

1) Title of the Project

Water Supply Project Ethiopia with HOPE

2) Project site

The Derashe Special Woreda, a district within the Southern Nations and Nationalities Peoples Region (SNNPR) that is located on highlands of the south-west part of the region and west of Lake Chamo. The capital of the district is, Gidole town, is located at a distance of 55km from Arba Minch and 570km south from Addis Ababa.

The SNNRPS is one of the largest regional states with a population. The total population of the region is estimated to be 12,515,000 representing 18.4% of the total population. Over 90% of people live in rural areas. It is an ethnically diverse region, consisting of 45 different nations. There are 14 administrative zones (including 5 Special Woredas), 72 Woredas (or Districts), and 149 towns.

[Appendix □ includes a map of the administrative units of Southern Ethiopia, where project activities will take place.]

3) Outline of the project

(a) Project objectives and contents

HOPE will establish a water protection system to provide clean potable water in Derashe Special Woreda.

The project is managed by 7 of HOPE's staff in Ethiopia with involvement of local villagers (Refer to *Appendix □*: Project strategy and *Appendix □*: Project plan). All of materials that are needed to establish the water protection system are prepared in the country.

(b) Background and need for the project

The population of the Derashe Special Woreda is 100,000, of which 52% are women. Infant, child, and under 5 mortality rates are 119, 63, and 175 per 1000 live births respectively. The district is one of the most potable-water deficient areas in the Southern Regions, with only 11% of the population having access to potable, safe and reliable water sources.

As such, both immediate and longer-term human needs among Derashe villages centre on the issue of access to water sources that is both reliable, and provide disease-free water. The villages targeted in this project obtain water from unprotected springs/wells or from surface water sources - rivers, lakes, or ponds. Existing water sources surveyed are found to be contaminated as both humans and animals use the same unprotected source. Also, people use open fields for defecation – further contributing to the risk of drinking water contamination. Water-related diseases are major causes of morbidity and contributors to mortality. Diarrhea resulting from consumption of contaminated water, is the most significant factor in deaths of children under five.

Water collection also places a significant burden on women and children, as household water collection in rural Ethiopia is their responsibility. This burden is multiplied as some of the existing water sources surveyed for this project are at a distance requiring hours of walk from the dwellings. Queuing has been the daily experience of certain communities. This has put tremendous stress on the life of women who are over worked for more than 16 hours a day. As a result, women are constantly looking for any water source closer to their dwelling regardless of its quality.

Water collection presents an additional security problem for women. Villages have reported that certain existing water sources located in valleys, shrubby areas and forests, have been the causes for sexual abuses and delinquency incidences sometimes occurring in the area.

The water protection system has minimal environmental effects. The construction of the physical structures is very low impact as the construction materials are carried by hand or on stretchers from the nearest road to the work site. As needed, soil erosion barriers are emplaced to stop erosion where a structure may cut into a hillside.

4) Maintenance plan after the project

As a means of assisting and evaluating the service of the water protection system and the ability of the maintenance people to maintain them, HOPE maintains contact with the villages in possession of complete water protection systems on a regular basis for a period of three years. Throughout this time further maintenance skill can be taught as technical staff work through any repair difficulties that may arise. To facilitate repairs each Water Management Committee is provided the necessary tools and materials to fix normal repairs.

The project monitoring and evaluation process is the responsibility of HOPE, the regional office in Ethiopia, and the signatories or their delegates. HOPE's staff will undertake the day-to-day implementation, periodical monitoring and final evaluation of the project activities with the community and their leaders. In addition, HOPE is always willing to accommodate supporters and stakeholders to monitor and evaluate the project process and its impact. HOPE will make periodical follow-up of the schemes in order to monitor the efficiency of services after hand-over of the project.

HOPE, as an implementing agency, is responsible for project progress reporting to all stakeholders in Japan and Ethiopia. The normal reporting schedule will include semi-annual and annual project progress reports. In addition, the final project termination report will be produced at the completion of the proposed activities.

5) Estimated number of people that would benefit from the implementation of the project

	Village	Beneficiary Population
1	Kerme	414
2	Shella	247
3	Maile	608

6) Expected results of the project

Long-term benefits include improved health conditions (particularly infants), reduced work load on women and children, and strengthened community leadership.

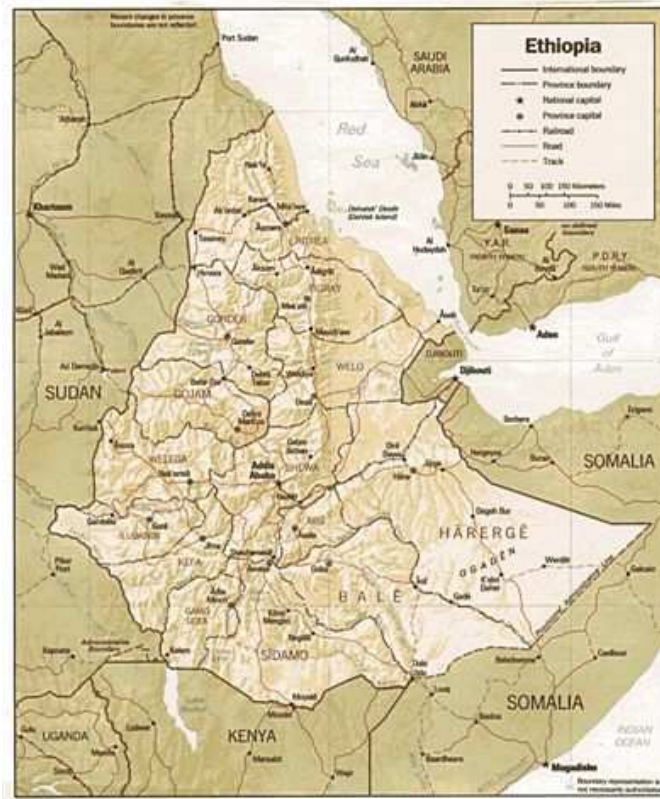
[Refer to *Appendix* □]

7) Estimated costs of the entire project

(Detailed budget will be provided to interested parties)

Approximately USD40,000

Appendix □
Map of the project site

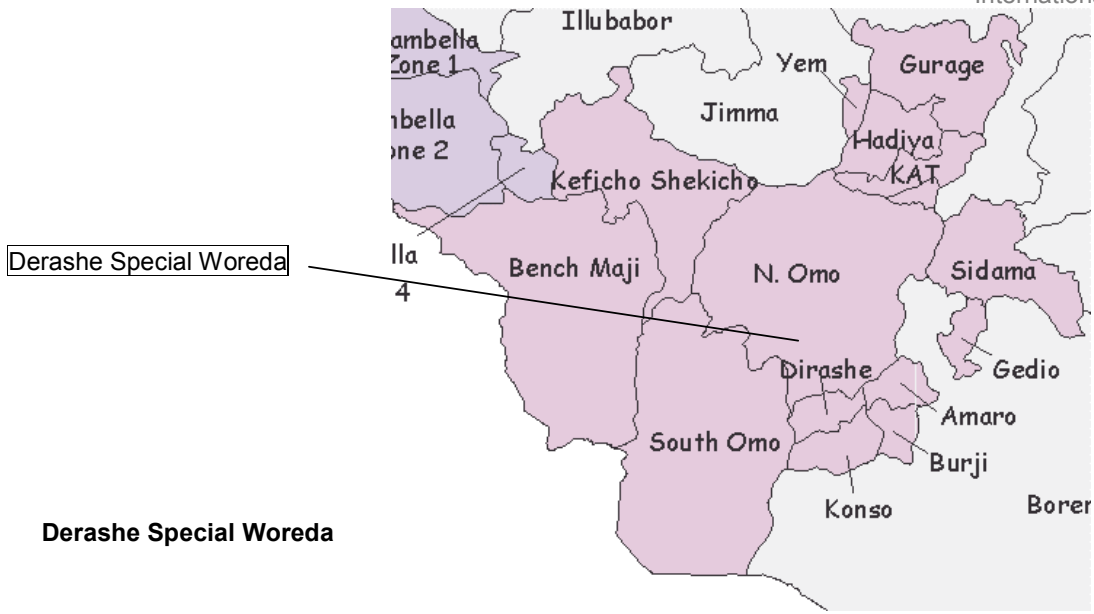


Map of Ethiopia

SNNPR



Administrative Boundaries of Ethiopia



Appendix □

Project strategy

The design and construction of water protection systems are in close collaboration with the target villages. HOPE requires each village to form a Water Management Committee (WMC), usually comprised of four people with ideally two women. During the design and construction, the WMC liaises extensively between the HOPE water team and the village, ensuring that the local village is involved.

The HOPE water team takes a two-pronged approach to meeting project objectives for each water protection site. First, the physical development of a robust gravity-fed water system designed specifically to the area. And second, social development which includes community capacity building and sanitation/health education.

a. Physical Development

The physical interventions breakdown as follows:

- Site Survey
- Design adaptation and modification
- Spring Protection
- Silt tanks, pressure break tanks, and reservoir
- Pipeline installation
- Distribution systems construction
- Washing basins and cattle trough
- Trench digging and excavation

The local villages provide all of the non-technical labour, such as carrying supplies, trench digging, and mixing cement.

A fundamental element of the project is the implementation of "long term" clean water supply (water protection system) with a design that allows local maintenance. For each village at least two people are selected by the WMC to serve as a maintenance team. These individuals are trained by the HOPE water team and take part in the actual construction process of their local water source. Through this exposure they learn how to clean the reservoir, dislodge an obstruction in the pipeline, clean tap orifices, repair breakage in pipe, repair leakage at joint, and general (simple) masonry skills. The level of skill attained by these individuals often varies depending on aptitude and desire. However, the overall skill level is generally satisfactory for most simple repairs.

b. Social Development:

The social aspects of a water supply project include:

- Community mobilization / training
- Water Management Committees
- Sanitation education

During the mobilization process, educational related activities are initiated within each village. The project community participation coordinator (CPC) holds general community meetings and specific training sessions for the women of the villages. General meetings cover the use and benefits of clean water, difference between protected and unprotected water sources, integrating tap water for drinking, hygiene, and other domestic activities, encouraging acceptance of sanitary defecation methods and outlining the linkage between water supply and sanitation.

To more effectively communicate the material covered in large group meetings, and to give practical illustrations, the CPC makes house-to-house visits instructing women in health, hygiene, and sanitation. The house visits provides an opportunity to focus more on water use and sanitation.

During and after the household visits, group discussion meetings are held in the respective villages. An average group size is 12 female participants with the CPC and the previously-trained women of the respective community. These meetings are held in a participant's hut, or under the shade of a tree. This forum allows the women an opportunity to discuss water and sanitation practices prompted by some pictorial sketches presented by the CPC. In previous projects, these meetings generate a great deal of discussion and seemed to facilitate agreement and ownership of the water and sanitation practices being discussed.

After each water collection point is constructed, a water-point meeting is held for the villager at the new location where water will be collected. The trained women in the village conduct these water-point meetings. Topics include how to manage tap water, avoiding waste of tap water, controlling contamination of water between tap and mouth, cleaning water-point site, washing containers before water collection (eliminating algae growth), etc.

A final general meeting is held with each village upon completion of their respective water protection system. These meetings are typically well attended by both men and women. The discussion in these meetings includes some topics on water usage, but focus primarily on sanitation. Topics include: how to construct a private latrine, how to clean a latrine and avoid flies, and discussion of elements of local culture which may hinder health. HOPE Ethiopia's experience indicates that villages respond positively towards water use and hygiene education in general. The villages also show considerable interest in developing their own latrines.

The target villages HOPE will be working with report that their current water sources are of poor quality and consequently entail adverse effects on health. The villages are also becoming aware of the importance of potable water sources as an important factor in the improvement of their quality of life. The lessons learned from the neighboring villages with potable water sources and the impact of health education through formal and informal training has laid an ideal base for the development of their respective water sources. HOPE's experience in the district together with the expressed needs of the village is the impetus behind this project.

Appendix □

Project plan

1. Water Management Committees (WMC) established
2. WMC members provided training in management issues and gender sensitization
3. Community mobilization and training in water systems
4. Community education on health, sanitation, and water use
5. Water protection
6. Installation of water systems
(Pipeline silt tanks, pressure break tanks, reservoir, distribution system, washing basin, cattle trough)
7. Water system 'hand-over' ceremony
8. Project evaluation

Appendix □
Expected Results

OUTPUTS	EFFECTS/OUTCOMES	IMPACT(S)
<p><u>Water Supply / Health :</u></p> <ol style="list-style-type: none"> 1. 1,269 rural villagers have access to disease-free water. 2. The number of deaths reported due to water related disease decreases from 65% to 5%. 3. Availability of safe water per capita rise from 7 liters/person/day to 20 liters/person/day <p><u>Capacity Building :</u></p> <ol style="list-style-type: none"> 4. 6 Water Management Committees (WMC) established. 5. Health and Sanitation training provided for 3 communities. 6. Greater equality for woman to affect change on water-related community issues. 	<p><u>Water Supply / Health :</u></p> <p>Illness and mortality is significantly decreased for rural Ethiopian families who don't have access to safe and reliable water.</p> <p><u>Capacity Building:</u></p> <p>Rural Ethiopian community-based organizations are established and operate effectively while providing equal opportunity for women to address practical and community development needs.</p>	<p><u>Water Supply / Health:</u> Significant increase in the access of potable for rural communities in Derashe Special Woreda.</p> <p><u>Capacity Building:</u> Strong and effective community-based organizations that acknowledge the value of participation of women in decision making.</p>