



REST

Relief Society of Tigray

Towards a food secure future

**WellWishers funded Rural WASH Development
Program in Tigray Regional state, Ethiopia**

**Completion Report
(1 January, 2018 to 31 December, 2018)**



15 January, 2019

1. Project Title		Potable Water Supply Development, and Sanitation and Hygiene Program in five weredas of Tigray, Ethiopia
2. Project Location		Eastern and Central Zone, Tigray Regional state, Ethiopia
3. Project Type		Construction of 34 New Hand dug wells, rehabilitation of 6 hand dug wells and training on hygiene and sanitation activities of the 6 project districts.
4. Project Objective	Overall objective	To contribute to the eradication of poverty and improve the quality of life of the target population.
	Specific objective	<ul style="list-style-type: none"> • To enhance that all people have safe and equitable access to sufficient quality and quantity of water for drinking and domestic uses. • To improve good personal and environmental hygiene • To increase the health status of women and children and reduce the expenses for medications • To increase child school enrolment
5. Estimated Number of Beneficiaries		8621 peoples
6. Anticipated Program Duration		
Starting date:		1 Jan 2018
Completion date:		31 Dec 2018
7. Budget		
Total Program Cost:		ETB 5,741,677.93
WellWishers Contribution		ETB 5,400,000.00

ACRONYMS

CLTSH	Community Led Total Sanitation & Hygiene
GTP	Growth and Transformation Plan
HEWs	Health Extension Workers
HHs	Households
KAP	Knowledge Attitude Practice
NHDW	New Hand Dug Well
ODF	Open Defecation Free
RHDW	Rehabilitation Hand dug well
REST	Relief Society of Tigray
SLTSCH	School Led Total Sanitation and Hygiene
WASH	Water, Hygiene and Sanitation
WASHCO	Water Hygiene and Sanitation Committee

1. Summary of Programme Results FY2018

REST conducted an impact assessment on 210 HH sample size (End line report) to study and document the changes observed because of construction of water schemes through the *2018 WellWishers funded Potable Water Supply Development, and Sanitation and Hygiene Program in five weredas of Tigray, Ethiopia*. It was tried to study briefly the condition by comparing way of life of villagers before and after intervention focusing on the outcomes such as the household's supply of potable water, health status, school attendance and other related conditions.

During the project's implementation period, i.e., from January- December 2018, a total of 34 new and 6 rehabilitation Hand-Dug Wells were constructed including capacity building of the WASHCOs and hygiene and sanitation components benefiting 8621 people living in five districts of Tigray. Accordingly, the following impacts were achieved based on eight main outcome indicators of the project:

Indicator #1: Increase coverage of protected water supply

Indicators	Baseline	End line survey result/FY2018
% of Increase coverage of protected water supply	36.7	100
% of average daily house hold water consumption per person per day	38.15	42.3
Reduced walking time to fetch potable water in minutes	40.08	14.08
Reduction of queuing time at scheme in minutes	63.70	16.48
% of Increase in rate of child (specially girls) enrolment in school	80	99
% of open defecation free areas	2.3	8.5
% of Hand washing practice after defecation	54.6	89.8
% of Witnessed diarrhea case among less than 5 age children	23.3	15.6

Before the construction of the wells, 32.7 % of the sample households were using from unprotected springs or rivers as a primary source of water for drinking. However, following the intervention made by the project, the findings show that 100% of the surveyed households have been using the project sources provided through the communal protected well used for drinking, cooking, personal hygiene, cleaning the house and watering small animals. Hence, the intended beneficiaries have got access to potable water. The benefit of the accessibility of the protected water supply in their localities was also witnessed during the focus group discussion.

• Indicator #2: Improved average HH daily water consumption per person per day

Currently consumption of water has raises to 13.67 litres/person/day. This is a significant increase in daily water consumption is noted when compare well against the baseline figure of 7.63 litres per person per day. These positive results emanate from an expansive and professional REST capacity in water supply to remote and moisture stressed areas, effective integration of water supply with environment, sanitation and health actions and the importance given by communities to water supply ensuring effective local management and sustained sources of supply.

- **Indicator #3: Reduced walking time to fetch potable water**

The average travel time required to fetch water in the environs of the constructed water points has been reduced from an average of 40.08 minutes (the base line figure) to 14.08 minutes at the end of FY2017. This is a reduction of 26 minutes against the baseline figure. However, as compared to the planned target (which was 15 minutes walking distance) the reduction of water fetching time is not sufficient to meet the target. This is due to the fact that the planned target was a bit high in relation to the possibility of getting water points, which is at the center to all community members. The reduction of distance to fetch water (which is within around 900 meters walk) is found to be of paramount significance in relieving women's workload and allowing them to take part in other development/productive activities.

- **Indicator #4: Reduced of queuing time**

Under this indicator, due to the constructed water points the average queuing/waiting time decreased significantly that was 63.70 minutes during the baseline, but currently the average reduced to 16.48 minutes.

- **Indicator #5: Increase in rate of child (specially girls) enrolment in school**

Under indicator, findings of the assessment revealed that 80% of the respondents send all their school age children/male & female/ to primary schools in their villages before the construction of the well. After construction of the Wells 99% of the surveyed households reported that they send their child due to the implementation of the project.

- **Indicator #6: Increased open defecation free areas/Increased latrine utilization**

Majority of the sampled households during the baseline survey which accounted 97.7 percent were found to be practiced open defecation that means they defecated everywhere and the remaining the 2.3 percent of them used toilet for defecation from neighbors' households. However, during the end line survey after the intervention of the project, from the total sampled households, 91.5 percent of them practiced open defecation and the rest 8.5% of the visited households were found to be users of toilets from nearby households who have latrine , That means, households who were defecating everywhere is decreasing as the result the project intervention.

- **Indicator #7: Improved Hand washing practices**

Based on REST assessments, the baseline data of the intervention project areas showed that 54.6 % of the sampled HHs was found to be washed their hands both before and after meal. However, during the end line survey after the construction of the water points 89.8 % of the respondents reported that they always washed their hands always before, and after meal.

- **Indicator #8: Reduced diarrhoea prevalence**

Based on REST surveys, the prevalence of diarrhea in children less than five years age group was found to be 15.6 % respondent witnessed diarrhea cases. This marks a 7.7% reduction in prevalence when compared to FY2018 two weeks before the end line survey results against the baseline. These improvements are due to a combination of factors encompassing a) increases in household income, b) access to potable water supply and c) enhanced education and knowledge in the areas of hygiene and environmental sanitation. When combined these factors act to significantly improve family health in the program areas.

Background of the project

REST WASH Program development objective is to improve the health and well-being of communities in rural areas in an equitable and sustainable manner by increasing access to water supply and sanitation and adoption of good hygiene practices. To achieve the Sustainable Development Goals (SDGs) and the stated overall development objective of the nation, REST in collaboration with WellWishes foundation has been working in rural water supply schemes supporting with sanitation activities including improvement of household sanitation and hygiene programs.

Even though there is considerable and promising change the chronic problem of access to clean water supply, sanitation and hygiene issue in Tigray still remains a major economic, social and environmental problem and becomes source of different water borne related diseases. To mitigate the problem, REST / WellWishes foundation has implemented clean water and hygiene and sanitation program in five districts of Tigray namely: Adwa, Ahferom, Naeder Adet, Laelay Maichew and Kolla Tembien. These weredas have been identified that they have critical need of potable water. Therefore, in this fiscal year (2018) REST/WellWishes foundation project has planned to construct a total of 40 Hand Dug Wells (34 NHDW, 6 RHDWs). The project has also incorporated Sanitation and Hygiene software activities which are expected to address the existing water supply, sanitation and hygiene issues of the community. As per the plan, the construction of the Wells and the Sanitation & Hygiene activities are currently completed and started to serve the intended communities.

2. Project Goal, Objectives and Results

2.1. Project Goal

Contribute to the eradication of poverty and improve the quality of life of the target population.

2.2. Project Objectives

- To enhance that all people have safe and equitable access to sufficient quality and quantity of water for drinking and domestic uses.
- To improve good personal and environmental hygiene
- To increase the health status of women and children and reduce the expenses for medications
- To increase child school enrolment

2.3. Expected outcome

- ✓ Reduce the maximum distance from any household to the nearest water point is reduced to 1.5 kilometers and to ensure that water fetching time from a water source is no more than 30 minutes
- ✓ Increased households' water consumption to 25 litres/day/person which is target of GTP 2.
- ✓ Reduction in distance walked to fetch water from 1-2 hrs to 15 minutes
- ✓ Reduction of queuing time from 1hrs to 10 minutes
- ✓ Reduction in workload of women and improved their health status
- ✓ Child (specially girls) enrolment in school improved
- ✓ Increased awareness of 8621 people on personal and environmental hygiene and sanitation
- ✓ Open defecation free environment created

2.4. Project Outputs

- ✓ 34 New Hand dug wells,
- ✓ 6 Hand dug wells rehabilitated
- ✓ 40 WASHCO established and trained
- ✓ Festivals conducted in the targeted Woredas and community members participated
- ✓ Facilitators facilitate the triggering process at the community level.
- ✓ manuals distributed to the community facilitators
- ✓ 8621 rural people directly benefited from the project components
- ✓ CLTSH implemented in 40 water points/sites.
- ✓ 320 post triggering manuals distributed to beneficiaries
- ✓ 320 natural leaders trained for smooth follow up of hygiene and sanitation related activities
- ✓ Conducted review meeting with 120 participants

3 Project Areas

Basically, the targeted weredas of this program were five namely: Ahferom, Adwa, Nadaer Adet, Laelay Maichew and Kola Temben. These weredas have been identified that they have critical need of potable water supply. According to the districts' water resources data, the main sources of water for the significant portion of the people are river water, polluted ponds, unprotected springs, low yield open hand dug wells, and crowded and distant hand dug wells and shallow boreholes. The average walking distance was estimated to be more than 40 minutes for a single trip and the queuing time was also estimated to be more than 30 minutes. As a result, a number of children were spending more time in fetching water that contributes to the increment of school dropout rate eventually affects the quality of education negatively. On top of that, the consumption of unprotected water has made the community at large and children and mothers in particular susceptible to different water borne diseases.

4, Achievement of the Rural WASH Development Project

4.1. Feasibility study

As per the project proposal, 34 new and 6 rehabilitation hand dug well sites have been selected as potential sites during the feasibility study for the project. In the site selection, the community has actively been participated in identifying the potential sites with the close support of REST's hydro geologist.

4.2. Community mobilization activities

As part of the path road for the sustainability of the project, for effective and smooth implementation of the project technicians and field coordinators of REST have facilitated and well mobilized the community of each site to maintain the roads and to aware their active participation & involvement of the community from the beginning to the completion of the project implementation. Not only with community but also discussions have conducted with the tabia level community leaders, water technicians, health extension workers and district water offices, health and administration offices on how sites are selected, role of each stakeholder from inception of the implementation and follow up after handover. Accordingly, participation of the community starts from pre-construction activities. Thus, in all sites the community has been facilitated in site selection of the potential site, mobilization of local materials and site preparation which includes site clearing, voluntary provision of store and house for technicians during implementation of the projects.

The consultation meeting was also made on fee collection for the operation and maintenance, on selection of WASHCO who take responsibility of the management of the scheme by mobilizing the whole beneficiaries of the project.

4.3. Construction of new and rehabilitation hand dug wells

4.3.1. Construction of 34 new hand dug wells

After site identification and conducting feasibility study by REST hydro geologist experts together with respective government partners and community, the construction of the identified new hand dug well sites was completed.

In this program period, the plan was to construct 34 new hand dug wells located in different woredas and the progress of this component shows, construction of all new hand dug well is completed, fenced and started giving potable water to the targeted beneficiaries, their respective WASHCO are trained and opened bank account for operation and maintenance.

In detail the completed hand dug wells mean:

- ✓ All excavation activity is completed using man power and explosive technology
- ✓ The masonry (building) of the well is accomplished
- ✓ All the concrete, slab and manhole works are activated in an excellent standard
- ✓ Hand pump full set is installed
- ✓ Well fenced, and door fixed
- ✓ WASHCO is established and trained spot level and district/sub district level practical and theoretical training
- ✓ And the communities who are the intended beneficiaries of this program have been started collecting and drinking potable water.

Accordingly, in the implementation period, 34 new HDW sites are already completed and handed over to the beneficiaries. Currently, 7901 beneficiaries have accessed clean water from the 34 new hand dug wells.

Case story

Name: Birkti Tekeu

Sex: Female

Age: 16

Grade: 7

“I really enjoy the test of the water”

Child Birkti Tekeu lives in the village of Laelay Mai Adiago, Wereda Naeder Adet, Central Zone of the Tigray region. She is 17 years old. She is grade 7 student. She lives with her parents and two brothers and three sisters. Since she is the elder in the house, the responsibility of fetching water and other house chores primarily lies on her shoulder. Birkti had fetched water from the unprotected spring. Since the construction of the water scheme; she is starting to fetch potable water from the constructed scheme. When we approached her for an interview; she was tried to point out her idea by comparing the current situation with the past. She said that” *the natural spring water that I had been fetched is highly vulnerable for contamination as the people and animals were shared together. Due to this, many people were confronted with different water borne diseases that in turn required the community to expend unnecessary medical expenses*”. In the middle of her conversation she reminded her bad experience “*I was a victim for using unclean water from the unprotected spring consequently I have frequently experienced diarrhoea and eventually I was repeatedly forced to absent from school. Now, I am feeling comfortable and really enjoy the test of the water. More importantly I am able to attend my education properly. For this to happen the contribution of REST and donors is essential so that I want to extend my heart felt gratitude for them*”. She said with smile on her face.



Before

After

Success Story

“The community was felt being alienated”

The village of Enda Giorgis is found in Wereda Ahferom, Central zone of the Tigray region. It locates 25 KM far from the town of Enticho. The total population size of the village is around 150. The village is among the places where chronic water problem resides. Taking the existing problem in to account REST/WellWishers has constructed New Hand Dug Well for the village community. The community is really happy to have access to potable water. Currently, the water scheme is among the schemes that are able to establish strong WASH Committee.

Ato G/ Michael Aregawi, member of the WASH Committee of the village, said that” *As the water scheme has solved our chronic problem; it was very easy for us to inculcate sense of ownership among the community. All water users are committed to pay the fee timely and protect it from any harm. As a result currently we are able to save birr 6750.00 for the sustainability of the water point”*.

W/ro Teibe Tesfahun is also a member of the WASHCO Committee. She remembered the worst time in this way.” *It was our recent experience that time we had collected water from unprotected spring water. On top of that, the people and animals had been shared the spring water for drinking. Consequently, many people had faced different water borne diseases”*. After taking a breath she added that “*for this reason; the community was frequently asked the respective government bodies to bring solution for the existing problem of potable water. Regardless of the effort, the problem had remained unsolved as a result the community was felt being alienated. When we were under extreme desperate feeling; REST and donors have addressed our need at lightning speed. That is why the community has welcomed for the construction of the water scheme heart fully. The community was expressed its happiness through providing local materials and arranging house for the technician placed in the area for free. We are always grateful for the contribution of REST and donors”* she said passionately.



NHDW of constructed in the village of Enda Giorgis

4.3.2. Rehabilitation of 6 Hand Dug Wells

Besides the new hand dug well projects, we had also a plan to rehabilitate 6 hand dug wells. It is clear that service life of hand dug well technology is not more than 10 years based on different studies and arguments made by a number of responsible organizations in different time. As a result of this, REST has studied potential rehabilitation hand dug well sites to be reconstructed and benefiting the targeted communities in different project areas.

From the six rehabilitation hand dug wells included in the program, all sites are completed and started giving service to 720 communities.

Water Scheme	Plan	Achievement				
		Completed	Door fenced	WASHCO established and trained	Bank account opened	Replaced sites due to dryness, collapse, and others
New Hand Dug Well	34	34	34	34	34	11
Rehabilitation of Hand Dug Wells	6	6	6	6	6	1
Total	40	40	40	40	40	12

5. WASHCO Establishment and training

To manage the water supply schemes, in this program 34 WASHCOs are targeted to establish and in each site and the community has selected 6 WASH Committee members (3 females and 3 males) and established before the completion of this project. The WASHCOs were participating since the commencement of the water supply project up to completion period in mobilizing the community and have been practicing how to manage their well with our technicians.

WASHCO have a mandate to manage the water supply with regard to the physical and financial resources, operation and maintenance, water by-laws, sanitation and hygiene of the well, institutional setup and mobilizing the community, communication with tabia water technicians and woreda water resources offices and the likes.

Besides, to coup up their responsibilities, the training has practical and theoretical training sessions.

The practical training focused on:

- ✓ Introduction to spare parts and uses
- ✓ Minor and major water supply problems
- ✓ Operation and maintenance of minor and major water supply problems, and

The theoretical training focused on:

- ✓ Institutional setup and functionality of WASHCO & Tabia Water Board
- ✓ Physical and financial resources management

- ✓ Sanitation and hygiene
- ✓ Water by-laws

As a result, all WASHCOs could manage their wells properly based on the given training.

6. Hygiene and Sanitation Achievements of the project

In implementing sanitation and hygiene activities at grass root or community level side by side with the provision of rural water supply, the following modalities were commonly involved.

CLTSH modalities: step by step implementation mechanisms are:-

- Pre-triggering
- Triggering at community level
- Post-triggering training
- Review meeting
- ODF Festival at Community level
- Hygiene and sanitation related material provision
- Monitoring and follow up visit

Accordingly the details are as follow:

Pre -triggering:

Pre-triggering was undertaken at 40 project sites effectively through 40 HEWs with integration of respective health offices experts for all sites using standard checklist to prepare the ground and setting the environment for effective and smooth implementation of hygiene and sanitation triggering activities:-

- Collected baseline data related to hygiene and sanitation through HEWs in collaboration with Tabia administration and woreda coordination office staffs
- Identified the location of water point for monitoring and follow up
- Clearly identified population size, dirtiest place, history of subsidy as well as assessed the KAP of the community regarding to hygiene and sanitation project implementation
- Shared experiences from site to site the status of hygiene and sanitation related activities, sayings and cultures as well as attitudes of the community among the data collectors
- Filled properly the questionnaire and properly documented the base line data for further investigation and information
- Prepared and transferred pre-triggering cash break down timely to data collectors (HEWs) for quality implementation
- Findings obtained from the data collection:
 - Living domestic animals and humans together / not separated animal barn
 - Poor latrine coverage and utilization being occurred
 - Existed human feces in and around the residence areas/compound
 - Presence /practice of open defecation in and round
 - No hand washing facilities adjacent to the latrine and poor housing condition

- Using unprotected water supply source and not treated as well
- Practicing hand washing without water and soap or substitute
- Poor water handling practice /no separate containers for drinking purpose
- Absent of waste disposal pit and collapsed latrine with no maintenance
- Poor knowledge, attitude and practice towards hygiene and sanitation related activities among peoples

The tabia administration with integration of HEWs set specific, fixed convenient time and place for conducting hygiene and sanitation triggering in order to bridge the whole above mentioned issues.

Triggering

To improve the KAP of the project beneficiaries regarding to hygiene and sanitation activities, triggering was undertaken jointly by 120 trainers from woreda health office respective bodies at 40 project sites with 2137(F-1283) participants. Trained woreda health professionals with integration of primary health care unit staffs and HEWs had taken all initiative up to the end of the program to facilitate the whole process except financial activities. During communities triggering process, CLTSH tools were properly used and the elements were as so in order to achieve the primary objective.

The whole communities who participated in the process with integration of facilitators had undertaken transect walk through one side of the village then to the other side through building rapport with each other, observing, asking questions, listening and locating the areas of open defecation, then the participants observed and learned which families use which areas for defecation, the facilitators tried to draw attention to the flies on the shit as well as the chickens picking and eating the shit in order to make the participants to experience disgusting sight and smell from the process itself. After these all, the participants themselves created a simple map to locate defecation areas during normal, emergency condition for children, women and elder peoples, residence area, households with and without latrines for the sake of stimulate discussion. The participants themselves selected persons to calculate the shit being generated through their own methods and local measures by each individual, household per day, week, and month and annually to make the beneficiaries illustrating the magnitude of sanitation problem as well as appreciated the families who produce more excreta for the sake of simply action taking. Then after, the facilitators discussed with participants regarding to role of running water, chicken, birds, peoples, cattle, other animals, and wind in contaminating the surrounding air, drinking water and food as well as being polluted through the calculated excreta. Therefore, the beneficiaries really understood on the possible effects of having so much shit and open defecation on the ground which mixed with their food, air and drinking water that resulted to many crisis which included morbidity and mortality. The facilitators had shown two the same bottled water for the participants to show whether the calculated shit being eaten directly and indirectly by themselves through asking somebody from the participants to drink one of the bottled water again the person who drank formerly also asked to drink the bottled water by mixing small amount of shit which not is seen through human eye. All persons who had been asked to drink the second bottled water had refused at all sites. The reason for being refused to drink by the participants was due to the bottled water being mixed with feces while watching in front of them. Finally, the whole participants in one voice said that we have still directly and indirectly eaten our each other's shit through different means. After all process, the communities reached on consensus to make their village free of feces by constructing latrine at each household within a short period of time. At the end a total of 320 natural leaders were selected from all water points during triggering process by themselves to facilitate the change of process.

Cash break down regarding to triggering was prepared and transferred timely to all project areas for 120 facilitators' per-diem (main facilitator, recorder and environmental settler. About 2137(Females_1283) peoples who facilitated by 120 facilitators were participated during triggering process.



Photo: While undertaking triggering at worda N/Adiet, Tabia Adreb, site Mai Harmaz on 14/05/2018

Post Triggering

After conducting triggering, hygiene and sanitation post-triggering training was provided to a total of 320 natural leaders (Females-160) who were selected from 40 water points. The training was given for one day in cluster based for the sake of experience sharing among them. In order to meet its primary objective all necessary works which included cash break down and related were prepared and in place to facilitate and motivate the trainees and trainers. Moreover, post-triggering training manuals were provided to trainees and facilitators to equip their skill and knowledge related to hygiene and sanitation activities. The training was provided by well skilled worda health professionals with integration of REST respective staffs to achieve the required specific and general objective.



Photo: While conducting post- training for natural leaders at Enticho, worda Ahferom on 27/06/2018

Photo: While conducting post-triggering training for natural leaders at worda N/Adiet, D/Hafash cluster on 10/06/2018

Main points of the training:-

- Clearly stated duties and responsibilities of natural leaders
- Meaning and concept of post-triggering and disease transmission route and its prevention methods
- Regarding to verification and certification of ODF communities
- Global, national and context regarding to facts of open defecation practice and its possible side effects
- Types of personal hygiene, utilization and construction of improved latrine
- Mechanisms of monitoring and follow up visit to hygiene and sanitation related activities within the community,
- Developing community rules and regulations for keeping open defecation free environment,
- Components of health extension packages regarding to hygiene and sanitation related activities
- Setting how and when to conduct meeting, reporting schedule, follow up and creating ODF communities
- Mechanisms of scaling up, sustaining changed that resulted from the CLTSH with integration of respective bodies
- Finally, developed action plan which included all hygiene and sanitation related activities based on actual data

Review Meeting

Hygiene and sanitation review meeting was conducted at community level at all project woreda for total participants of 146 with 67 female trainees. The training was provided for two days. The trainees were selected from different respective sector offices and community representatives which included staffs of woreda administration, health offices, education offices, women and youth affairs, health center directors, health extension workers, supervisors, tabia administrator, tabia chairman and natural leaders with integration and facilitation of REST regional and woreda respective experts. During the meeting the progress of hygiene and sanitation project activities was properly reviewed and evaluated through identifying the strength and challenges faced at the time of implementation. Finally, the participants put their proposed solutions for the problems to be solved as well. During the meeting, overall progress activities were evaluated by the participants such as status of ODF, integration of HEWs, natural leaders, tabia administration, chairman, and system of monitoring and follow up while visiting HHs, outcomes, flow of reports, availability and utilization of latrine as well as integration of stakeholders for solving all hygiene and sanitation related problems in whole wereda specially at project sites.



Photo: while conducting review meeting with stakeholders at wereda Ahferom (Enticho) on September 2018.

7. Challenges faced on the implementation of the project

- Dryness during construction of the wells was the challenge of the implementation of this water supply project.

8. Measures taken for the challenges

Assessment/ feasibility study of additional sites was conducted and all sites that were found dry have been replaced effectively based on the needs and objectives of the program.

9. Lessons learned

During the feasibility study considering additional some sites as a contingency for the replacement is very interesting.

10. Monitoring and follow up

In the implementation period, monthly, quarterly and bi- annual monitoring follow up were conducted. Similarly, monthly and mid- term physical and financial reports from implementing organization to donor is prepared and submitted.

Intended ongoing supervision activities were conducted every two weeks and monthly in the project intervention area by REST hydro geologists and Wereda coordinators, monitoring and evaluation experts, hygiene and sanitation experts, wereda water office and wereda health office, to mobilize the community, analyze and observe the project progress, measure program efficiency and to take corrective actions. Therefore, the monitoring and follow up activities have been done in participatory approach. During monitoring, the team has provided technical assistance, shared better experiences from the different sites of the project. Besides, donor organization (WASH Manager from NCA) visited the project and discussed on the issues how to complete the project on time and to take due attention on the completion and submission of the project.