# Save generation Development Association

# BATI-BORA-KELLO

## WATER SUPPLY PROJECT

OROMIA REGIONAL NATIONAL STATE, EAST SHOWA ZONE

ADAMA DISTRICT

PROJECT PROPOSAL

**2016**

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## 1. *Background and Problem Statement*

Water and sanitation are fundamental to human development and well-being. They are not just goals in their own right but also critical to the achievement of other development objectives such as adequate nutrition, gender equality, education and eradication of poverty. Access to safe water and sanitation is also a human right, as recognized in 2010 by the United Nations General Assembly. Even though, the world has fallen short on the sanitation target, leaving 2.4 Billion without access to improved sanitation facilities as UNICEF 2014 progress report reveals. In 2015, it is estimated that 663 million people worldwide still use unimproved drinking water sources, including unprotected wells, springs and surface water. The majority of them now live in two developing regions. Nearly half of all people using unimproved drinking water sources live in sub-Saharan Africa; while one fifth live in southern Asia. Of the 663 Million people still using unimproved drinking water sources, those who use surface water face the greatest risks to their health and well-being. Those with no service at all, who have not benefitted from any investment, are increasingly concentrated in three regions. Rural populations are particularly disadvantaged, accounting for 93% of the people using surface water. Seven out of ten of the 159 million people relying on water taken directly from rivers, lakes and other surface water live in sub-Saharan Africa, eight times more than any other region as UNICEF 2015 Joint Monitoring Program Report.

Sub-Saharan Africa fell short of the MDG target but still achieved a 20%tage point increase in the use of improved sources of drinking water. This means 427 Million people gained access during the MDG period-an average of 47,000 people per day for 25 years. The least developed countries have faced the greatest challenges in meeting the MDG target, given low coverage and high population growth. Significant proportions of the population in sub-Saharan Africa to use rivers, lakes, ponds and irrigation canals as their main source of drinking water. Inadequate sanitation and water is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities. Provision of water and sanitation also plays an essential role in protecting human health during crisis and disease outbreaks.

Though, Ethiopia has made remarkable progress in water and sanitation over the last two decades. According to WHO/UNICEF Joint Monitoring Programme 2014 report, the country has improved water supply by 57% (97% in urban areas and 42% in rural areas), thus achieving the Millennium Development Goal (MDG) 7 target 7C. Although the sanitation target has not yet been achieved, there has been tremendous progress during the past decade in improving sanitation and ending open defecation.

Despite the progress seen in Ethiopia, 43% of the population does not have access to an improved water source and 28% practice open defecation. The National WASH Inventory (NWI) report of 2014 also indicates that the majority of health facilities in Ethiopia lack access to clean

water and only about 32% have access to safe water. Moreover, 17% of childhood deaths are associated with diarrhea (EDHS 2014) which remains the third leading cause of under-five mortality attributed to poor water, sanitation and hygiene.

Adama Woreda is found in surrounding Adama city Administration and the distance of 100 Km from the capital city Addis Ababa. The rural population of Adama woreda counts 167,726 where 86311 Male and 81415 Female from the data of East shoa zone Finance and Economic Development from 2014/15 and the Bate Kello and bate Bora kebele population counts **4349,** where the five Kebeles primarily the project beneficiaries of Bate Bora, Bate Qallo, Qalbo Maaram, Gadamsa kurfa and Dibi Qallo is 26,780 where 14,380 is female. The rural inhabitants of Adama woreda, Jille Oromo tribe livelihood depends on mixed agriculture of cereal-dominated agriculture constitutes the principal livelihood of the people however inadequate rain fed is a serious problem for partial or complete crop failure. Livestock raising is common in this kebeles, almost every household has livestock. But income and other benefits from livestock are insignificant due to lack of feed and poor health from controllable diseases. Malaria and Waterborne diseases are the main cause of morbidity and mortality in those Kebeles.

Outbreaks of cholera and other water-related diseases are frequent occurrences, affecting the health and well-being of thousands of individuals where the highest burdens of disease disproportionately impact children less than five years of age as their body adaptation is not much enough. As the woreda health office data reveals more than 61% of annual death caused by waterborne diseases where more than 38% counts children under five, Because these five kebeles of Adama woreda use a water source of unprotected pond, Koka lake where on the up-stream the Koka leather factory release the residue to the lake without sewage treatment plant, two horticulture private company to the other side which release chemicals from flowers production, animal and human death in the lake, the community wash clothes, take a shower and animals drink and contaminate where below women fetch a contaminated water for HH consumption. Annually the community expends most of their income for health problems and affecting their livelihood. It is evident that these kebeles are the most impoverished kebeles in the woreda thus household poverty level increase unexpectedly thus loosing their life and property on the waterborne diseases. Bate kallo and Bate Bora consume the average recommended water per day (77.1%) and Bora (80.0%). Majority of the households (70.7%) use other unsafe sources such as unprotected wells, springs, rivers and ponds for drinking. Distance is another constraining factor. In two of the Kebeles, Bate Kallo and Bate bora almost above half of the households or 56% and 52% Bora and Kallo respectively do travel more than an hour to fetch water. In addition to access to relatively clean and safe water, the practice of washing water containers highly contributes to safety of drinking water. In this regard, 3%, 64% and 33% of the households Bate Bora reported to wash containers daily, weekly and less frequently, respectively and 2%, 72% and 26% of the households Bate Kallo respectively.

It is know that these Kebeles are found in Great Rift Valley that the underground water has high fluoride. The fluoride water brings effects on the bone and makes their teeth soft and black as sometimes bend the people's backbone down.

The causes for the clean drinking water are as follows

The nearest clean drinking water to the Kebeles averagely are 15-20Km and the one who fetch the water for HH consumption women and girls could not go to this much distance and buy the water by higher cost from the nearest urban city. The communities are not aware how to treat unprotected pond water for drinking as high illiteracy rate of the community. Low household income to use the water treatment technologies for the existing water sources and high recurrent cost to get safe drinking water is the other major cause. The HH income depends on mixed agriculture livestock raring and crop production where very low productivity as well recurrent droughts that affect their production rate for climate change brought impact on their production. Effects of this unprotected pond drinking water on their life

There is always outbreak of waterborne diseases and many human being lives claimed. Time taking to fetch water for women and girls where women are tasked with fetching and carrying water for the entire household; walking an average of 10km with plastic pots on their back or by donkeys. This in reverse take more time from the women and girls to contribute for the household livelihood improvement and impact on their health as they usually carry 25Ltr of water per day walking more than 10km in average as well women harassment and girls abduction sometimes occur. The gender gap could not be materialized without justice, fair and safe water for the household consumption as well to eradicate poverty. The social inequality also made the women the most vulnerable and marginalized to the situation. The women have no access and control over the resources in their household to loudly hear their voices. High women work burden, High rate of school girls drop out, Increase HH poverty rate as HH income expend on water borne disease to clinic and Decrease participation of primary school Children as no water in these rural schools as well as in health measures such as reduced school absenteeism.

## 2. ***Justification***

The proposed intervention is determined to be ***priority*** because of it addresses the problem of the proposed project which is justifiable to solve the identified priority problems of the Bate Bora-Kello Kebele as its project area selection and planning are done with the full consultation, participation and support of the local level concerned government line offices, supporters and the community representatives through undertaking a rapid PRA processes.

The proposed project is ***relevant*** to solve the identified problem because of its planning is in line with the government policy especially in the effort to eradicate WASH poverty, providing support to poor women, vulnerable children and elder lies. It is also relevant as it coincides with

the intention of the specific supporter promises and in addressing the identified priority needs of the Bate Bora-Kello Kebele area community groups.

It is ***justifiable*** that the support promise is in line with the support and fund a comprehensive WASH+ continuum (water access, sanitation, hygiene + livelihoods) in order to support and enable sustainable and scalable access to safe water, improving the health, education, and livelihoods of the ultra poor.

It is justifiable to improve the toll on children from unsafe water and lack of basic sanitation facilities. Where proved that, Countless others suffer from poor health, diminished productivity and missed opportunities for education. It is known that Women and girls are the water haulers where On average, women and girls in target walk 6 kilometers a day, carrying 25 liters of water, greatly reducing the time they have for other productive work or for girls to attend school that the project improve their time and productivity. To improve school dropout where water borne illnesses keep children out of school; children aged 9-12 found that suffering from a water-borne disease were in classes only half as much as their uninfected peers and when schools lack toilets sanitation, girls will often not attend.

Improving household drinking water can reduce diarrhea episodes by as much as 39 per cent; on average, improvements to household sanitation facilities can reduce sickness from diarrhea by almost a third. Almost half of the deaths from diarrhea each year could be prevented through an understanding of basic hygiene. Poor sanitation, water and hygiene have many other serious repercussions. Children – and particularly girls – are denied their right to education because their schools lack private and decent sanitation facilities. Women are forced to spend large parts of their day fetching water. Poor farmers and wage earners are less productive due to illness, health systems are overwhelmed. So that lastly but very importantly the project justifies that without WASH (water, sanitation and hygiene) sustainable development is impossible.

### 3. ***Project General Objective/Goal***

***Overall Objective***: The overall objective of the intervention is to contribute towards rural poverty reduction through provision of clean, safe and healthy drinking water supply for marginalized communities and create marginalized women entrepreneurial ship to decide on socio-economic issues equally as their male counterparts and lead better living conditions at the end of April, 2017.

***Specific Objectives:***

- To create access and improve community drinking water, sanitation and hygienic for two rural Kebeles of Adama Woreda by 1.5 Km distance from each villages thus to enhance community health and livelihood adaptation.

- To improve the living standards of 50 women organized in to Women Water Utilization Institution Saving and Credit Cooperative Organizations (SACCOs).

## 4. ***Implementation strategies:***

- ***Conduct Familiarization Workshop, sensitization and mobilization***

To draw the commitment of all stakeholders; namely, regional and local government officials, water, mineral and energy Office, communities leaders, Women, youth and Children Affairs Office, Cooperative promotion office, community opinion leaders, etc., the objectives and results of the project will be clarified. As a result, stakeholders will share their roles and responsibilities and confirm their resource contributions for the success of the project. The communities will be sensitized and mobilized on their contribution part for the project implementation to achieve our goal.

- ***Establish women Project Support Unit (WPSU)***

In order to mobilize all stakeholders, for the establishment of rural drinking water supply, sanitation, hygiene and women water administration program in each targeted villages WPSU will be established. WPSU comprises representatives from each target village's women, local Water, mineral and energy office, Women, Youth and Children Affairs, opinion leaders and other private companies support the program. It will mobilize local resources and commitments of stakeholders for the establishment of rural drinking water supply, sanitation, hygiene and women water administration program. The WPSU is critically important to bring behavioral/attitudinal change in the community particularly in sanitary centers, hygienic awareness creation and proper utilization of supply water.

- ***Creating access to potable supply water***

Drilling the water borehole nearest to the lake Koka where the water is potable and safe for drinking after treatment. The potential water drilling enterprises in collaboration with local government will be functional as Save Generation Development Association in close collaboration with RFTF facilitating the resource mobilization for successful project implementation. The generator which can generate electric power to AC4or more than 3hp or more power to pump water and one water treatment house construction, two main reservoirs containing a capacity of 30,000Ltr each for the other two Kebeles will be planted.

- Drilling of 200m Bore Hole----------No-1
- Construction of Generator and guard house----------No-1
- Construction of water points----------No-5
- Construction of 25m3 Service Reservoir----------No-2
- Construction of public latrines----------No-2
- Construction of washing basin----------No-5
- Construction of Valve chamber----------No-5

- Pipe line work----------m-8,378.00

The pipe line installation parallel done to each appropriate village, water points established suited with sanitary centers.

- ***Community awareness raising on hygienic and sanitary programs***

Literally the communities use unprotected ponds for their sanitation and inadequate awareness on the sanitation and hygiene thus sanitation program will be established through school programs with women water administration groups. Linking the program with local health services to create community awareness through the community leaders, elders and traditional leaders thus they have a capacity to influence the wider communities. Capacity building for community health workers(Health Extension workers) for outreach program as a mobile sanitation and hygiene education in the community to address all community in the home with appropriate information on the community health, sanitation and hygiene. To this project component the former ***women shop*** by RFTF will benefit from the hygiene keeping materials since they can sell more soap, Vaseline, modes and other many more when they give services for the communities. So that it is input for them and can be profitable from the project outcome that can be added-up on the primary project outcome/result.

- ***Establishing Women Water Administration***

For these hard to reach marginalized rural communities' water development program; there to be a strong water administration system establishment for sustainable water supply. It is known that the government budget for the water development program is insufficient and also there is lack of aid for this community drinking water development besides poor infrastructures in the community hence they are underrepresented even if they are nearest to central government. So the innovative idea to manage and sustain the community drinking water program is only linking with the ***vulnerable groups*** by the problems with capacitating them. It is obvious that the vulnerable groups from the community by the problem are the women and concerned with household water utilization. Since the women are very vulnerable to the problem and also the case directly involved with women marginalization, the project will work with women water administration. Through the project period, women will be capacitated with water management system and handover the project for administration at last. The women will be organized into Women Water Administration Unit from each Kebeles, legalized by concerned bodies, trained and establish water institution committees legally.50 women will be organized in to Women Water Administration Units from the villages by the network where water board will be established and implement the supply water for the community. The system will create employment for women and empower them economically and socially where they will get money from water payment. The organizational management will be put by chart and classified as Cluster Level Association to every and each kebeles with responsibility.

Water payment systems will be put by women, the one working at the water points, sanitary centers are women's where water maintenance revolving fund will be injected to sustain their economic health for the first handover time.

More capacity building will be done on women water institution to be more viable to independently manage the project with the concerned government line offices. Some of the trainings and capacity building among the others are: Provision of Training for selected women water association groups, Water users Association Committee and women entrepreneurs, Provision of Training for selected Cluster Level Women Association, Provision of training for Women entrepreneurial ship on water management skills, Provision of Training for targeted women.

## 5. ***Project Inputs***

### *Material inputs*

The water project at bate Bora material input will be the ***project car*** for the implementation of this project; because the project site is 12Km from the nearest semi-urban town where rare transportation means is found for the kebele and also the drudged road. Even if the establishment of SGDA is more years and implemented many projects the organization has only one car for the project implementation and Admin. These situations are highly affecting the project's success that using the car from the head office to the project where head office work will be affected in reverse. The other projects also need the car for the implementation in smooth way. Since then one project car is urgently needed to implement the project considering two situations; one considering the environment or the much drudged roads to the site for daily project supervision and the other to monitor and supervise the daily project implementation to bring expected change in the set deadline and couldn't affect other projects/programs implementation.

### *Human Resource*

The water women administration is innovative where for the first time water for rural women and administration is by the women of the vulnerable groups. We get lessons from the past projects experience on how the vulnerable groups can efficiently and effectively use their potential to bring lasting solution for the existing problems. That is why two components are interlinked in implementation period: The one professional person working as a social worker to initiate, aware and bring the communities common understanding this common goal and having experience on forming the social development institutions in a professional manner to bring the sustainable community development in the area. The second is the professional person on supply water development for rural area, hydraulic engineer or similar profession who can follow the components of water supply development part, hygiene and sanitation (WASH expert). So that there will be four direct project personnel consists of two socio-economist we call it social

worker, one professional project monitoring, evaluation, accountability, learning and reporting officer and one project coordinator/Water engineer.

There will be three supportive staff consists of 50% time of Executive Director in salary, one driver and 80% time of Senior Accountant in salary.

***Financial Resource***

The project document specify

Total cost of the project = ***8,389,306.93***ETB

Source of funding and its flow will be from the RFTF and the community.

Rational allotment of fund to different project activities

- ***Organize Women Water utilization Committee = 72,000***
- ***Water Supply System = 7,348,306.93***
- ***Project personnel and project car = 600,000***
- ***Separate Administration cost = 354,000***
- ***Facilitating agreement, Familiarization, sensitization and mobilize target =15,000***
- ***Note: Other activities and outputs on the project document will be delivered with non-recurring cost by the community contribution and default.***

## 6. ***Expected Outcomes, Outputs and major activities of the project:***

***Expected Outcomes 1:***

Clean, safe drinking water, sanitation, and hygiene of marginalized communities of two Kebeles of Adama Woreda improved.

***Output 1.1:***

**4349** peoples acquired access to sanitation center, clean, safe and hygienic drinking water in their nearest villages

***Activities:***

Drilling borehole and installation of water pump with treatment units

Construction of water reservoir

Installation of water network-line to two Kebeles for each water points in the respective villages.

Establishing sanitary centers (latrine, shower) to each water points

***Output 1.2:***

**4349** peoples acquired capacity running their clean water and sanitary center effectively at their respective kebeles and villages

***Activities:***

- Provide drinking water utilization training for community leaders, elders, women groups

- Stakeholders institutional capacity building to manage drinking water

- Provide peer training for water users Association (WUA)

- Establishing community payment system to build community capacity for maintenances

***Output 1.3:***

- **4349** peoples acquired knowledge of sanitation and hygiene for social justice and use gender sensitive methodology for water utilization strategies.

***Activities:***

- Provide training for women's on applications of water justice

- Provide training for community peer trainees on sanitation and care

- Mobile community awareness raising on sanitation and hygiene

-Provide training for marginalized groups on sanitation and hygiene

***Expected Outcomes 2:***

- Living standards of rural marginalized women organized in to Women Water utilization Committee (WUC) improved.

***Output 2.1:***

- Acquired skills and knowledge of women organized in to Women Water utilization Committee (WWUC) on entrepreneurship, marketing and water institutional management.

***Activities:***

-Organizing women groups in to village and Kebele cluster level Water utilization Association

-Organizing women empowerment water management institution in to saving and credit organization

- Providing Training for women groups on community water payment system and business management skills.

-Providing capacity building training for Women water utilization Committee on entrepreneurial ship

-Providing training for Women Water Utilization committee leaders on water institutional management

***Output 2.2:***

Women economic entrepreneurial materialized

***Activities:***

-Providing training for women groups organized in to Women water utilization groups on water payment system and group entrepreneurial management skills

-Provide training for women groups organized in to Women water utilization institution on water system maintenance, run project and sustain community clean drinking water

-Providing maintenance revolving fund for women institution groups

***Output 2.3:***

-Community women water supply project maintenance strategy put in place for sustainability of clean, safe and hygienic water for all respective Kebeles.

***Activities:***

-Support women groups to have legal license to use their Water Institution as income generating scheme

-Support women groups to revise their bylaws to allocate proportion of their profit for maintenance of community drinking water project and expansion of drinking water to each village.

## 7. ***Organization and Management***

The proposed project management and administration will be organized in such a manner that its management and administration will be run through a project office already exist at project site getting the overall technical, managerial and administrative support from SGDA head office located in Bishoftu. The project office will be staffed with core technical staff taking into consideration the principle of minimum staffing with a maximum achievement principle and it will also be equipped with the very necessary office materials and equipment. The proposed

project staff will be there to facilitate and coordinate stakeholders and collaborators to discharge their duties and responsibilities in implementing the proposed project plans.

SDA has two–tier structure: Head Offices (HO) and Projects. These support and reinforce each other. The HO gives strong technical backup for the frontline projects. The major tasks of the HO are ensuring availability of resources, strengthening planning, programming and implementation capacities, providing proper monitoring framework for the day–to–day activities and evaluation of the same at desired time intervals and ensuring stewardship in resources utilization at project levels. Moreover, the HO follows up developments in the policy environments and seeks for projects alignments of SGDA operations as desired and also demonstrates desired changes where necessary.

Projects, by the virtue of their location, they are closer to regional state governments they follow-up developments in districts and work to synchronize SGDA operational modalities and government policies with the uniqueness of respective districts to facilitate implementation of the projects. Projects, on the other hand are front-liners in program implementation at project levels. The organizational setup of the program follows the generic structural setup with due consideration of the program context. Generally, the program will have a structural setup and staffing that best execute the major tasks envisaged in the program both in quantity and professional mix.

The generic structural setup of a program comprises two sets of staff: Managerial and leadership level staff; technical and professional staff or program facilitators. The first group comprises officer and assistant officer. The second group is composed of program facilitators with specific focus on specialized area even though they share roles with other members of the program facilitation.

The number, professional mix and qualification of staff varies from program to program depending on the contexts of the program, size as expressed by amounts of budget as well as from year to year with increasing and decreasing trends of the budget of a program.

Timely monitoring and reporting are major constituents of the project implementation. The SGDA will set up an effective monitoring and reporting system that includes data collection from the grassroots and summarizing at project level. Interpretations and progress scaling take place at the HO, where a well-established monitoring and evaluation unit examines the summarized data against the project proposal and other plans. In order to ensure result-based monitor is in place, outputs and outcomes are given more emphasis than the activities themselves. Once interpretations are made, reports are written and sent out to respective bodies.

## 8. *Detail Project Cost*

**Annex 1: Project Budget Plan**

| No. | Activities Description | Unit Measure | Unit quantity | Unit Cost | Frequency | Total cost |
|---|---|---|---|---|---|---|
| **I.** | ***Facilitating agreement, Familiarization, sensitization and mobilize target*** | Lamp sum | | 15,000 | | 15,000 |
| **II.** | ***Organize Women Water utilization Committee*** | | | | | |
| 1. | Organizing women groups in to village and Kebele CL Water utilization Association | person | 50 | 50 | 5 | 12,500 |
| **2** | Organizing women empowerment water management institution in to saving and credit organization | person | 50 | 50 | 5 | 12,500 |
| 3. | Providing training for Women Water Utilization committee leaders on water institutional management | person | 5 | 50 | 5 | 1250 |
| 4. | Providing training for Women water utilization groups on water payment system and group entrepreneurial management skills | person | 5 | 50 | 5 | 1250 |
| 5. | Providing maintenance revolving fund for women institution groups | Lump sum | | | | 45,000 |
| | **Sub Total** | | | | | **72,000** |
| **III.** | **Water Supply System** | | | | | |
| **1** | 250m Bore Hole drilling | No | 1 | 1,340,100 | | 1,340,100.00 |
| 2 | Generator and G. House construction | No | 1 | 61,005.00 | | 61,005.00 |
| 3 | 25$m^3$ Masonry Reservoir | No | 2 | 128,013.00 | | 256,026.00 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | Public fountain construction | No | 5 | 33,787.65 | | 168,938.25 |
| 5 | Public Washing Basin Construction | No | 6 | 21,423.25 | | 128,539.50 |
| 6 | Public Latrine Construction | No | 2 | 38,181.50 | | 76,363.00 |
| 7 | Anchor block construction | No | 50 | 2,029.00 | | 101,450.00 |
| 8 | Gully Crossing structure construction | No | 20 | 3,247.75 | | 64,955.00 |
| 9 | Pressure and Distribution pipe net work | M | 1 | 2,874,462.00 | | 2,874,462.00 |
| 10 | Valve chamber | No | 5 | 2,500.00 | | 12,500.00 |
| 11 | Supply pump and generator | No | 1 | 700,000.00 | | 700,000.00 |
| 12 | **VAT-15%** | | | | | **867,650.81** |
| 13 | **Community labor contribution** | Ls | 1 | 522,787.20 | | 522,787.20 |
| 14 | **Monitoring, Evaluation, Reporting and Supervision 3%** | | | | | 173,530.16 |
| | **Sub Total** | | | | | ***7,348,306.93*** |
| ***IV.*** | **Project Personnel** | | | | | |
| 1. | Project Coordinator (Water Engineer) salary for 12 Month | Month | 12 | 10,000 | 1 | 120,000 |
| 2. | Project Social Worker salary for 12 Month | Month | 12 | 6500 | 1 | 78,000 |
| 3. | Monitoring, Evaluation, Accountability, Learning and Reporting Officer Salary | Month | 12 | 8500 | 1 | 102000 |
| | **Sub Total** | | | | | ***300,000*** |
| ***V.*** | **Project Car 50% cost contribution with SSI Project** | No. | 1 | 300,000 | 1 | ***300,000*** |

| | | | | | | |
|---|---|---|---|---|---|---|
| ***VI.*** | **Administration Cost** | | | | | |
| 1. | Car lubricants and fuel | Month | 12 | 6000 | 1 | 72,000 |
| 2. | Office Rent | month | 12 | 3500 | 1 | 42,000 |
| 3. | Executive Director Salary (50%) | Month | 12 | 10,000 | 1 | 120,000 |
| 4. | Driver salary | Month | 12 | 5000 | 1 | 60,000 |
| 5. | Senior Accountant Salary (50%) | Month | 12 | 5000 | 1 | 60,000 |
| | **Sub Total** | | | | | ***354,000*** |
| | **GRAND TOTAL** | | | | | ***8,389,306.93*** |

Note: Project Budget plan and staffs sensitized and created commitment for the implementation of this budget plan accordingly

## 9. *Monitoring, Evaluation, Accountability, Reporting and Learning (MEARL)*

The proposed project monitoring and evaluation methodologies will be participatory in which all the concerned stakeholders and collaborators participate in through their representatives. Therefore, to facilitate the work of M & E; and to consistently and equally inform partaking bodies, the proposed project will be equipped with M & E guide which will be prepared in association with the proposed project M & E plan shown amid the activity schedule.

Based on this, the ***monitoring*** activity will be done routinely by the project office staff being together with the concerned line office staff and the results are reported using reporting formats to be prepared for this purpose. On the other hand, ***evaluation*** of the proposed project will be carried out at mid and end of the project period in a participatory manner; where all the concerned stakeholders and collaborators participate in through their representatives. In addition, external evaluator will be commissioned by SGDA Office to evaluate the project results at the end of the project period depending on the interest of the RFTF. Because, finding clever ways to monitor together provides a stepping stone towards stronger partnerships. At least that is what we can ***learn*** from the previous projects. Here SGDA has been explicitly working with local governments to catalyze data collection, analysis, and use of the information in planning. In parallel, local governments are generally massively under-resourced and struggle to monitor and follow up with communities once an intervention is completed where SGDA will facilitate monitoring and evaluation.

Firstly, for a target community to make progress, towards safe drinking water for all, it needs to ***learn*** along the way from monitoring and evaluation. If good information — about the successes and challenges and about ***what works*** and ***what does not*** — remains fragmented in the monitoring, evaluation and learning clear and transparent which isn't very hard for the community as a whole to learn. Secondly, if there is no reliable feedback about progress to political leaders (community cabinet) and rural citizens, ***accountability*** is undermined. Democracy is undermined. Governance is undermined. Joint action is difficult. We are tasked with finding alternative ways to ensure that our WASH project is meeting these three criteria from the ***participatory accountability***:

I) Beneficiaries' needs

II) Industry and international standards

III) Donor (Rainbow for the future) expectations

To address each of these criteria in a cost-effective way, we need to craft local, low-technology relationship networks to implement and feed our data and sustainability measures. As an organization of less than ten employees, we depend on the passion, dedication, and involvement

of the stakeholders in the communities we work in to be the drivers behind our sustainability and M&E initiatives.

***Learning:*** SGDA is committed to rigor and transparency in evidencing what SGDA does, to learning as much as possible from what works in development (and what doesn't) and to sharing that learning with others. Together, we share learning and develop new thinking, approaches and methods towards a common aim to end the injustice of poverty.

Once our organization receives funding, we conduct consistent monitoring to ensure that projects achieve specific, quantifiable results. Our reach is community grassroots level; we'll make sure a supporter giving is being put to the best possible use. We conduct the necessary due diligence to guarantee supporter grants are compliant with government legal regulations, making sure their giving experience is 100% hassle-free.

The performance of the project will also be periodically evaluated and all stakeholders will participate in it accordingly. In detailed, transparent, high-quality reports, we assess and evaluate the results of supporters' investments using sophisticated metrics and impact indicators. We evaluate final results in simple, clear language—highlighting key accomplishments and providing expert critical analysis—to help supporters understand the real impact of their giving.

***Reporting:*** The project in its verge must have a reporting to the donor and to the stakeholders but in this project there will be Humanitarian Accountability Partnership implementation; where we will be accountable to report the project accomplishment and situation to the target communities outside of unusual condition.

There will be the reporting format for stakeholders or from the line government offices where SGDA HO will submit to the concerned stakeholders in a timely fashion. The report of the project is as quarterly bases to the ***donor*** and ***stakeholders*** as well so that SGDA will be responsible to do this condition as a usual in all projects. The quarterly reporting will help, to correct the project to bring the expected results in mid time or recommend for the greatest achievement in a different strategies.

### *10. Sustainability & Phase out strategy*

Active participation of regional water, mineral and energy office, opinion leaders, Cooperative promotion office and beneficiaries in implementation, monitoring and evaluation of the project, they will be well aware of the benefits of the project and commit their efforts to sustain and scale-up the results of the project to other villages and women groups. There is an accumulation of evidence to show that if we are able to appoint women as the decision makers for a project on the ground, the success rate goes up almost instantly because the one who are accountable for household water consumption are women's and they account for every drop of water consumed, utilized or wasted – making them crucial players for projects implementation and sustainability

strategies. Establishing women water utilization institution for the future project management and sustainable way of delivering service for community drinking water and water maintenance strategies thus hand over water project to women groups organized into Women water Utilization institution legally. The one to empower women economically by collecting water recurring cost from the beneficiaries, capacitate the water institution and creating employment opportunities for the double marginalized women groups to functionally serve their communities as well empower themselves.

These stakeholders will also advocate for women/girls to access/use sanitary center equally as their male counterparts. Drinking water will be established in rural schools, Women Water Utilization Administration will take the overall management of drinking water and sanitation center in schools. The Water Project Support Unit and local government water, mineral and energy office will oversee the functioning of the community drinking water to each village. Community village drinking water points and sanitary centers will cover the cost of maintenance and operating by charging water and sanitary centers users at each water points with minimum fee. Women Water Utilization Administration will cover operating and maintenance cost of community drinking water and sanitary centers by their income from water users payment. As the revenues of Women Water utilization groups increase due to improvement in their business and entrepreneurial ability, they will certainly cover maintenance and operating cost of safe drinking water and community hygienic and sanitary centers. Through experience and capital development, they will open additional water points and sanitary centers as additional source of income for the cooperative but water development input for the beneficiaries. Observing the outcomes of this project on marginalized rural water development and attitudes of targeted women, the government will enforced to establish clean water services for the other underserved communities extension and support the maintenance cost. For this end, the government will allocate budget for the expansion of hard to reach villages left from the project as long as women empowerment, maternal, neonatal and community health support is emphasized and aligned with the Growth and Transformation Plan II of Ethiopia.

## *11. Log Frame Approach*

| | ***Intervention logic*** | ***Objectively verifiable indicators of achievement*** | ***Sources and means of verification*** | ***Assumptions*** |
|---|---|---|---|---|
| ***Overall Objective*** | *Communities in Bate Bora and Qalo Adama District, particularly children, youth, men and women realize their rights to safe drinking water and hygienic sanitation in a clean environment* | *Reduction in under 5 morbidity attributable to water related illnesses in Bate Bora and Qalo Adama District* | *District Health Information Systems (supplemented by data from Community Health Unit Data, District Public Health Office spot checks, and Participative monitoring to confirm District reports* | |
| | *Targeted communities have strengthened capacity to sustainably manage water resources and are empowered in their interactions with government authorities relating to water resource management* | | | |
| ***Specific Objective*** | Improve access to safe drinking water and sanitation and improve hygiene practices of 18,000 people in 2 rural communities in Bate Bora and Qalo | Increase in number of people in the target area that have sustainable access to (and usage of) an improved water source from 3% to 85% (JMP Definition) | Rapid Assessment January 2016, Baseline, Mid-term and Final evaluations | -National Policies and District support for water and sanitation do not change<br>-The active participation of women and children is accepted by communities<br>-The political climate remains stable and target areas remain accessible |
| | | Increase in number of people in the target area that have sustainable | Rapid Assessment January 2016, Baseline, Mid-term and Final | |

| | | | | |
|---|---|---|---|---|
| | | access to (and usage of) a sanitation facility from 65% to 80% | evaluations | throughout the project Groundwater and geological conditions remain stable |
| ***Expected Results*** | 3270 Households construct or rehabilitate improve latrines in target areas | 3270 latrines constructed or rehabilitated | - Project monthly monitoring forms | |
| | | At least 80% of primary schools in the target area with appropriate child-friendly latrines. | | |
| ***Activities*** | | | | |