1) Sponsoring organization

HOPE International Development Agency (HOPE) in Ethiopia is a recognized not-for-profit, non-governmental organization that has been working in the south of the country since 1986. HOPE's mandate in Ethiopia is to extend compassion to the neglected poor. This mandate is being realised primarily by meeting the most basic of needs for the rural poor. HOPE in Ethiopia is comprised of an all-national staff of 18 men and women and 3 casual staff, and independently manages its operations and direction. The primary administrative centre for HOPE in Ethiopia is located in Addis Ababa, with a field presence in the regional capital, Arba Minch.

HOPE's presence in Ethiopia is well-established, having successfully worked at a grassroots-level for the past 20+ years. HOPE has a strong record of accomplishment in developing springs and surface waters since the mid-1980s, at a time when rural communities across Ethiopia were in desperate need of water. HOPE's activities in Ethiopia continue to focus on the critical need for potable water, and employs proven strategies for addressing this need. Originally HOPE's work consisted of drilled wells with pumps. Spring capping was later introduced in the early 1990s as a more sustainable and cost effective alternative for the region.

2) Location

HOPE is initiating work in Bonke Woreda, a remote district in the Gmo Gofa Zone of the Southern Nations, Nationalities, and People's Region that is located on the highlands of the south-west part of the region. All project activities will take place in *Geresse*. Geresse consists of a number of smaller hamlets or communities with a collective population of over 6,000 people. Geresse is located 59 km southwest of Arba Minch.

3) Timeline

Spring capping activities and associated community activities began in Geresse in February 2010. Mount Cheam funding will be directed towards community mobilizing and infrastructure costs in Gerresse starting September 2010. The project will be complete by the end of December 2010.

4) Match Funding

HOPE is currently receiving a 3:1 match from the Canadian government through the Canadian International Development Agency (CIDA). This matching arrangement is applicable to funds raised in Canada before the end of 2010. A Mount Cheam Rotary Club contribution of \$12,500 can be matched with \$37,500 CIDA dollars to add up to a total contribution of \$50,000.

5) Context

Infrastructure is poor, and there are only gravel roads and no banks or fuel stations. Electricity and telephone services are available for some urban dwellers. The population of Bonke district is about 188,000. Families typically live in grass thatched houses with average land holdings of 1.2 ha, and the average family size is 6.4, with an estimated annual population growth rate of 3.1%.

Bonke has diverse physical features and altitudes ranging from 800 to 4,270 metres above sea level. Rainfall in the area is bi-modal, but is also erratic and unreliable. Most of the land is dedicated to agricultural cultivation and grazing, with a small portion covered by forest. As with most rural areas in Ethiopia, communities in Bonke depend mainly on subsistence agriculture which is based on family labour and traditional farming techniques. Rural communities in Bonke are isolated, and narrow roads accessible only by four-wheel drive vehicles during the dry season exist only in a few cases. Villages are accessed most often by trails.

Access to water is a critical issue in southern Ethiopia and is named as the primary concern during community consultations at the project identification stage. Access to clean or improved sources of water remains at a paltry 14.4%, and the remaining population uses ponds, rivers, and unprotected springs as their primary source of water, traveling up to an hour to access unprotected water sources. All communities within which HOPE works have inadequate water supplies, the negative health consequences of which are exacerbated by drought conditions.

There is a high incidence of waterborne diseases, diarrhoea, and respiratory tract infections. Low access to health institutions compounds the problems of general poor sanitation practices of the rural poor, where ¾ of the households live with their livestock in their kitchen and have poor food/water storage practices. Low levels of health awareness and harmful traditional health practices—including traditional intestinal surgery, tooth extraction, and early cereal feeding of infants—are prevalent. HIV/AIDS prevalence rates have increased by 72% from 2006-2008, indicating that specific preventative education interventions are needed.

6) Project Description

HOPE International Development Agency's project activities in Bonke are grouped into integrated components of infrastructure development and community engagement. The main infrastructure of this project is related to the protection of naturally occurring springs that will provide clean water in Geresse. Each spring is "capped" so that a closed gravity-fed system brings clean groundwater water to a central water collection point. Spring capping activities include:

- Site survey by HOPE's hydrologist to asses local water consumption rates and population
- Design adaptation and modification of gravity water supply systems to daily water delivery needs of community
- Spring protection
- Construction of silt tanks, pressure break tanks, and reservoir
- Pipeline installation
- Distribution systems construction
- Washing basins and cattle trough construction
- Trench digging and excavation

With each site HOPE is involved in an intensive community education and engagement process, as follows:

- Prior to the HOPE water team entering a community, a village meeting is held, during which
 there is an explanation of the purpose and nature of HOPE's intervention, as well as a
 discussion on modifications to this plan and of the community's contribution towards the
 water system. HOPE facilitates the formation of a Water Maintenance Committee (WMC) at
 this time. HOPE provides training to these committee members that includes basic
 masonry, reservoir cleaning, dislodging pipeline obstructions, cleaning taps, repairing pipe
 breaks and leaks at joints, and basic book-keeping for user fees collected from villages.
- HOPE establishes and trains the Health and Sanitation Committee (HSC) members
 extensively in all aspects of health and sanitation practice, and they receive practical
 training in teaching and concept development by accompanying two HOPE nurses in their
 door-to-door village training, as well as to larger group meetings.
- In addition to the volunteer committee work, community members contribute their time/labour to the digging of trenches (for underground pipes). Also, villagers ensure site access for needed materials. This often involves widening trails/ roads so that supply vehicles can pass, and in some case, carrying in, by hand, bags of cement and steel pipes.

7) Local Involvement and/or Management

Community members are fully involved from the outset of the projects and throughout the stages of implementation; this is evidenced by their ultimate responsibility for, and ownership of, infrastructure and community level organizations. Local investment in all community projects are made at the outset, and are viewed by HOPE as vital for project sustainability and viability.

HOPE strongly believes that the installation of infrastructure is simple compared to the social aspect of any project – technical problems can always be solved by competent technical personnel. However, for sustained beneficial results any infrastructure must be coupled with a serious investment in community-level organization. Project activities within this component focus on establishing (structure, purpose, representation) and equipping (knowledge, skills, tools and equipment) community-based organizations that will manage the project infrastructure and the resulting benefits well after the project is completed. The local management organizations include:

- Water Maintenance Committees (WMC) Responsible to ensure that the water systems are functioning properly and there is fair distribution within the community.
- Health and Sanitation Committees Responsible for engaging the community on an ongoing basis in water sanitation issues. Additionally, HSCs address other topics relevant to the community such as disease prevention, and HIV/AIDS prevention and care.

8) Infrastructure Development

Physical works include protecting spring water from a number of sources and developing a gravity fed distribution system. At each spring site there will be a spring protection box, a reservoir, and a minimum of one water collection point (which may include washing basins and adjacent animal troughs). These system features are linked by underground piping. The project construction activities, although guided by standard specifications, are adapted to the community needs and reflect individual soil types and hydrogeology needs. The community

members give their preferences regarding the length of the outflow mark for water point locations and the technical suitability of the preferred sites.

Each spring has a minimum of one spring "cap" – approximately 4x2x2 metres, depending on the site. Every system has pipes that are buried. Most systems have reservoirs – approximately 3x3x2 metres, depending on the system capacity. Every system also has a minimum of one water point – approximately 3x3x1.5 metres.

[Please refer also to appended photographs / schematic drawing]

9) Benefits to Local Community

Benefiting community members are participating in a local development process that boosts confidence, improves the status of women, and increases community resilience to drought. The tangible benefits for each man, woman, and child include access to potable water, improved health, and improved land and watershed stability.

Among these beneficiaries are members of the Water Maintenance Committees and Health and Sanitation Committees. These committees directly receive training and support related to their areas of responsibility.

10) Project Contact

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Appendix: Photos / Design

