

Ethiopian Kale Heywet Church Development Program

Integrated Water and Sanitation Program WASH Project Proposal for 2013

**Submitted to Hope for Rural Children & Orphans (HORCO)
London, Ontario, Canada**



Rural children in Ethiopia carrying unsafe water and still missing school

**Gimbichu Woreda (district), Kersa Kebele
in the Oromia Regional State**

October 2012
Addis Ababa, Ethiopia

Acronyms

BSF	Biological Sand Filter
CBO	Community Based Organization
CCRDA	Consortium of Christian Relief and Development Association
CED	Community Education and Development
CHC	Community Health Club
CLTS	Community Led Total Sanitation
CLTSH	Community Led Total Sanitation and Hygiene
CSO	Civil Society Organization
DA	Development Agent
EKHC	Ethiopian Kale Heywet Church
EKHCDP	Ethiopian Kale Heywet Church Development Program
ETB	Ethiopian Birr
EUWI	European Union Water Initiative
GDP	Gross National Product
HDI	Human Development Index
HEW	Health Extension Worker
HORCO	Hope for Rural Children and Orphans
IWSP	Integrated Water and Sanitation Program
KAP	Knowledge, Attitude and Practice
LDC	Least Developed Country
MDG	Millennium Development Goals
MWA	Millennium Water Alliance
NGO	Non-governmental Organisation
PASDEP	Program for Accelerated and Sustainable Development for the Eradication of Poverty
PHAST	Participatory Hygiene and Sanitation Transformation
SC	Scheme Caretaker
TPL	Traditional Pit Latrine
UAP	Universal Access Program
VCHP	Volunteer Community Health Promoter
WaSH	Water, Sanitation and Hygiene
WASHCOM	Water, Sanitation and Hygiene Committee
WSF	Water and Sanitation Forum

Contents

- A. Basic Information 4
- B. Program context and the action.....5
- 1. Description. 5
 - 1.1 Title5
 - 1.2 Location5
 - 1.3 Summary5
 - 1.4 Overview6
 - 1.5 Relevance of the action7
 - 1.6 Description of the action and effectiveness12
 - 1.7 Methodology: Implementation strategy15
 - 1.8 Duration and indicative action plan for implementation16
 - 1.9 Sustainability of the action18

A. BASIC INFORMATION	
The Program title	EKHCDP IWSP WASH Project – HORCO
The Supporting Partner programme reference number (if applicable)	Hope for Rural Children and Orphans (HORCO) CANADA
The name of the Implementing Partner requesting funding	EKHCDP IWSP
Description of the programme	<p>The proposed action of EKHCDP IWSP is to improve the health and overall living conditions of end beneficiaries by providing access to safe water supply, improved sanitation facilities and hygiene training for permanent behaviour change.</p> <p>Through 28 years of experience the program was shaped by involving the end beneficiaries in a participatory way throughout the planning and implementation phase. The local governments at various levels will be actively involved to facilitate good integration of the action into their respective WaSH action plans, which helps to attain a sense of ownership among them and ensures their continued support, monitoring and supervision for contributing to the overall sustainability of the program.</p>
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The name and role of the person approving the application for the Implementing Partner.	Dr. Ing. Nigatu Chafo, General Secretary
The planned start date of the programme and its duration and the proposed annual reporting date.	Start date: January 2013 annual reporting date: January 2014
The location of the programme area (district / city / town / region).	Gimbichu Woreda (district) Kersa Kebele in the Oromia Regional State
The name(s) of any other implementing partner(s) who will be involved in the programme with the Implementing Partner.	Regional government of Oromia and local government structures
The name(s) of any other supporting partner(s) or institutional donor(s) who have committed to, or been approached to provide financial or other support to the Implementing Partner for this programme.	Tearfund UK, Tear NL, EED and LWI(Hilton Foundation) and Tear Australia supporting IWSP in other localities

The overall budget of the programme (local currency).	747,825.00 ETB \$40,809 CDN (18.325 conversion)		
The amount that the Implementing Partner is requesting from the Supporting Partner with details of other contributions as set out in the table below.	712,825.00 ETB \$38,900 CDN		
Activity Year	Year 1	Year 2	Year 3
Supporting Partner		712,825.00 ETB	
Local labour and contribution in kind		35,000.00 ETB	
Total		747,825.00 ETB	
The date that the proposal was written (or date of latest revision)		October, 2012	

B. PROGRAM CONTEXT AND THE ACTION

1. DESCRIPTION

1.1. Title

WaSH Project Proposal of the Integrated Water and Sanitation Program of EKHCDP, Ethiopia

1.2. Location(s):

Country: Ethiopia,
Regions: Regional States of Oromia
Districts (Woredas): Gimbichu in East Shoa

1.3. Summary

Total duration of the action	12 months
Objectives of the action	Improved and sustained access to safe water supply, basic sanitation and improved hygiene practices for 2,840 end-beneficiaries of Oromia of Ethiopia.
Partner(s)	HORCO
Target group(s)	Rural communities with particular emphasis to children, women, disable and vulnerable groups
End beneficiaries	2,840 individuals for improved water, basic sanitation and hygienic practices.
Estimated results	2,840 end beneficiaries trained in health and hygiene (10 % increases on water beneficiaries).

	≥ 22 CBO/WASHCOM members and HEWs trained in scheme management, ≥50% women representation
	2 SCs and Woreda water technicians trained in operation and maintenance
	Provide facilitation support to construct 284 viable pit latrines by HHs
	3 fully functioning improved water supply schemes (water points) constructed and 1 for elementary school.
Main activities	<ol style="list-style-type: none"> 1. Construction of improved domestic water supply schemes 2. Training and capacity building for CBO & WaSH professionals 3. Hygiene and sanitation promotion 4. Basic Health Education 5. Cattle trough and cloth washing place as needed

1.4. Overview

The proposed action of EKHCDP IWSP is to improve the health and overall living conditions of 2,840 end beneficiaries in rural Ethiopia by providing access to safe water supply and sanitation facilities, as well as emphasising on community hygiene training for improved and permanent behaviour change.

Through 28 years of experience the core strategy of this program was shaped by:

- Involving the rural end beneficiaries in a participatory way throughout the planning and implementation phase until the scheme will be handed over to be managed directly by a community-elected WaSH committee.
- While construction of infrastructure is essential it is the community mobilisation and education that is critical to the ultimate success and sustainability of the water schemes and health improvements.
- Equally important, throughout the project cycle the local governments of various levels will be actively involved in planning and by close collaboration, complemented by capacity building. This facilitates good integration of the action into their respective WaSH action plans, helps to attain a sense of ownership among them and ensures their continued support, monitoring and supervision after handover of the scheme, thus contributing to the overall sustainability of the program.
- At the planning stage, detailed feasibility studies, construction design and socioeconomic surveys will be conducted for each scheme, community and district with stakeholder involvement. These data assist decision making and monitoring & evaluation.

To ensure ownership and empowerment, the steps of program implementation will be as follows:

Initial request for support – Requests come direct from the community, as well as from need identification of local governments. Initial discussions has been discussed to establish preliminary plans for schemes and expectations for community contribution are facilitated through existing community leadership and the wereda water office.

Establishment of CBOs – CBOs comprise of the WaSH committee, SCs using CLTSH, CHC/PHAST approaches. If possible, IWSP will work with an existing CBO in the community, having the advantage of established authority, legitimacy and trust within the community and with government, including accountability structures. Otherwise, an election process is undertaken where the community democratically elects a WaSH committee and SCs. The government is then expected to grant them legal status.

Initial CBO Capacity building – The community training team takes the CBO (WaSH COMs) through an intensive training focusing on scheme management, hygiene and health, so that they are able to become facilitators. Meetings are held, together with the community, to mobilise local resources and manpower to support scheme construction and resolve any design concerns. The CBO also organises the community into CLTSH/CHC/PHAST groups of 15-20 households each.

CHC/PHAST groups' role and capacity building – Each CHC/PHAST group facilitates 15-20 households to go through the PHAST process, on average during 6 contact times, each taking 1-3 hours. As

a result of the process each participant will understand the need to improve his or her hygiene and identify a plan to achieve it. These plans will be followed up by the IWSP community education team and WASH committee members. After progress monitoring by IWSP and Kebele Health Extension Workers (HEWs), IWSP support is slowly phased out, with a final visit being around 12 months after start of implementation. Further support and follow up will be given by HEWs.

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. Maintenance training and tools provision by IWSP ensures that the SCs have the skills and equipment to carry out regular maintenance and minor repair work. The SC report to the WASH committee / district 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 a 5 full day intensive training and further mentoring, they are able to follow up and facilitate hygiene education (CLTSH/PHAST groups), supervise SCs, operate the scheme hardware and manage all financial aspects.

Woreda (District) Government role and capacity building – The Woreda WaSH staff are involved in the capacity building of each CBO in their area. Thus, they acquire experience to be able to provide on-going support, monitoring and accountability. As major maintenance and repair of the schemes will be carried out by them, special training and the necessary tools are provided by IWSP. At scheme handover to the community the Woreda WaSH staff will evaluate each one together with IWSP staff.

Phase-out strategy – To achieve sustainable projects, IWSP will withdraw from the project area usually after 12 months, when ownership and proper management of schemes are assured by the community, the WASH committees and SCs, with appropriate water fee collection being in place and continuing support by Kebele, HEWs and district government (especially water and health offices).

1.5. Relevance of the action

The action is directly relevant to the objectives of meeting the basic MDG needs of Water and Sanitation and provides Hygiene Promotion to improve the quality of life through better health for the poorest and most vulnerable rural and peri-urban population in Ethiopia, a least developed country (LDC) according to OECD's DAC list.

Ethiopia, with a population of approx. 80 million people¹, is the second most populous country in sub-Saharan Africa. With an economy primarily based on agriculture, small-scale farmers occupy 96% of the cultivatable land, accounting for 44.5% of GDP¹, 85% of exports, and 80% of total employment. The country, with a per capita income¹ of about US\$ 280 is among the poorest in the world. This is reflected by its Human Development Index (HDI)² of 0.414, ranking Ethiopia as 171st out of 182 countries. Of the total population, 39% live below the international poverty line of US\$ 1.25 per day³, and 64% are illiterate^{1, 2, 3}.

According to JMP Report⁴, Ethiopia is not on track for WASH related MDG targets, as only 38% of the population have access to improved drinking water sources, and 12% to improved sanitation. These figures are even lower for the rural context, where only 26% have access to improved drinking water

¹ World Bank 2009, Ethiopia country profile (published data of 2008), accessible online: <http://go.worldbank.org/VPFRAGBADT0> (GNI increased from US\$ 130 in 2001 to US\$ 280 in 2008)

² UNDP Human Development Report 2009 (publishing HDI data of 2007), accessible online: http://hdr.undp.org/en/media/HDR_2010_EN_Summary.pdf

³ UNICEF Statistics on Ethiopia, March 2010, online: http://www.unicef.org/infobycountry/ethiopia_statistics.html (most recent poverty data from 2007)

⁴ WHO/UNICEF Joint Monitoring Programme, Progress on Sanitation and Drinking-water: 2010 Update, Genève/New York 2010 (published country data as of 2008)

Note: Ethiopian government figures of 2010 claim 66% safe water coverage and 52% improved sanitation coverage. (The Ethiopian Herald, Vol. 167, March 24, 2010, p. 3)

and 8% to improved sanitation. Thus, 74% of the rural population still uses unprotected sources and 71% practice open defecation. More than 25% of the population need longer than 30 minutes for collecting drinking water (round trip).

For the proposed intervention areas in Ethiopia one can assume, that still over 30% of the disease burden is attributed to poor sanitation, and 15% of deaths are attributable to diarrhoea, with women and children being particularly vulnerable⁵.

Therefore the overall objective of the action is *'Improved health, dignity and socio-economic development for 2,840 inhabitants of Oromia Regional States in 1 year*. The action strives to achieve this by reducing the incidence of hygiene, sanitation and water related morbidity by addressing the associated critical factors of the end beneficiaries through:

- Sustainable access to adequate safe water supplies;
- Access to and usage of appropriate sanitation facilities;
- Adopting good hygiene practices and by that protecting them from WaSH related disease infection.

As these are key prerequisites for reducing child and maternal mortality (MDGs 4 & 5) and combating diseases (MDG 6), the project contributes also to a wider set of the MDGs:

- Reduction or eradication of extreme poverty and hunger (MDG 1) through **improved health** and so allowing beneficiaries to be more **economically active**: With less money spent on treating health problems more funds are potentially available for investment purposes.
- Promotion of **gender equality** and empowering women (MDG 3) through community training as well as CBO strengthening: A minimum female representation on the water and sanitation (WaSH) committees is ensured as well as training provided that specifically targets both men and women to address gender inequalities in the communities, especially concerning household duties. Improved access to water will also mean that **girls** will spend less time involved in water collection activities, thus allowing them greater opportunity to **attend school**, contributing to MDG 2,. The current bias in Ethiopia to educate primarily boys will be another issue addressed through the gender training.
- **Reducing child mortality** (MDG 4), improving **maternal health** (MDG 5) and combating HIV/AIDS, malaria and other diseases (MDG 6) 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%⁶, and safe hand washing practice will be increased amongst 65% of adults and 85% of schoolchildren through these measures⁷. By reducing water-borne disease infection rates amongst the whole community, children will be more able to **attend school** (*contribute to education, MDG 2*), women spend **less time caring for sick relatives**, and men are more **able to work**. (*contributing to socio-economic development, MDG 1*)
- Ensuring environmental sustainability - water and sanitation (MDG 7) through provision of **improved quantity and quality of water closer to users' homes**. Beneficiaries will be within **1.5 km** for rural and **0.5 km** for urban water points providing **15 l/c/d** of water with zero faecal coli forms at point of delivery. By reducing distance to the water source, mostly women and girls will save up to three hours per day during which they used to collect contaminated water. This means that girls will be able to increase their **school attendance** (*contributing to education, MDG 2*), and women will have **more time for productive activities** such as agriculture and study. (*enhancing socio-economic development, MDG 1*)

The Region that EKHCDP is proposing to implement this action has established relationship and agreements with the respective regional government

⁵ Tearfund 2005: Making every drop count – Financing water, sanitation and hygiene in Ethiopia (online: http://tilz.tearfund.org/webdocs/Website/Campaigning/Policy%20and%20research/MEDC_financingEthiopia.pdf)

⁶ Esrey, S.A., 2000: Rethinking sanitation: panacea or Pandora's Box. In *Water Sanitation & Health* (eds I. Chorus, U. Ringelband, G. Schlag and O. Schmoll), pp. 7–14, IWA Publishing, London.

⁷ Projections

Low-cost appropriate technologies, VLOM hand pumps, gravity schemes and spot springs, rain water harvesting and storage complimented by BSF will be applied for safe water supply. Based on the available water potential of an area, priority will be given for developing and protecting springs and gravity water supply systems followed by shallow wells and rain water harvesting and storage supported by BSF HH water treatment options. Multiple purpose use of water will be promoted for from multiple sources. IWSP continues integrating innovative technologies including the “Bio Sand Filter” as household water treatment option, which was successfully introduced to Ethiopia since 10 years ago.

In terms of sanitation facilities, promotion will be emphasised to create demand and the use of appropriate technologies and designs will be advocated to Ethiopian Government standard build TPL with locally available materials and by local labour.

The TPL is the minimum standard (access to a sealed, used, cleaned and maintained latrine with an operational hand WaSH facility – supplied daily with water and soap/ash or substitute and a compost pit for all other organic wastes including animal faeces). This definition is not in line with MDG/JMP definitions which require slabs for TPLs as slab and ventilation screen is not practically possible for most beneficiaries due to cost.

In terms of quality and addressing the problem of collapse of the latrine and the cover, the materials used and the skill of the person constructing the latrine affects the durability of latrine. The current reality is that collapse occurs due to the rotting of the cover, rainy season/floods and loose soil. With the coming of CLTSH the problem may be aggravated as there is no recommendation and technical support to ensure the quality of latrines constructed. Slab and VIP are not a practical solution for most beneficiaries and the JMP/MDG definitions will be challenged. While some HHs maintains old latrines others construct new ones after the old one collapses or filled. IWSP promotes four basic elements of the TPL components to be focused on by using local materials: distance from home and water sources, proper pit with lining, complete superstructure for safety and privacy, the cover and hand washing facilities. Utilization and operation/maintenance is also scrutinized.

IWSP will continue to build local capacity on new innovative approaches and appropriate technologies by learning from other actors in the sector, external consultants or through research and field testing. An example is the introduction of PHAST/CHC/CLTSH approaches to improve and increase the behaviour change process required in hygiene promotion.

To promote health improvements in a sustainable way, Woreda (district) government officials of the WaSH related line offices (Water, Health, Education, but also Women Affairs, Agriculture,) will be trained on how to promote hygiene and sanitation for the communities in an ongoing and participatory way. EKHCDP IWSP has successfully been pioneering the PHAST methodology for hygiene and health promotion, which is now being complemented by the CHC⁸ approach as framework for organizing communities. When appropriate, CLTS will be used as a tool for community mobilization.

Health improvements are measured by a baseline study before and a comparative household survey after the intervention⁹. A representative number of households will be studied to determine their health status (especially water-borne and water-related diseases) and other WaSH related information. In addition, data on the top 10 diseases will be obtained from local health centres.

At source level, water quality will be pretested before sources are commissioned and a government laboratory will conduct a final quality analysis on physiochemical and bacteriological aspects. Further, water quality surveillances will be done by district health office and health extension workers. The safe water chain from source to point of use will be addressed through hygiene education and inspection of water containers, safe storage and food utensils.

Over years the IWSP have analysed target group and stakeholder analysis and closely work with local government. More over the WaSH inventory results of the government are used in the need identification process and complimented with IWSP’s previous and current experiences.

⁸ CHC: Community Health Club, was piloted during 2009 and is now introduced as community facilitation tool to all IWSP intervention sites

⁹ Baseline survey and post-intervention HH monitoring survey are both KAP (Knowledge, Attitude and Practices) surveys, consisting of questions to direct beneficiaries as well as observations at the household level

Community capacities are reinforced through training and capacity building of existing or newly formed community based organisations (CBOs) members to ensure benefits of the action are sustained. Capacity of the local partner NGO, the EKHCDP will also be built through the support of short and longer term training.

Capacity of district Government departments will be built to sustain and further replicate the benefits of the programme. These include Woreda WASH capacity building, WASHCOM capacity, PHAST/CHC groups, SC and water technicians who will also be provided with the necessary equipment to effect repairs. HEW, DAs, school WaSH clubs will also be trained to further enhance sustainability of WASH infrastructures and hygiene practices. Participation from beneficiaries will be facilitated through CHC/PHAST group discussions where a minimum of one HH member, usually a woman, will take part in gender role analysis and education on WASH topics.

Ethiopia has launched the ambitious UAP backed up with relevant WaSH policies and coordination mechanisms; low local capacity is affecting implementation. The districts supported through this proposal are those where there are larger un-served population and low capacity to bring about change. Such districts include Gimbichu where there is little or no NGOs or Bilateral support. In some districts some support is being provided by NGOs and the World Bank but it is insufficient.

In January 2003, the Government of Ethiopia developed a “National Water Supply and Sanitation Master Plan Framework” which intends to increase the national coverage of water and sanitation to 62% and 54% respectively by 2015. That document whilst not specifically referring to the MDGs covers all the relevant areas in its ethos and detail, and this action therefore fully complies with this Government framework. It also contributes towards the Universal Access Program (UAP) of the Ethiopian Government to reach 100% coverage of improved drinking water supply by 2012 which is again ambitious and unattainable.

IWSP will actively engage with the upcoming national WaSH inventory process, local capacity building, and coordination engagements and therefore support the Government M&E framework as defined by the National WASH Manual, Program Implementation Manual and other guidelines.

To network with other NGOs/NSAs, IWSP is taking actively part in National platforms like EU Water Initiative Country Dialogue in Ethiopia through the national WaSH Multi-stakeholder Forum (MSF)/, CCRDA Water and Sanitation Forum (WSF), WASH Movement Ethiopia, and Millennium Water Program (MWP) Ethiopia. These ongoing actions are platforms for coordination, capacity building, sharing lessons learned, best practices, advocating for WASH governance and transparency. Activities will be carefully co-ordinated with other NGOs in the region through the relevant government bodies on region / zone / local levels. The action will be part of the district WASH intervention within the district WASH planning and implementation process. It will also support the PASDEP II and HSDP II programs of the government to reduce poverty.

Local partner: Ethiopian Kale Heywet Church Development Program (EKHCDP), who manages and implements the overall program under the institutional set-up of IWSP (Integrated Water and Sanitation Program), which is part of the wider EKHC Food Security Program coordinates this project by co-financing with other current donors including Tear fund UK ,Tear NL Tear Australia, EED Germany.

The existing situation for most of rural Ethiopia’s population and in particular the proposed beneficiaries 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.

Gender aspect: Women and children, especially girls, carry most of the burden for water supply and house-keeping. Consequently, women and children spend up to 3 – 4 hours per day fetching small quantities of 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 and households, thus missing their education. Many households of average 6 persons are managing with only 20 litres of water per day (3 or 4 litres/head/day). Much time is wasted in water hauling; physical injury follows from this load carrying (back injuries, hernia, miscarriages), and the whole population,

but especially children, suffer from ill health: water- and excreta-related diseases such as parasitic worms, diarrhoea, skin and eye diseases.

In order for this situation to be improved, people need to use more water, of better quality, from water points closer to home; they need to practice good hygiene, including safe excreta disposal, hand washing and home cleanliness. Communities are however not able to bring about the changes required at present without external assistance due to the low awareness and educational levels, particularly related to the need for improved hygiene and sanitation practices, as well as the high initial cost of installing water providing infrastructure which the community are unable to afford. Although most communities have some sort of development committee associated to them, established by the Government, these are poorly organised and lack the ability and resources to take this level of initiative prior to the capacity building work focused on them by the action.

The social characteristics, economic situation, age group and gender status will reflect that of the communities targeted. Beneficiaries will be rural based and engage in subsistence level agricultural activities, the majority living on or below the poverty line with a per capita income of approximately 1 USD per day or less. The average family size is identified as 6 persons, with high population growth rates more than 50% of beneficiaries will be less than 18 years old. Approximately equal number of men and women, girls and boys, will benefit but women and children will benefit greater due to their primary involvement in WaSH activities.

Beneficiary numbers have been calculated based on a number of factors including per capita consumption per day, annual well output and yield of the scheme, government policy, WaSH integration factor where sometimes school children addressed in hygiene and sanitation are not direct beneficiaries of the water supply, population density, water tariff where some community members are not willing /unable to pay for water, social bond of neighbouring communities to the direct users as they can't refuse them from collecting water from the new pumps etc.

Table 1: Output estimates

Ser. No.	Output ¹⁰	Estimated by formula	No. of end beneficiaries
1	Community health education (CHC/PHAST group)	1 from 6 HH members of total water beneficiaries (2,040 people)	340
2	Hygiene practices/education	Add 10% of the total water and sanitation promotion beneficiaries (2,040 water beneficiaries + 10% hygiene beneficiaries from school hygiene, neighbouring villages... which are not water beneficiaries)	2,244
3	CBO WASH training and capacity building	2 CBOs * 11 people ¹¹ <ul style="list-style-type: none"> • 4 CBOs for water schemes = 1 GWS • 11 people per training = 7 WASHCOM members, 1 water attendant, 1 Kebele Manager, 2 HEWs 	≥ 22
4	SCs and water technicians training on operation & maintenance	2 schemes * 2 people	4

¹⁰ design of water facilities for household level to supply 20 L/person/day (according to MDG definition)

¹¹ Usually 1 CBO (WASHCOM) per scheme, though for some Gravity Schemes this number will be higher, as there will be either one WASHCOM per water point, or a WASHCOM consisting of more people

Ser. No.	Output ¹⁰	Estimated by formula	No. of end beneficiaries
	HH Sanitation	100% of HH water beneficiaries (2,040 people)(who have access to sanitation) Note: Total of HH = 2,040 water beneficiaries [HH level] / 6 people per HH = 340 HHs Calculation of structures = 70% x 367 HHs = 238 latrines built by communities	2,040
	Construction of Improved Water Supply Schemes		
7	Gravity water supply extension systems including networks	1 GWS x ≤2,040 people per scheme x 1 year (comprising of estimated 3 public water points & 800 elementary school students)	2,840
	Estimated beneficiaries of water schemes including school children		2,840

1.6. Description of the action and its effectiveness

The proposed action consists of health education and hygiene promotion, CBO training and capacity building, water and sanitation infrastructure construction, communication and as it is discussed below.

Activity 1: Community Health Education

In order to transform communities to a better life, there is a need to build up their capacity and create awareness to active participation through appropriate way of training.

Various options of participatory training methods will be used to improve the KAP issues by involving all direct end beneficiaries for by one Community Training team who are fully trained in CHC, CLTSH and PHAST methodologies which creates a conducive atmosphere through participatory learning in action and will primarily be used with the CBOs, Government and KHC personnel. Topics covered in community training are:

- Identifying community health problems (water related, faecal-oral and communicable diseases) and analysing WASH problems
- Solutions to WaSH problems and presenting various options (proper solid and liquid waste disposal, water quality control, food hygiene, proper housing vector control and personal hygiene)
- Gender role analysis (tasks of women and men in area of WaSH including water collection from source to point of use, hygiene and sanitation practice at household level)
- Action plan for new WaSH facilities and services;
- Monitoring the progress of WaSH activities and status;
- Participatory WaSH evaluation with stakeholders
- Basic awareness/ prevention and coping mechanisms with cross cutting issues HIV/AIDS; prevention of harmful traditional practices; family planning...HIV/AIDS awareness creation focuses on problems, transmission mechanisms, prevention and control methods, and how to assist those with HIV/AIDS.

Participatory training methodologies include:

- Using pictures
- group discussion;
- role play;
- brain-storming;
- Visual aids (drama, puppets, videos, flip charts, card collection, and teaching).
- home-to-home visiting;
- School WASH
- CLTSH

These training methodologies are tailored to suit the target group characteristics, time of year, social occasions, informal organization etc. For example, gender issues may be best discussed through discussing within the mixed-sex group in some cultures and separately in others. Similarly, during the planting and harvest seasons, women can only be found at their homes in the evenings, thus house to

house visiting is preferable to community gatherings. It is therefore vital that the community trainers spend time living in the communities, so on average the facilitator will be present for 6 contact times with CHC groups, each taking 1-3 hours.

Activity 2: Training and capacity building for CBOs and WASH professionals

Activity 2.1: CBO WASH training and capacity building

Under this activity, the training includes CBO WASH training and capacity building, WASH committee, SC/WT, HEW, Kebele Managers, DAs, VCHP, Water attendant and School WASH clubs.

Typically, a community will have existing CBOs, which are traditional self-help associations like *Idir*, *Mahber*, local chiefs etc. Where a CBO is not present or not able to take responsibility for the WASH management, the community elects Water, Sanitation & Hygiene (WASH) committee.

The government structure on community level is organized as “Kebele” or Peasant Association, responsible for all development activities including WaSH, and will have a manager, HEWs, DAs, health cabinets and a development committee.

For scheme hardware sustainability, Scheme Caretakers or Local Technicians are chosen by the community (2 per scheme) who will be the CBO responsible for all repairs to the system. They are equipped with the tools necessary for all, but major repairs, and are responsible to the Water Committee/Peasant Association who remunerates them for work done.

These groups are the community representatives through whom planning, design, implementation and maintenance occurs. They are trained in the management of the scheme (including revenue collection), recording of data/information, simple bookkeeping or accounting systems, pump and gate valve operation, sanitation condition around the water point, recording of water user households, etc. They are also trained in maintaining the software element of health and hygiene promotion. Training will be accomplished using the PHAST/CHC methodology by a combination of the one community training team (software).

Activity 2.2: Government Woreda WaSH training and capacity building

In keeping with Government policies, woreda officials will be involved in actions from the outset, thus fostering a sense of ownership. Representatives of the areas of water and sanitation will participate in planning and implementation, and will be trained as appropriate to sustain project benefits (facilities, services and skills/knowledge). Capacity building will include specialist training scheme operation and maintenance and provision of tools and equipment to enable scheme repairs beyond the capacity of local Scheme Caretakers.

Activity 3: Communication and Visibility

Communication is an integral part of the programme. It involves updating all stakeholders on the progress of the activity. It includes timely reports, press releases where necessary, sign boards and photographs. Thus,

- Internal communication between field staff, IWSP office, EKHC Development Program, program management, monitoring and evaluation will be maintained.
- External communication to government offices of different levels, donors and stakeholders will be mandatory.
- Visibility of HORCO support in all activities will be ensured.

Activity 4: Basic Sanitation

With rural sanitation coverage of about 12% in Ethiopia¹² this component aims to encourage end beneficiary households to build their own latrines, so that at least 70% of the targeted households will have improved sanitation. This ensures that all end beneficiaries will be able to use those facilities. The number of latrines built will increase in subsequent years through the on-going work of trained CBOs, Government Woreda WaSH workers.

The activity will involve social promotion and technical support for households to construct latrines using local and affordable materials. The community will be encouraged to provide practical support to the poorest and most vulnerable.

Activity 5: Construction of Improved Water Supply Schemes

The decision on appropriate technology is based on the local situation: availability of water potential and water demand. Thus, due to the reduction of distance, women and children will reduce their burden in carrying water; instead spend their time on other socio-economical activities such as education.

Activity 5.1: Gravity schemes

Past experience shows that, where large springs are found, the use of gravity scheme projects within the Ethiopian Kale Heywet Church Integrated Water and Sanitation Programme has proved successful results. Communities have managed the operation and maintenance including their book-keeping. **However, since the Kersa community water supply system originates from a motorized pump it needs careful attention by the community and the wereda water office to follow up on supplying fuel and timely service of the pump.**

As shown in the drawing attached to this proposal, the gravity scheme extension will be constructed and extended from a motorized pump of Kersa community to Kemissie I, II and III community tap-stands and the elementary school.

Detail activity of the hardware part to be carried out as follows:

- Survey and follow up action plan;
- Proposal and operation agreement to sign with government;
- 3,000 meters of pipeline work, excavation and backfilling of trench work;
- 27m³ Ferro-cement tank construction;
- 3 water point construction and 1 stand point for elementary school;
- 1 cattle trough;
- 1 clothes washing basin;
- 2 scheme caretakers on job training;

Activity 6: Promotion of development awareness

HORCO will continue to publicise the work of IWSP and raise understanding about WaSH needs and initiatives in Canada. Case studies from IWSP have been used in a variety of such publications. These publications will include the contribution made to the work of IWSP by the HORCO.

¹²WHO/UNICEF Joint Monitoring Programme, Progress on Sanitation and Drinking-water: 2010 Update, Genève/New York 2010 (published country data as of 2008)

Table 2: Risks and mitigation measures

Risks	Mitigation Measures
1. Health education: <ul style="list-style-type: none"> • Due to low KAP and awareness, communities will not take up the lesson and practice easily. 	<ul style="list-style-type: none"> • Create awareness through continuous education by participatory methodologies
2. Training and capacity building for CBOs, WASH professionals and service providers. <ul style="list-style-type: none"> • Staff turnover • Trainee CBO & Gov't staff not take up and practice a lesson 	<ul style="list-style-type: none"> • Providing incentives and ensuring good governance and a conducive working environment for KHC staff • Coordinate with line government offices
3. Basic Sanitation: <ul style="list-style-type: none"> • Low usage of sanitation facilities 	<ul style="list-style-type: none"> • Teach to improve the health and hygiene knowledge; practice at household and community level;
4. Communication and Visibility: <ul style="list-style-type: none"> • Restricted advocacy opportunities for implementing partner according to current NGO legislation • Limited communication infrastructure and internet access, power interruptions 	<ul style="list-style-type: none"> • Persuasion of government by participation in National WASH forums and networks, especially CCRDA WSF, WaSH Movement Ethiopia and Multi Stakeholder Forum • Exercising mutual advocacy • Lobbying through donor community • Using alternative options like generators.
5. Basic Drinking Water Supply: Gravity Water Supply <ul style="list-style-type: none"> • Conflict between upper and lower stream users and as a result low participation 	<ul style="list-style-type: none"> • Ensure that improved water supply with tap-stands and washing facilities for upper and lower communities; • Consider water rights and promote mutual use • Use legal mechanisms on public goods
6. Weather Condition <ul style="list-style-type: none"> • Access problems to the project area due to rain 	<ul style="list-style-type: none"> • Planning during dry season

1.7. Methodology: Implementation Strategy

1.7.1 Organizational structure and IWSP

The EKHC Development Program (EKHCDP) which oversees the other development activities including HIV/AIDS Program, Rural Development, Relief and Rehabilitation, Urban Development, Child Development, Formal and Non-Formal Education, Women's Ministry...in 8 Regional States oversees the overall operation of the Integrated Water and Sanitation Program (IWSP). IWSP organizes, coordinates and facilitates the implementation of the proposed WASH activities.

Community Education and Development (CED) Section

The CED section will implement WaSH activities through community health education and training and capacity building for CBOs and WASH professionals). The staff comprised of health educators, nurses and social workers facilitate this aspect.

Surface Water Development Section

This section consists of 3 teams, namely: 3 gravity water supply and spot spring protection teams where one team works on HORCO project. They carry out the implementation from the planning stage, constructing of the gravity scheme including network systems and all the technical aspect of hardware as well as the timely reporting to the government and the donor.

Technical Support Team

This team at IWSP head office level includes the Monitoring and Evaluation Unit and a Gender Focal Person. The gender focal person takes the lead in ensuring and mainstreaming the gender issues at all levels and in all processes of the WASH intervention while the M&E team facilitates all activities related to baseline surveys, progress monitoring, evaluation, hand over, research and special studies, water quality testing.

Administration and Finance Team

This team comprises a team of accountants, a Logistic Officer, a Store Keeper, a Secretary and an Office Assistant to coordinate and support all operations.

1.7.2 Procedures for follow up and internal/external evaluation

EKHC IWSP undertakes a number of surveys and procedures to monitor and evaluate the various aspects of the operation and impact of the WaSH facilities and services and behaviour change processes.

Reporting: narrative and financial reports will be produced on biannual and annual basis to track progress and to do follow up.

Monitoring:

- **CBO Mobilization and empowerment:** The capacity building undertaken by the community training and maintenance team will be assessed on an ongoing process through observation during community visits. Records of meeting and management of funds will also be reviewed and the findings will feed into the tailoring of capacity building activities.
- **WaSH COMs reporting and monitoring:** The PHAST process supports the WASH committee establish criteria and the means to monitor the operation and impact of the; water scheme. They are also supported to establish monthly meeting with the community for financial reporting and resolve any issues that may have arisen over the last months. The WASHCOM keep minutes of meeting and accounts. The district water desk is responsible to follow up and to give supportive supervision and to take appropriate corrective measures as necessary.
- **Community satisfaction and behaviour change:** Focus groups discussions with a representative selection of community members will be facilitated at six monthly intervals to assess the satisfaction of the community, evidence of behaviour change and identify any problems. This will complement observational data collected by the community training teams. Step 6 and 7 of PHAST also requires monitoring the progress together with the community members, project staff and district government WaSH staff by setting criteria for assessing the progress and impact of planned change.

Evaluation

- **Terminal evaluations:** An evaluation of the project against the proposed implementation plan will be carried out at the end of the project period.

1.7.3 Communication and Visibility Plan

With strong support from HORCO, communication is an integral part of the programme. It involves updating all stakeholders on the progress of the activity.

Regular consultations with Government WaSH Offices on all levels for program follow-up and future implementation, regular communication with donors including HORCO will be communicated.

1.8. Duration and indicative action plan for implementing the action

The duration of the action will be 12 months.

Table 5: Action plan for year

Main & detail activity	Semester 1						Semester 2						Implementing body
	J	F	M	A	M	J	J	A	S	O	N	D	
1. Preparation													
1.1 Procurement													EKHCDP
1.2 Operation agreement with wereda sector office													EKHCDP and Government
2 Community Health Education													
2.1 IEC material preparation and dissemination													EKHCDP
2.2 Community mobilization/initial stakeholder meeting													EKHCDP, Government, Community
2.3 Community education on WASH and cross-cutting issues (CHC/PHAST groups)													EKHCDP, Government, Community
2.4 CBO WaSH training and capacity building													EKHCDP, Gov't, Community
2.5 Scheme care takers operation & maintenance training on job.													EKHCDP, Government, Community
2.6 Government Woreda WASH monitoring													EKHCDP Government
Basic sanitation													
2.7 Construction of TPL with locally available materials at HH level													EKHCDP, Government, Community
3 Construction of Improved Water Supply Schemes													
3.1 Construction of pipeline work including survey, supervision ...													EKHCDP and Community
3.2 Storage tank construction													"
3.3 Water points													"
3.4 Construction of cattle trough and clothes washing basin													"
4. Administration													
4.1 Auditing													EKHCDP, Donors

1.9. Sustainability of the Action

Financial sustainability

To ensure the overall sustainability of the action training and capacity building will be provided for the district WaSH staff, WASHCOM, SCs and water attendants which focuses on water management, financial administration, book keeping, operation and maintenance, sanitation and hygiene practices.

The Operation and Maintenance cost analysis includes cost of transport, spare parts, materials, payment for the technicians, and a salary of the water attendant, related expenditures. In order to sustain the water facilities and to continue functioning there is a need for regular maintenance that is carried out by the Scheme care takers (SC) and Woreda water technicians. To ensure that the SCs remain committed and motivated to carry out this work the WASH committee remunerates them.

Past experience of IWSP shows that gravity schemes will generate sufficient income to further develop the scheme (extension of water points, house connections), recovering costs after design period, and even finance other social service (like public showers, cloth Washing facilities). However, in the case of motorized pump the cost of the fuel and lubrication may increase the overall running cost. Thus, the fee may be set accordingly.

Whilst communities have proven their ability to pay for routine operational costs, cost recovery requirements not adequately covered because users' fees have been too low and a policy gap¹³ constrained advocacy on it. Despite this, during WASHCOM training the cost recovery issue will be taken up and a fee increment will be introduced

To pay for both the cost of spare parts, materials and salaries the WASHCOM agrees with the community to collect fees from those benefiting from the water facilities. Fees are charged according to the established system of the project. From experience usually the beneficiaries are willing to pay in kind and in cash or both and proposed by the WASHCOM and decided by the entire community. In addition to fee collection additional fund raising by CBOs can cover some exceptional repair cost. The financial management of WASHCOMs, using banking services or micro financial institutions, will be supervised by Kebele and Woreda water offices,

The support to people in the community to improve sanitation and hygiene practices can be sustained without additional funding as HH take the responsibility of their own latrines.

The installation of pit-latrines is not subsidized in construction earn income from those requiring. The CBO, HEW and CHC/PHAST group members will provide ongoing support for the design and construction of pit latrines. With school hygiene and sanitation promotion, teachers and students (via school WASH clubs) will play an important role in sustaining the knowledge and practices of WaSH facilities and services and reinforce the linkage to parents and communities.

Environmental sustainability

With rapid growth in population, urbanization, industrialization and competition for economic development and climate vulnerability, water resources have become susceptible to depletion and pollution. The project areas are found in rural Ethiopia, which is most probably free from industrial pollution. Training of communities on hygiene and sanitation and waste management will be encouraged.

Institutional sustainability

The following structures and associated capacity building ensure that activities will be sustained as required:

CBOs established in community:

- WASH committees – take over managerial responsibility for the water schemes, financial transactions and PHAST groups and SCs.
- SCs – take responsibility for the operation and regular maintenance of the water facilities and receive remuneration for their work from WaSH committee.

- The water attendant/guard controls the daily operation of the schemes by opening and closing on agreed time; supervising water containers for their hygiene; regulating queuing order; reporting problems to the WASH committees.
- PHAST/CHC groups – take responsibility for the ongoing need to support good hygiene practices within the community and support the introduction and construction of pit-latrines.

Woreda WASH staff (water, health and education offices will provide refresher trainings for the CBOs, support and monitor the proper management of schemes, supervise and audit financial management. They will also carry out major maintenance work such as hand pump maintenance. The District Administrations and other relevant government bodies will assist and back-up communities to run the the project properly

After completion of the project, the WaSH committee in the community continues to promote the development and long-term sustainability of existing community programs and committees. These committees include both male and female members of varying ages. More importantly, scheme caretakers and local community workers also serve their communities on an ongoing basis, maintaining the water points and advising users on aspects of hygiene and sanitation. Local governments and EKHC IWSP maintain connections with the committee.

Kersa Kebele 2013					PAGE 1	
HORCO Project			ETB		CDN	
Activities	Unit	Qty	U.Price	Total	Total	Remarks
1.Human Resource					exch = 18.325	
1.1 General/Expertise time cost				0		Partially covered under admin and EKHC contribution
1.2 Technical/ construction team						
Team Leader/Hardware (construction)	month	12	3,200	38,400	2,095	Full time staff on site
Water technician (Assistant team leader)	month	12	2,000	24,000	1,310	Full time staff on site
Mason crew/ Scheme caretaker trainee (2)	month	2	16,000	32,000	1,746	Part time staff on site
1.3 Community Education team						
Health Educator/ community facilitator	month	12	2,800	33,600	1,834	Full time staff on site
Local Social worker	month	12	1,200	14,400	786	Local staff on temporary
1.4 Per diem and labour cost						
On the spot (4 project staff)	days	650	150	97,500	5,321	
Annual staff workshop (5 days/year)	year	3	3,000	9,000	491	
WaSH/CBO training (4 days)	per day	7	1,260	8,820	481	
Monitoring by sector office (8 people*5 days*200	per year	1	8,000	8,000	437	
Subtotal Human Resources				265,720	14,500	
2.Transport (Material & Personal)						
2.1 Use of truck for material transport	Ls	1	5,000	5,000	273	For material transport from Addis and local (heavy truck)
2.2 Light vehicle (transport service)	km	13000	7	91,000	4,966	1 for construction & 1 for supervision on part time
Subtotal Travel				96,000	5,239	
3. Purchase of capital items						
3.1 Vehicles						
3.1.2 Toyota pick up for field team	per car	0		0		use from existing establishment
3.2 Computer						
3.2.1 PC with accessories	per unit	0		0		use from existing establishment
3.3 Tools						
3.3.1 Tools for Scheme caretakers	Ls	1	5,000	5,000	273	Need to purchase for future operation and maintenance
3.3.2 Establishment tools for construction team	Ls	0	0	0		Use from existing establishment

Sub total				5,000	273	
3.4 Construction Materials				0		
3.4.1 Pipe + fittings (2"-1" HDPE & GI)				0		
GI pipe (2" diameter)	meter	12	200	2,400	131	For gulley crossing
HDPE (2" pipe)	meter	1600	60	96,000	5,239	Main pipeline
HDPE (1 1/2" pipe)	meter	1400	47	65,800	3,591	Main pipeline
GI (1 1/2" and 1" pipe) for distribution	meter	93	61	5,673	310	Water points connections to the storage tank
Pipe fittings (various type)	Ls	1	20,000	20,000	1,091	
3.4.2 Cement (in bags)	bags	140	120	16,800	917	
3.4.3 Reinforcement bars/ Mesh Wire	kg	500	30	15,000	819	
3.4.4 Sand in (m3)	Kg	25	350	8,750	477	
3.4.5 Gravel for R.concrete and mass concrete	m3	20	350	7,000	382	
3.4.6 Stone for masonry	m3	50	150	7,500	409	
3.4.7 Form work and miscellaneous	Ls	1	6,000	6,000	327	
3.4.8 IEC Training materials for CBOs		300	12	3,600	196	Educational materials on site
Subtotal	per year			264,523	14,435	
4. Other Program Service Costs						
4.1 Sign boards and Identification plates	per year	1	10,000	10,000	546	
4.2 Donor liason	per year	1	5,000	5,000	273	
4.3 Inaguration cermony, etc	per year	1	6,000	6,000	327	
Subtotal Other Costs, Services				21,000	1,146	
Total Cost of the action (direct)				652,243	35,593	
5. Administration Allocation (10%)				65,224	3,559	Supervision, monitoring and use of existing facilities, etc
Total cost required from donors				717,467	39,152	Total HORCO contribution
6. Community & EKHC/IWSP contribution*		3500	10	35,000	1,910	Est. labour in kind from community + EKHC technical support
Grand total cost for the year				752,467	41,062	Total Project Cost CDN
* Community Contribution: trench digging incl backfilling: 10ETB/m on site material transport and provision of local material local supervision/general and facilitation for community meetings as well as EKHC mgt and technical support.						