



REST

Relief Society of Tigray

Towards a food secure future

**Well Wishers Funded Rural WASH Development Program
in Tigray Regional state, Ethiopia**



Completion Report

(From January 1 to 31 December, 2019)



Program



January 15, 2020

Mekelle, Tigray

Ethiopia

Project profile

Project Title:	Rural Water Supply, Sanitation and Hygiene (Rural WASH) Program in the five Woredas of Tigray, Ethiopia			
Project Type	Water, Sanitation and Hygiene (WASH) project			
Project Location/Zone and Woredas):	The project will be implemented in Tigray region Zones – South east, southern, Eastern, and North west Saharti samre, Edamekoni, Alaje, Kilde Awlaelo and medebay zana			
Major activities	Constrcution of 28 new HDWs and rehabilitation of 12 HDWs Establishment of 40 WASHCOs Propoting CLTSH approach in 40 Villages			
Project Period:	January 1 st to December 31 st , 2019			
Project Start Date:	January 1 st , 2019			
Number of Beneficiries:	6,955 community memebers it his expected 50% of the beneficeries to be Female.			
Project Budget (in ETB)	WellWishers Contribution	REST contribution	Community contribution	Total
	5,770,000	266,477.93	75,200	6,111,677.93

ACRONYMS

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

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1. EXECUTIVE SUMMARY

The accesses, availability and utilization of Water, sanitation and hygiene are among the most determinant factors that realizes the well-being of human life. Means that it service as Potable water w/c permits everybody existence and also uses for hygiene and sanitation, contributes to a tolerable life situation through hold back the occurrence of life threatening communicable diseases like diarrhea, intestinal worms, typhoid, cholera etc. In normal expression this project has a priceless value on the existence and healthy day to day activities of human life.

Therefore, under the rural water supply; REST has been implementing WaSH program in areas where access of safe water and basic hygiene and sanitation services are not available. To smoothly implement the WaSH program and address the critical need of the marginalized parts of the remote community; the organization has been working in close collaboration with different key stakeholders such as donors and relevant governmental and non-governmental organizations. The well-wisher is the one among the loyal and eminent donors working with REST in implementing rural WaSH program. As part of this effort; well-wisher is entered an agreement with REST to support the implementation of 40 (12 RHDW and 28 NHDW) hand dug wells at five Woreda of Tigray region namely Seharti Samre, Alaje, Endamehoni, Kilde awlaelo and Medebay zana from January up to December 2019.

The implementation modality of this project is ruled by the grant approaches which express technical and financial principles putted during agreement. Participatory approach mainly expressed as the participation of all stakeholders including the targeted community from the early inception design up to the final handover and project sustainability. And Wash related approach through building community institutions (WASHCO) which are acting through the project life cycle especial on its functionality and sustainability with practice community led total sanitation and hygiene (CLTSH). Accordingly, we have accomplished construction of 28 new hand dugs wells, rehabilitation of 12 hands dug wells and established 40 WASHCOs, promoting the CLTSH approach in 40 villages with 320 participants and trained 240 WASHCO members. As the result of these outputs, about 6920 needy people are served with safe access water, hygiene and sanitation

2. PROJECT GOAL, OBJECTIVES AND RESULTS

2.1 PROJECT GOAL

The goal of the proposed project is to contribute to improved health and well-being of the target communities by creating a sustainable access to safe and adequate WASH facilities

2.2 EXPECTED OUTCOME

1: Access to safe and adequate water on sustainable base improved in the target community

2: Access to Hygiene and Sanitation services on sustainable base improved

3: Community members demonstrate they have ownership of the WASH services

2.3 PROJECT OUTPUTS

- 28 New hand dug wells constructed
- 12 hand dug wells rehabilitated
- 40 WASHCOs established
- 240 WASHCO members trained.
- 40 villages/sites demonstrate improved hygiene and sanitation behavior
- 320 community members trained CLTSH approaches

3. PROJECT AREA

This project was implemented in Five Woredas of South East, Southern, Eastern and North West zones of Tigray. The total population in these Five target communities are 474,389. People who are suffered due to poor WASH services as per the GTP II standards is 187,287. The number of beneficiaries with better access in the target Woredas was 287,102. Generally the agro ecology of this project area is characterized by moisture deficit that productivity of the agricultural sector is highly affected by poor rainfall distribution, amount and frequency during the occurrences of drought.

The Overall information of the target areas and the community benefited from this project is listed as follow.

Table 1: Summary of information of the targeted community and water points as per the GTP II Standards

Zone	Woreda	Number of water points/NHDW and RHDW		Targeted beneficiaries of FY2019 WASH Project
		NHDW	RHDW	
South East	Saharti Samre	3	12	2,850
Southern	Enda Mehoni	1	-	180
Southern	Emba Alaje	16	-	2,665
Eastern	Kilte Awlaelo	2	-	300
North west	Medebay Zana	6	-	925
Total	Five Woredas	28	12	6,920

4. OVERVIEW OF ACCOMPLISHMENTS

The main activities that are accomplished on this project period are

- Construction of 28 new HDWs
- Rehabilitation of 12 HDWs
- Establishments of 40 WASHCOs
- Promoting CLTSH approach in 40 villages
- 320 community members trained CLTSH approach

4.1. NEW HAND DUG WELLS

Target: To construct 28 new hand dug wells

Achievement: construction of 28 new hands dug wells

As it is cleared for all of us when this project was proposed we were plan to produced twenty eight (28) new hand dug wells in five Woredas of Tigray on the communities which are suffered by poor access, water, hygiene and sanitation. As a result contraction of those planed new twenty eight hand dug wells are finished 100% timely. Currently all those constructed hand dug wells are serving/blessing for four thousand six hundred sixty (4660) vulnerable peoples from the trouble life attacked by shortage of potable water and different water born disease through created the outcomes of the project that, access to safe water and contributing for the improved hygiene and sanitation by supplying adequate water. Generally the quality and timely accomplishment of twenty eight hand dug wells contribute/impacted to improved health and well-being of the target communities by creating a sustainable access to safe and adequate WASH facilities in five words of Tigray

(Please see excel sheet Annexed for status of all sites)

4.2. REHABILITATION OF HAND DUG WELLS

Target: To construct 12 rehabilitation of Hand Dug Wells

Achievement: construct of 12 rehabilitation of hand dug wells

On this project period we were plan to rehabilitate 12 hand dug wells in s/samre woreda. Accordingly all the planned 12 rehabilitated hand dug wells are currently 100%finished and currently they are serving for their needy communities. Thus, the main activities that are implemented during this rehabilitation period are, construction of head wall, cover slab, apron, fence, and replacement of hand pump set like pipe, rod, spare parts, including depth increment followed with WASCHCO refreshment training for all WASHCO committees of the rehabilitated hand dug wells. Generally this twelve rehabilitated hand dug wells are serving for about two thousand two hundred sixty (2,260) needy peoples through producing the outcome

of access to safe water and contributing to improved hygiene and sanitation by supplying adequate water impacted as to improved health and well-being of the target communities.

(Please see excel sheet Annexed for status of all sites)

4.3. ESTABLISHMENT OF WASHCOs

As it is clear for all of us the WASHCOs are established for assure public participation with full ownership from the early inception of the prioritization up to the final sustainable, management and utilization of the project. As a result of this currently 40 WASH committees has been established through composed of three women and three men in one scheme committee. Out of those 40 WASHCO committees established on this year, 28 are established on new hand dug well the rest 12 WASH committees are established on the rehabilitation hand dug wells. After once they are selected they started their duties and responsibilities basically focused on mobilization of peoples that helps for achievement of project progress by the directing of informal train they taken on their sites early after once they elect through direct participation of the beneficiaries. However after all the construction of the schemes has fished all the committee members are taken the formal train that helps them to sustainable management and utilization of the constructed schemes at a place centered them as a woreda. Based on this all the 240 members of 40WASH committees are trained basically by focused on technical, financial and management of the water point. Generally all this establishment and raining of WASHCO s is produced high ownership of the project by the beneficiaries that resulted to access to safe water and contributing to improved hygiene and sanitation by supplying adequate water through the sustainable management and utilization of the constructed water schemes.

4.4. HYGIENE AND SANITATION

In the hygiene and sanitation component of this program, it was planned to intervene through Community Lead Total Sanitation and Hygiene (CLTSH) approach in all water schemes of the programme. The CLTSH approach emphasized on bringing positive changes in the health and hygiene behaviour and practices of the people to make effective and sustainable changes in lives of the beneficiaries. Accordingly, during this project period, the following activities were carried out.

Table2. Plan Vs Achievement conducted on hygiene and sanitation activities

S/N	Project activities	Description	Plan	Achievement	%
1	Recruited project expert	Health professional	01	01	100

	Provided work plan & site lists with official letter to respective	Project woreda	5	5	100
2	Timely purchased CLTSH manuals for hygiene and sanitation promotion	post-triggering training manuals	320	320	100
3	Undertaken hygiene and sanitation pre-triggering	Sites	40	40	100
		Facilitators	40	40	100
4	Conducted hygiene and sanitation triggering at communities' level	Sites	40	40	100
		Facilitators	120	120	100
		Participants	≥2000	2092(F-899)	100
5	Carried out hygiene and sanitation post-triggering training for natural leaders	Sites	40	40	100
		Participants	320	320(F-160)	100
		Facilitators	20	20	100
6	Undertaken Review meeting at woreda level	No. of session	01	01	100
		Participants	36	36(F-12)	100
7	Monitoring and follow up		√	√	√

4.4.1 WORK PLAN AND SITE LISTS WITH OFFICIAL LETTER

To implement the project activities effectively within settled working period the following activities were cascaded to respective sector offices before the project activities implementation fully started: -

- Site lists with official letter was provided to woreda health offices, coordination offices and administration offices for starting up the project smoothly
- Effective working plan /time table using Gantt chart was cascaded respective staffs and sector offices to implement the project activities on time
- All relevant information was provided to woreda respective bodies for smooth timely implementation of the project activities through email, telephone and in person

4.4.2 MATERIAL PROVISION

To enhance the knowledge, attitude and practice of the beneficiaries, very relevant hygiene and sanitation related materials have been timely purchased and distributed to beneficiaries before starting the actual

activities: -

- 320 CLTSH/ hygiene and sanitation promotion manuals were timely distributed to beneficiaries to be used as training manual for natural leaders

4.4.3 PRE -TRIGGERING

Community pre-triggering was undertaken effectively at 40 project sites through 40 health extension workers with integration of respective health offices experts using standard checklist to collect hygiene and sanitation related data to be used as baseline, prepare the ground and setting the environment for effective and smooth implementation of hygiene and sanitation triggering activities: -

- Hygiene and sanitation related data was collected to be used as baseline base line through HEWs in collaboration with Tabia administration and woreda coordination office staffs
- The location of water points was identified at all project sites for smooth conducting of the activities, monitoring and follow up
- Population size, dirtiest place, history of subsidy was clearly identified 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.

4.4.4 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 2092(F-899) 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 crises

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.

The Cash break down regarding triggering was prepared and transferred timely to all project areas for 120 facilitators' per-diem (main facilitator, recorder and environmental settler. About 2092(Females_899) peoples who facilitated by 120 facilitators were participated during triggering process.



Photo1: While undertaking Triggering at woreda Emba Alaje, Tabia Simret, site Hutsa on June 2019

4.4.5 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 by 20 skilled facilitators. 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 woreda health professionals with integration of REST respective staffs to achieve the required specific and general objective.



Photo2: While conducting post-triggering training for natural leaders at Emba-Alaje Woreda, Ayba cluster on Sep 22, 2019

Main points of the training: -

- Clearly stated duties and responsibilities of natural leaders
- Meaning and concept of post-triggering
- WASH related 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

4.4.6 REVIEW MEETING

Community level hygiene and sanitation review meeting was conducted at Woreda level to stakeholders and beneficiaries with total participants of 36(Females-12). The meeting was conducted for one day. The participants 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.



Photo3: while conducting review meeting with stakeholders and beneficiaries at Woreda Emba-Alaje on October 10, 2019.

5. CHALLENGES ENCOUNTERED

New hand dug well sites are demanding replacement due to dryness and feasibility problem and this needs time for assessing feasible sites.

6. MONITORING AND SUPERVISION

As usual, field coordinators and technicians of REST have spent much of their time at field for the purpose of supplying materials, providing support, mobilizing the community, linking the project with line offices, and monitoring the overall implementation of the physical work. Apart from this, supervisions of activity implementation were undertaken by relevant REST experts from head office in collaboration with the Tabia and Woreda level line water resource offices and health sector.

7. CASE STORY

7.1 SAFE WATER BORNE GOOD HOPE

The village Felhi, located in the Tabia Amdi weyane debre hayla woreda sahrti samre south eastern zone of Tigray. And this village is one of the most vulnerable areas which are attacked by severe and frequent drought mainly expressed in high scarcity of potable water. Hence the entire village resident was highly exposed to water borne disease due to lack of well sanitized and available water for drinking and washing. Generally, as their expression they were leading a trouble life due to lack of potable water. However construction of the safe water supply in the village by REST trough the support of Well Wishers of Australians borne good hope of life and prosperity in their coming lifespan.

For 48 years old women headed farmer, Astede Teka , said that yet the construction of this safe water makes me wonder and miracle and this is why sometimes i felling like in the dream. Ahead of this when I remember the past time that I had a trouble life resulted from the high scarcity of potable water and this was made me to assume myself like a person of hell.

However, after construction of this water scheme w/ro Astede taka with her three family sizes two girls reached in grade sixth and seventh with his son reached at grade ten commonly agreed that as they are starts to live a life with good hope.



Photo4: **Right**, after construction of the well **Left**, W/ro Asede indicating previous after source, temporary pond

Remembering the past time, w/ro Asede said before this well-constructed we were drinking to gather with the domestic and wild animals equally not only this the source of dirty water also were seasonal means it stays only for five months after that we were forced to travel more than three hour for single tripe due to this long distance traveling my two daughter was drop out from the school more than two times. Finally her speech is finalize by saying thanks GOD for his gifted us through his messengers currently we are able to lead hopefully life. And God bless them for those who donate us. Because today we are secured by safe in access water and our children's also attained their schools timely with improved hygiene and sanitation by impacted on us borne of good hope for the coming time of our life span.

End, Jan, 2020