequate safe water supply**
- **Poor access to appropriate sanitation facilities**
- **Poor hygiene practices and thus being vulnerable to WASH related diseases**

Consequently, the rural poor people usually experience a negative impact on the health and livelihood of the community. As it is seen in many published articles and journals the main components of the existing water and sanitation problems of developing countries like Ethiopia are as mentioned below.

7. Training/ Capacity Building

The community-based organizations (CBOs) comprise of the WASH committee, Scheme Caretakers (SCs) and CLTS groups. In each site WASH committees of 6 members that consist of at least 50% women will be established and the desired training usually conducted in collaboration with the sector office in the woreda. This training mainly focuses on hygiene and sanitation, sustainable scheme management and operation of the system.

In addition to this, basic health education training is provided for all age groups continuously with the help of teaching aids/materials in different participatory ways, employing the CLTS method. This means for example, to hold *group discussions* and *teaching*, using posters and slides at formal meetings, schools, house to house visit and established traditional associations like *Eder* and others social gatherings or events, to enable community members to gain a thorough understanding of the importance of safe water, personal hygiene and environmental sanitation, as well as the necessary skills to employ these practices in daily life.

8. Implementation Strategy

The central implementation strategy of the project is working with the local government, communities and house holds. The approach then is direct community management of WASH activities through elected/appointed committees or other groups which logically leads to delegated management by trained members of the community.

Emphasis will be given on hygiene promotion and sanitation towards bringing real behavioural change. Feasibility study, construction design and assessments will be conducted in consultation with community and woreda stakeholder.

- Initial request for support – Requests come direct from the community via the Government offices. As the community initiate the relationship with EKHC IWSP all subsequent interaction seeks to build on this ownership. Initial discussion with community to establish preliminary plans for schemes and expectations for community contribution are facilitated through existing community leadership. Working through the established authority structure continues until the community mobilisation and education teams enter the community one week prior to the start of installing the infrastructure.
- Establishment of CBOs – The CBOs comprise the WASH committee, SCs and CLTS/PHAST groups. If the Local Government allows and the community agree, the IWSP will work with an existing CBO in the community. This has the advantage of already having authority, legitimacy and trust within the community and with the Government. If it is not possible to work with an established CBO then a community

election process is undertaken where by the community democratically elect a WASH committee, SCs and CLTS/PHAST groups. The government is then expected to grant this legal status.

SC role and capacity building – For each scheme two caretakers are elected by the community. Their role is to support the daily operation and maintenance of the water facilities. The maintenance training teams work alongside the community training teams to ensure that the SCs have the skills and equipment to carry out regular maintenance and minor repair work. The SC report to the WASH committee/Woreda Water Office and receive remuneration for the work they undertake from user fees collected.

WASH Committee role and capacity building – The WASH Committee is ultimately responsible for all software and hardware aspects of the scheme. Having gone through the CLTS/PHAST intensive training the members then work with the community training team to follow up on the CLTS/PHAST groups work.

District Government role and capacity building – The WaSH staff are involved in the capacity building of each CBO in their locality. This builds the capacity of the WaSH staff to be able to provide external support to the scheme and builds relationships with the community that will provide ongoing support and accountability. In order to support major periodic maintenance requirements the WaSH staff are trained by the maintenance training teams and equipped with the necessary equipment. The WaSH departments' carry out an evaluation of each scheme with the IWSP staff, the scheme is formally handed over to the community at this point.

Project organization and management: the EKHCDP coordinates and oversees the overall operation of the project whereas the IWSP will facilitate the implementation of activities.

9. Community Involvement and Contribution

Community demand, involvement, contribution and ownership are the key features of the intervention which ensures sustainability of the WASH facilities and services in all aspects. Such contributions are expected and would be measured on concrete terms as described in the following ways where consent agreement will also be made during the implementation process. The contributions include:

- Information provision in all aspects of the process including guiding and data stipulation
- Time allocation for hygiene and sanitation promotion and training
- Road construction for the accessibility of construction materials, machines, vehicles...
- Venue and store provision for operation
- Provision of local materials: stone, sand, wood, if available...
- Unskilled labour provision: excavation and backfilling pipeline trench work, loading and unloading of materials and tools...
- Protecting water sources, fencing schemes, planting indigenous trees around water shed catchments....
- Election of representatives for the management of scheme through 50% women involvement in decision making positions of the WASH committees. Households should cooperate with the WASHcoms.

- Financial contributions for scheme operation and maintenance as well as future cost recovery. Through Woreda and Kebele facilitation as appropriate each household will pay for the water they use.

10. Project Activities

Table2. Project activities

Main activities	<ol style="list-style-type: none"> 1. Mobilisation of communities to establish CBOs, WASH committees, SC... to help install, manage schemes. 2. Train community members (CLTS group members) on water, hygiene and sanitation -1 group comprising of 15-20 households) 3. Train and build capacity of WASH committee members, Kebele officials, and health extension workers in CLTS and water management. 4. Train SC and water technicians to operate, maintain, manage and sustain schemes. 5. Train and build capacity of district WaSH dept. staff (2 from each office: water, health, education and agriculture) on the support of software and hardware aspects of scheme management. 5. Follow up and monitoring of CBO capacity development and scheme impact. 6. Construct medium size gravity scheme/motorised pump scheme, Extension of water supply systems from existing systems and protected springs; 7. Conducting water quality test for each water source; 8. Monitoring and evaluation of progress and impact:
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11. Reporting, Monitoring and Evaluation

At programme level key results (improved health and sustainable water supply) will be monitored. However, monitoring health trends is difficult, instead it is often more practical to measure service coverage, use of facilities and hygiene behaviours. It is generally agreed that if certain key behaviours occur at the individual and household/community level then it is reasonable to assume that health benefits will follow.

Since the following four essential household practices are keys to reduction in morbidity and mortality: monitoring and evaluation will also focus in these areas;

1. Proper hand washing practices with soap (local alternatives) at critical times: before & after meal, after latrine use and after defecating children.
2. Safe excreta disposal and appropriate utilization of latrines.
3. Practice of safe drinking water management in the household (from source to mouth)
4. Practice food hygiene in the households

Sanitation and hygiene programme will directly influence the first two of these behaviours and the next two indirectly. Monitoring and Evaluation will focus on these key behavioural change indicators, on selection of easy to measure inputs, what is happening in the ground and the primary results.

The main approach for monitoring and evaluation is setting up a frame work where all the stakeholders participate in the process i.e. participatory monitoring and evaluation, PME. Periodic reporting on monthly, quarterly, biannual and annual basis will be conducted based on the progress monitoring result.

12. Phase-out Strategy and Sustainability

EKHCDP is well aware of the importance of achieving sustainable projects and thus only withdraws from the project area once a sense of ownership and proper management of schemes are developed and assured by the community and the respective water committees, namely WASH committee, CLTS groups and SC's. Accordingly, the established and well-trained water committees have the responsibility to run the system in cooperation with the wereda water office. The scheme care takers and water technicians are responsible for operation and maintenance of the scheme as they will be provided with sufficient training and tools.

Apart from this the wereda water office is also responsible for the overall monitoring of the management and maintenance of the schemes at higher level.

Regarding the software part, particularly personal hygiene and sanitation is going to be facilitated mostly by the local community workers (LCWs) using the established CLTS groups, in cooperation with HEW, the wereda health office and government structures.

Once the capacity and management structure of the schemes is in place EKHCDP/IWSP will hand over the project outputs to the communities and local government which leads to terminal evaluation before exit.

13. Risks and Assumptions

13.1. Risks

Area	Description of risk	Measures to be taken
Technical	<ul style="list-style-type: none"> • Lack of reliable water source • Pipeline may break through vandalism or erosion 	<ul style="list-style-type: none"> • Consider appropriate technology during survey and site selection • Maintenance and repair by SC's
Financial	<ul style="list-style-type: none"> • Price instability • Delay of fund release by donors 	<ul style="list-style-type: none"> • Consider Inflation • Timely appeal
Environmental	<ul style="list-style-type: none"> • Unusual rain and accessibility problem. • Epidemic disease • Flood 	<ul style="list-style-type: none"> • As far as possible, to accomplish the task in the most common dry season • Provide advice and take preventive measures • Preparedness
Social	<ul style="list-style-type: none"> • Conflicts • Inactive community and sector office participation 	<ul style="list-style-type: none"> • Conflict resolutions • Create awareness and strong networking

Table3: Risk Analysis

13.2 Assumptions

- Co-operation of local government sector offices are essential
- Conducive environmental is all aspects
- Stable market for project material
- Highly committed staff

2014 Budget - HORCO WASH Project						
<i>Activities</i>	Original		Revised			
	Eth Birr	CDNS	Eth Birr	CDNS		
1. Human Resource		exchange= 17.965		exchange= 17.965		
1.1 General/Expertise time cost						
1.2 Technical/ construction team						
Coordinator/ suprvisor(1/4th)	30,000	1,670				
Team Leader/Hardware (construction)	41,400	2,304	41,400	2,304		
Water technician (Assistant team leader)	30,000	1,670	26,400	1,470		
Mason crew/ Scheme caretaker trainee (2)	32,000	1,781	32,000	1,781		
1.3 Community Education team						
Health Educator/ community facilitator	36,000	2,004	38,400	2,137		
Local Social worker	18,000	1,002	18,000	1,002		
1.4 Per diem and labour cost						
On the spot (4 project staff)	160,000	8,906	160,000	8,906		
1.5 Training						
Annual staff workshop (5 days/year)	10,000	557				
WaSH/CBO training (4 days)	11,025	614	11,025	614		
Monitoring by sector office (8 people*5 days*200)	15,000	835	7,000	390		
Subtotal Human Resources	383,425	21,343	334,225	18,604		
2. Transport (Material & Personal)						
2.1 Use of truck for material transport	5,000	278	5,000	278		
2.2 Light vehicle (transport service)	90,000	5,010	90,000	5,010		
Subtotal Travel	95,000	5,288	95,000	5,288		
3. Purchase of capital items						
3.1 Vehicles						
3.1.2 Toyota pick up for field team						
3.2 Computer						
3.2.1 Lap top	15,000	835				
3.3 Tools						
3.3.1 Tools for Scheme caretakers	8,000	445	10,000	557		
3.3.2 Establishment tools for construction team						
Subtotal Capital Items	23,000	1,280	10,000	557		
4.1 Construction Materials						
4.1.1 GI pipes	60,000	3,340	-			
4.1.2 HDPE pipes gravity system/ motorized	135,000	7,515	150,000	8,350		
4.1.3 Pipe fittings (various type)	30,000	1,670	20,000	1,113		
4.1.4 Cement	15,400	857	11,000	612		
4.1.5 Reinforcement bars/ Mesh wire	18,000	1,002	22,500	1,252		
4.1.6 Sand	14,000	779	10,500	584		
4.1.7 Gravel for R. Concrete and mass concrete	8,000	445	8,000	445		
4.1.8 Stone for masonry	8,500	473	10,000	557		
4.1.9 Form work and miscellaneous	7,000	390	8,000	445		
4.1.10 IEC Training materials for CBOs	7,200	401	6,000	334		
Subtotal Construction Materials	303,100	16,872	246,000	13,693		
5. Other Program Service Costs						
5.1 Sign boards and Identification plates	10,000	557	8,000	445		
5.3 Inaguration ceremony, etc			-			
Subtotal Other Costs, Services	10,000	557	8,000	445		
Total Cost of the action (direct)	814,525	45,340	693,225	38,588		
6. Administration cost (10%)	81,453	4,534	69,323	3,859		
Total funds required from HORCO	895,978	49,874	762,548	42,446		
7. Community & EKHC/IWSP contribution	39,600	2,204	30,000	1,670		
Grand total cost	935,578	52,078	792,548	44,116		