

# Status Report

## Ambelalie, Ethiopia

### 1. Introduction

Water resources in Tigray are critically low. Recent studies indicate that only 29% of the rural population of the region have access to clean water with the majority of rural families forced to survive on a strict ration of about 5 litres of water a day. Limited access to water for consumption and personal and domestic hygiene is a major cause of ill health and malnutrition and contributes significantly to high levels of child mortality and morbidity across the Tigray region.

In rural areas where no potable water sources exists, women spend many hours each day collecting water from distant and polluted sources such as rivers or open springs, which are also used by livestock and for washing. Such usage is known to lead to a variety of communicable and non-communicable diseases as giardia, bilharziasis, schistosomiasis, cholera and gastroenteritis.

Access to sanitation facilities is estimated to be about 10%. According to health reports only 4.2% of households use latrines - the rest practice open field defecation. Most of these available latrines are located in towns without septic tank facilities, which has led to overflow and problems of pollution and contamination. Overcrowded and poorly ventilated housing further affects sanitary conditions and is known to lead to a myriad of health risks such as acute respiratory, skin and eye infections, intestinal parasites and malnutrition.

Protracted water shortages impact most severely on the lives of women and girls who are almost exclusively responsible for water collection and ensuring the water security of households. Carting water is a backbreaking chore that saps women's energy, diminishes their health status and restricts their involvement in productive activities and full participation in community affairs. Physical injuries and miscarriages from accidents that occur while walking along steep and rugged tracks are also common and add to the health burdens.

### 2. Project Background:

The people living in Ambelalie, Ethiopia are wholly dependent on subsistence rain-fed agriculture. The increasingly food insecure population is a priority area in the Regional Food Security Strategy. Out of the 35 woredas of the region, Ambelalie's woreda (T/Abergele) is one of the 16 woredas declared by the regional government to be food-deficient. In the previous years, REST has been actively involved in the woreda implementing community-based integrated rural development programs.

The aim of the WaterPartners International and REST Water Project is to contribute significantly to improving the health and nutrition of communities such as Ambelalie as measured by decreased incidence of diarrhoea, reductions in parasitic infections, increased child growth, and lower morbidity and mortality through water and sanitation improvements that interrupt or reduce the transmission of disease agents. Experience indicates that with less disease, children can eat and absorb more food, thereby improving their nutritional status. Also, a healthier adult population is a more productive population, and improvements in water and sanitation can improve income and the capacity to acquire food. Other benefits associated with better water delivery include timesaving for primary caregivers, which can result in the preparation of more or better food for children.

#### 2.1. Project Goals, Objectives, Inputs, Activities, Outputs

	Description	Monitoring Indicators	Assumption
<b>Goals</b>	<p>Reduce the prevalence of water- and sanitation-related diseases by providing sustainable access to safe water and sanitation facilities</p> <p>Reduce the time spent by women and children collecting water</p>	<p>Fewer parents report diarrheal disease in the past two weeks in their children</p> <p>Water is available at a reasonable distance from households, is clean and is readily available</p>	<p>There are viable sources of drinking water that can be improved</p>
<b>Objectives</b>	<p>Provide 64 low-cost water systems and 450 household pit latrines benefiting 22,400 people.</p> <p>Increase the per capita water consumption rate from five to 15 litres per capita per day.</p>	<p>Water systems are constructed and readily available. Pit latrines are constructed</p> <p>Increased water usage. Families fill more water containers daily</p>	<p>There are viable sources of drinking water that can be improved</p> <p>Families utilize more water when the water source is available</p>
<b>Input</b>	<p>Construction materials, REST staff community participation, latrine supplies, drip system supplies</p> <p>Health educators for CHW trainings</p> <p>Project funding</p>	<p>Materials are visible at construction site and are utilized to construct the water system, build latrines, and drip systems</p> <p>Health education classes for CHWs occur</p> <p>CHWs visit community households</p> <p>Invoices and work plans</p>	<p>Materials are available for expected prices in the country and weather conditions allow them to get to the community.</p> <p>Money is available from USAID and WPI and is transferred in a timely manner.</p>
<b>Activities</b>	<p>Establish water and sanitation committees in each village</p> <p>Train 385 people in water system management, operation and maintenance.</p> <p>In collaboration with the Bureau of Health, provide hygiene education training for all beneficiaries</p>	<p>Water and sanitation committees present in each community</p> <p>Project records show that trainings were held and have signatures of participants</p>	<p>Committee members are interested in the committee and are effective</p> <p>Beneficiaries retain knowledge taught during the trainings</p> <p>Beneficiaries have time and desire to attend hygiene trainings.</p>
<b>Outputs</b>	New water system and latrines	New water system is	There are viable

	Community hygiene awareness	<p>present and functioning, latrines are present and utilized</p> <p>Community members demonstrate increased handwashing and other hygienic practices</p>	<p>sources of drinking water that can be improved</p> <p>Communities and/or individuals are willing to take out loans for water projects</p> <p>Community members participate fully in hygiene education classes</p>
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**Overall Goal:**

Reduce the prevalence of water and sanitation related disease by providing sustainable access to safe water, environmental and nutritional services at household level

**Project Objectives:**

- Reduce the prevalence of water- and sanitation-related diseases by providing sustainable access to safe water and sanitation facilities
- Provide a low-cost water system and 50 household pit latrines benefiting 250 people.
- Establish water and sanitation committees in each village
- Train 2 people in water system management, operation and maintenance.
- In collaboration with the Bureau of Health, provide hygiene education training for all beneficiaries
- Reduce the time spent by women and children collecting water
- Increase the per capita water consumption rate from five to 15 litres per capita per day.

**2.2 Project Implementation Strategies**

The central features of the WaterPartners and REST water supply development strategy is community participation from the point of planning to long-term management and ownership of water resources. Program implementation follows a demand-driven approach whereby community members make informed choices about whether to participate in the project. The selection of technology is based on willingness to pay for the operation and maintenance of the technology. Communities are also central in determining how services are operated and maintained.

To ensure proper management, the water supply facilities should be affordable and appropriate, and should promote grass root institutional development that involves women. Furthermore, they should be conveniently located to users and integrated with sanitation, hygiene education, and soil and water conservation to ensure optimum health impacts and sustainability for all community members.

**(1) Preparation stage**

- Conduct and analyze baseline survey
- Prioritize villages in need of water supply, sanitation, and hygiene
- Conduct geological and hydrological feasibility studies at selected potential well sites

Sign agreement with beneficiary communities  
Review hygiene training topics, select appropriate resource personnel and materials  
Establish water and sanitation committees in each village

(2) Construction stage

Water supply:

Mobilize communities to supply locally available materials  
Construct a hand-dug well

Hygiene promotion:

Select training candidates  
Conduct training in hygiene educations  
Conduct hygiene education trainings for 3 community health workers

Latrine construction:

Purchase Ventilated Improved Pit Latrine (VIPL) construction materials  
Select model households  
Construct 50 VIPLs  
Mobilize community members to construct VIPL superstructures

(3) Post Construction stage

Train water and sanitation committees in operation and maintenance  
Conduct and analyze follow up survey for an impact evaluation

**3. Project Accomplishments during the quarter by major Components**

*Training of Water and Sanitation Committees*

Water and sanitation committees were trained with the specific objectives of enhancing gender awareness and sensitivity while empowering the female water and sanitation committee members by improving access to decision-making roles and giving them control over resources. Fighting gender inequalities is a key element in poverty. WaterPartners and REST have identified mutual themes to address women's practical gender needs.

Water and sanitation committees consisting of three women and three men were formed for each water point. Through this quarter, operation and maintenance training and sanitation education was provided at the water point during construction. The four-day training session was facilitated by water technicians from REST's staff as well as experts from the woreda health staff.

During the next quarter, the caretakers for the schools and clinics will receive training as well, concentrating on gender issues and health/sanitation education, and sanitation block operation and maintenance training.

*Hygiene Promotion Training*

This quarter, the remainder of the Community Health Workers were drawn from Ambelalie and surrounding areas, for a total of 154 CHWs. Eighty-four CHWs are male, and 70 are female. All CHWs received a four-day training session. Following the training, community-based hygiene promotion activities were conducted by CHWs at model households. The households of Ambelalie also received four days training on hygiene promotion, as well as water and sanitation.

### *Sanitation*

This quarter, communities worked to increase access to sanitation services. Ventilated Improved Pit Latrine (VIPL) slabs were provided and 50 were distributed in the community of Ambelalie. The VIPL slabs are provided in order to form the basis of the new household latrine structures as well as to alleviate the primary cost for their construction. Community members will now be responsible for constructing super structures using locally available materials. REST has trained beneficiaries in proper usage as well as super structure construction and will continue to act as a resource during the latrine construction.

### **3. Monitoring and evaluation, lesson learned and next quarter focus**

#### *Monitoring and Evaluation*

REST conducts regular monitoring and evaluation of its performance to measure program effectiveness and efficiency. Regular M&E are used to identify challenges and constraints. These challenges can then be corrected as soon as they are recognized during the project implementation process, rather than waiting until project completion.

Over the duration of the project, experts from the water and health department have undertaken field monitoring during project construction. Every month water technicians send project implementation reports detailing the achievements of the project components in comparison to the planned activities, resources used, problems encountered, solutions taken, and impacts observed.

In addition to monthly field visits, every quarter, REST's monitoring and evaluation staff conduct quarterly field visits to make their own assessments and reports to supplement reports coming in through the operational departments.

This reporting period, M&E staff conducted field visits in for seven days in April and six days in June.

#### *Lessons learned*

- Involving a variety of social groups, including religious leaders, members of the women's associations, members of the farmer's associations, and community health workers in the water and sanitation trainings was vital.
- To create a better opportunity for program evaluation, attempts have been made to implement all the activities together with woreda health office and different community groups. This initial step needs consistent technical, material and administrative support for sustainable and fruitful outcomes.
- The close and strong relationship and integration with other departments within REST have proven to be beneficial in the implementation process.
- Incorporating hygiene and sanitation development with the constructed water point has helped for the sustainability of the water point as well as the improvement of the health of the people in the area.

#### *Focus of Next Quarter*

Next quarter will be focussed on finishing all outstanding project components. The community of Ambelalie will continue to work on completing their VIPLs and REST will continue to work with the WatSan committee and water system caretakers to ensure that each committee and caretaker is confident and capable of operating and maintaining their new systems. Hand pump spare parts will be

given to communities on a revolving fund basis, so that when a pump breaks down, the parts are easily accessible. Finally, the follow-up and impact survey will be completed in the next quarter.