



INDIRA GANDHI NATIONAL OPEN UNIVERSITY SCHOOL OF CONTINUING
EDUCATION

THE ROLE OF NGOS ON RURAL WATER SUPPLY AND SANITATION:
THE CASE OF HADARSA WATER SUPPLY, SANITATION AND HYGIENE
PROMOTION PROJECT IN TOKE KUATYE DISTRICT, WEST SHEWA
ZONE, OROMIA REGIONAL STATE ETHIOPIA

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**The Role of NGOs on Rural Water Supply and Sanitation: The Case of
Hadarsa Water supply, Sanitation and Hygiene Promotion Project in Toke
Kuatye District, West Shewa Zone, Oromia Regional State Ethiopia**

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DECLARATION

I hereby declare that the Dissertation entitled “**The Role of NGOs on Rural Water Supply and Sanitation: The Case of Hadarsa Water supply, Sanitation and Hygiene Promotion Project in Toke Kuatye District, West Shewa Zone, Oromia Regional State Ethiopia**” submitted by me for the partial fulfillment of M.A. in Rural Development to Indira Gandhi National Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier either to IGNOU or to any other institution for the fulfillment of the requirement for any course of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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LIST OF ACRONYMS

- AAWSA:** Addis Ababa Water Supply and Sewerage Authority
- CBOs:** Community Based Organizations
- CCRDA:** Consortium of Christian Relief and Development Association
- CLTSH:** Community Lead Total Sanitation & Hygiene
- CSA:** Central Statistics Agency
- CSOs:** Civil Society Organizations
- GTP:** Growth and Transformation Plan
- HEHD:** Hygiene & Environmental Health Department
- INGOs:** International Non- Governmental Organizations
- JMP:** Joint Monitoring Program
- LNGOs:** Local Non Governmental Organizations
- MDGs:** Millennium Development Goals
- MOE:** Ministry of Health
- MOH:** Ministry of Environment
- MOJ:** Ministry Of Justice
- MOWR:** Ministry of Water Resources
- NGOs:** Non Governmental Organizations
- NNGOs:** National Non Governmental Organizations
- NWRMPS:** National Water Resources Management Policy and Strategy
- ODF:** Open Defecation Free
- ONRS:** Oromia National Regional State
- PA:** Peasant Association
- PVOs:** Private Voluntary Organizations

RNGOs: Regional Non Governmental Organizations

SNNPR: South Nations Nationalities and Peoples Region

UN: United Nations

USAID: United State Agency for International Development

WASH: Water Supply, Sanitation and Hygiene

WATSAN: Water and sanitation

WASHCO: Water Supply, Sanitation and Hygiene Committee

WHO: World Health Organization

WIF: Wash Implementation Frame work

WSF: Water and sanitation Forum

WST: Water and Science Technology

WSS: Water Supply and Sanitation

WWD: Woreda Water Desks

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ABSTRACT

Availability of adequate and safe water and sanitation contributes significantly towards improving human lives in every country. To access these basic life components; Government of Ethiopia has design and implement a national water and sanitation(WASH) programs in the rural part of the country. In recognition of the limited capacity of government in meeting all the essential service needs of its citizenry, various non-governmental organizations have come in to lend a hand in the provision of a wide range of social facilities including water and sanitation in the rural areas. Thus, a research was conducted to examine the role of NGOs in rural water supply and sanitation intervention by considering the case of Hadarsa rural water supply, sanitation and hygiene project.

The research made use of both primary and secondary data. In order to meet the objectives of the study, descriptive survey method was employed. 107 Respondents (100 village respondents, 3 WASH Committee members, 2 implementing NGO officials and 2 district officials) were selected by purposive sampling technique from Hadarsa, Toke, Tokuma and Menharia villages.

The research finding shows that 100% (103) of the respondents claimed they are currently accessing safe potable water from the protected spring water source after project intervention. Out of this 85% claimed they get potable and domestic use water from distribution points connected through pipeline extension from protected source. While 15% of the respondents get water from the distribution point connected directly to the protected spring source since they live near or around the main spring source. Regarding to the water quality 100(97%) and 102(99%) of the respondents claimed respectively the odor and color of the water from the new source is excellent, while the remaining 3(3%), and 1(1%) of the respondents respective suggested the odor and color of the water from the new source was good after the intervention of the project.

Based on the comparison done before and after the intervention of the project majority of the respondents accounting for 86.4%(89), 64%(66), 87.3%(90), 63.1%(65) and 83.5%(86) strongly agree that the intervention of the project has positively contributed to health, education, less time consumption for collection of water, improved amount and better quality of water respectively.

The conclusion shows that the non- governmental organizations have made a major contribution to water supply and sanitation situation of the remote, inaccessible, rural areas of the country.

Key words: Safe water, Sanitation, Hygiene, Non-Government Organization, WASH Committee

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Water and sanitation consist of several components including potable or drinking water provision, solid waste disposal, excreta and waste water disposal and hygiene promotion (Eva Agana Mmah, 2013).

The millennium declaration of 2000 and the subsequent effort to achieve the Millennium Development Goals (MDGs) gave new impetus to long-standing efforts by governments and other development actors to enhance access to water and improve sanitation. The goal was to deal with this central cause of poverty and sickness for millions of people – especially children and women – around the world. Under MDG 7 “Ensure environmental sustainability” the world set itself the target of halving the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015(Netherlands Ministry of Foreign Affairs, 2012).

Lack of potable water and basic sanitation (toilet) facilities are undermining efforts to end extreme poverty and disease in the world's poorest countries. The state of human health is inextricably linked to a range of water-related conditions: safe drinking water; adequate sanitation; minimized burden of water-related diseases and healthy freshwater ecosystems. Urgent improvements in the ways in which water use and sanitation are managed are needed to improve progress towards meeting the Millennium Development Goals (MDGs) related to human health (WHO and UNICEF, JMP 2008).

The MDG drinking water target, to halve the proportion of the population without sustainable access to safe drinking water (an increase in coverage from 76% to 88%) between 1990 and 2015, was met in 2010. Between 1990 and 2012, 2.3 billion people gained access to an improved drinking water source, raising global coverage to 89% in 2012. There were only three countries (Democratic Republic of the Congo, Mozambique and Papua New Guinea) where less than half the population had access to an improved drinking water source. In a further 35 countries, 26 of

which are in Sub-Saharan Africa, coverage of improved drinking water supply was between 50% and 75% (WHO, and UNICEF, 2014 JMP)

In the same document the regional drinking water coverage and increase since 1990 shows despite strong overall progress, 748 million people still did not have access to improved drinking water in 2012, 325 million (43%) of whom live in Sub-Saharan Africa. Despite increases in sanitation coverage, progress has been slow. Globally, 2.5 billion people do not have access to improved sanitation facilities. There are still 46 countries where less than half the population has access to an improved sanitation facility.

Considering the case of Ethiopia, the country had been in terrible conditions before 1991. Due to less attention given to the water and sanitation sector many million people were exposed to numerous socio-economic problems. Water problem has been no exception. Nevertheless, after the EPRDF took power in May 1991 and a national water management policy implemented, considerable achievements have been registered. Several potable drinking water service institutions were built throughout the country. Many people in the rural and urban have therefore become beneficiaries of the water supply services. In doing so, time and labor that have been lost and wasted in search of water have become saved so that they invest their time and labor for development (MoWE, 2013). Despite this positive progress WHO/UNICEF JMP (2015) update shows the country is only able to achieve a total improved water and sanitation coverage of 57% and 28% respectively.

Specifically the case of Hadarsa Kebele is not much different. Safe and adequate water supply and sanitation coverage was very low. Consequently, health risks are aggravated because of poor sanitation, inappropriate hygienic practices and lack of safe and adequate water supply. Hygiene and sanitation related health problems were common in the area. Based on this ground Hadarsa rural water supply, sanitation and hygiene promotion project was designed to alleviate the existing problem in the target community. The project has four components, water supply, environmental protection, hygiene and sanitation education as well as community development.

The need for all countries to achieve “safely managed drinking water and sanitation services” has been recognized by the post-2015 proposals. The proposed targets emerging from this process

are, by 2030, to eliminate open defecation; achieve universal access to basic drinking water, sanitation and hygiene for households, schools and healthcare facilities; halve the proportion of the population without access at home to safely managed drinking water and sanitation services; and progressively eliminate inequalities in access. It was widely agreed that the proposed post-2015 targets for WASH should build on the existing MDG targets – with non-discrimination and equity as central components. Achieving universal access to a basic drinking water source appears within reach, but universal access to basic sanitation will require a substantial acceleration in the pace of change. The targets go further to address “unfinished business”, including the shortfall in progress on sanitation as well as ensuring access for the hardest-to-reach people (JMP 2014 update).

In recognition of the limited capacity of government in meeting all the essential service needs of its citizenry, various non-governmental organizations have come in to lend a hand in the provision of a wide range of social facilities including water and sanitation in the rural areas. The non-governmental sector, have become significant actors in the development process. In the study Intermon Oxfam is working as a donor and water action as implementer, are active actors in wash sector. Its role in the rural society development is widely recognized in various poverty alleviation interventions. It is with this background this study was undertaken to assess the role of NGOs(Intermon Oxfam and Water Action) in General and Hadarsa WASH project in particular in rural water supply and sanitation interventions in four villages of Hadarsa Kebele, Toke Kumatye District, West Showa Zone, Oromia Region of Ethiopia.

1.2 Statement of the Problem

NGOs have made great contributions to public welfare, in many cases becoming national and international models which are being replicated in many countries of the world. Micro-finance, women empowerment, education, health, environment, rights-based awareness and demand creation are only a few examples of the whole range of areas in which NGOs are actively and commendably involved. www.ti-bangladesh.org/research/ExecSum-NGO

Undoubtedly, access to potable water and safe sanitation is a pre-requisite for sustained human development significant of which have been recognized by the international community. (Sulaiman Issah-Bello, 2011)

According to WHO/UNICEF JMP (2015), Ethiopia has improved drinking water supply coverage of 93% in urban areas and 49% in rural areas (total 57%) and improved sanitation coverage of 27% in urban areas and 28% in rural areas (total 28%).

It should nevertheless be noted, that the JMP figures do not take into consideration shared sanitation facilities contributing for 14% (rural 8% and urban 40% coverage) within their calculation even if these are of an acceptable standard. It can be seen from the data despite the encouraging progress, 43% of the population of the country still does not have access to an improved water source and as large as 29% of the population practice open defecation.

The data clearly show that the problem is worse in rural area than the urban. Despite a marked reduction in poverty during the past 15 years, most of Ethiopia's rural population still lives below the poverty line. Provision of basic services, including clean water, is a major challenge. The 2015 JMP update notes that seven out of ten of those without an improved drinking water source live in rural areas. About 80% of the 90 million population lives in rural areas, and not enough water is produced to meet the needs of the rural poor. www.wateraid.org/News/behindethiopiasmdgsucessonwatersupply.

During the dry season more traditional sources of water are placed under pressure as shallow wells or other perennial sources dry-up. This situation worsens as these sources of water supply are shared with livestock (USAID, water and sanitation profile). Thus, the purpose of this study is to examine the role played by NGOs in rural water supply and sanitation coverage improvement by identifying sample project.

1.3 Objective of the Study

1.3.1. General Objective

The general objective of the study is to assess the role of NGOs in rural water supply and sanitation by considering the case of Hadarsa rural water supply and sanitation project.

1.3.2. Specific Objectives

1. To assess the project area water and sanitation state before the intervention of the project.
2. To analyse the impact of the project interventions.
3. To see the level of cooperation between relevant actors.
4. To assess the challenges and opportunities faced in the process NGOs interventions.

1.4 Research Questions

The research questions drawn from the above objective are the following.

1. What was project area water and sanitation state before the intervention of the project?
2. What are the impacts of the project interventions?
3. What is the level of cooperation between relevant actors?
4. What are the challenges and opportunities in the process of their role play?

1.5 Scope and Limitations of the Study

Even though the same NGO is implementing various water supply and sanitation projects in West Showa Zone, because of various reasons such as time, accessibility and financial constraints, the study was restricted only to Hadarsa rural water supply and sanitation project.

The identified project involves collaboration partnership between the funding INGO (Intermon Oxfam), Implementing LINGO (Water Action), and local government and community based organizations (District office and WASHCOs). The study emphasizes on assessing the contribution of the NGO to the rural water supply and sanitation intervention, assuming the limitations and opportunities in the project under consideration can be projected to other projects implemented under similar context.

1.6 Significance of the Study

The government of Ethiopia has finalized the Growth and Transformation Plan (GTP) in 2010 and started its implementation since then. GTP is a strategic framework to extricate Ethiopia from poverty so it becomes a middle income economy by the year 2025. The government is committed to create a favorable “enabling environment” for the WASH sector and has recently

structured wash implementation framework (WIF) which acts as the guiding document for the implementation of an integrated one WASH Program in the country. (Sanitation and Water for All, 2012)

The relevance of water and sanitation to rural development has led to its inclusion in the Millennium Development Goals. Specifically, Goal 7 seeks to reduce by half the water and sanitation situation in the world by the year 2015. (Muriel Mavis Dangah, 2012)

The government has also laid out ambitious plans for water, sanitation and hygiene through its “Universal Access Plan II” – which seeks to reach 98.5% access to safe water and 100% access to sanitation by 2015, far more ambitious than the MDGs. (Sanitation and Water for All, 2012)

In recognition of the limited capacity of government in meeting all the essential service needs of its citizenry, various non-governmental organizations have come in to lend a hand in the provision of a wide range of social amenities including water and sanitation in the rural areas. (Muriel Mavis Dangah, 2012)

This work therefore, bridges the gap in knowledge in the area of NGOs contribution to the provision of water and sanitation facilities. Also, it is hoped that findings will serve as reference material for other researchers who may want to further the research on water and sanitation problems. Finally, this study will serve as a guide to policy makers, donor organizations and the general public on the activities of NGOs, particularly in rural areas.

1.7 Definition of Concept and Terms

Rural Water Supply:- The provision of drinking and domestic water to the rural population plus supply of the water required for purposes such as garden watering and other human purposes.

Role of NGOs:- The proper or customary function played by non – governemetal organizations that have made a major contribution to water supply and sanitation situation of the remote, inaccessible, rural areas.

Rural Sanitation:- the development and application of sanitary measures for the sake of cleanliness and protecting public health through the safe disposal of sewage and solid waste.

Hygiene: - refers to the conditions and practices conducive to maintaining health and prevent the spread of disease.

1.8 Chapterization

This study is organized into five chapters to address the objectives and research questions.

The first chapter consists of an introduction to the study. The general introduction should include the definition of Non Governmental Organizations, concept of rural water supply and sanitation, statement of problem, objectives of the study, limitation and scope of the study and justification of study.

Second chapter deals with the conceptual issues. A review of literature of earlier studies will be presented in this chapter.

The third chapter deals with the profile of the study area and the research design of the present study.

Chapter four captures the result and discussion section of the study.

Chapter five, which is the final chapter, looks at the summary of the study, conclusions and recommendations.

CHAPTER TWO: LITERATURE REVIEW

2.1 Concept of NGOs

David Lewis & Nazneen Kanji (2009), states while the term NGO is very widely used, there are also frequent references to other similar terms such as ‘non-profit’, ‘voluntary’ and ‘civil society’ organizations, to name just a few. Some of these terms reflect different types of NGO, such as the important distinction usually made between grassroots or membership NGOs, composed of people organizing to advance their own interests, and intermediary NGOs, made up of people working on behalf of or in support of another marginalized group. But in many cases, the use of different terminologies does not reflect any analytical rigor, but is instead a consequence of different cultures and histories in which thinking about NGOs has emerged.

The term NGO is very broad and encompasses many different types of organizations. In the field of development, NGOs range from large, Northern-based charities such as CARE, Oxfam and World Vision to community-based self-help groups in the South. They also include research institutes, churches, professional associations and lobby groups (World Bank, 1995).

‘Voluntary organization’ or ‘charities’ are terms that are common in the UK, following a long tradition of volunteering and voluntary work that has been informed by Christian values and the development of charity law. ‘Non-profit organization’ is frequently used in the United States, where the market is dominant, and where citizen organizations are rewarded with fiscal benefits if they show that they are not commercial, profit-making entities and work for the public good. ‘NGO’ has come to be used in relation to organizations which work internationally or to those belonging to ‘developing’ country contexts. The term has its roots in the history of the United Nations. When the UN Charter was drawn up in 1945, the designation ‘non-governmental organization’ was awarded to international non state organizations which gained consultative status in UN activities (David Lewis & Nazneen Kanji, 2009).

The World Bank (1995), defines NGOs as 'private organizations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development'. In wider usage, the term NGO can be applied to any non-profit organization which is independent from government. NGOs are typically value-based organizations which depend, in whole or in part, on charitable donations and voluntary service. Although the NGO sector has become increasingly professionalized over the last two decades, principles of altruism and voluntarism remain key defining characteristics.

According to David Lewis & Nazneen Kanji (2009), one useful way of approaching the problem of labeling NGOs is to see them as part of what has been called the 'third sector'. This is the idea that the world of institutions can be divided three ways: the first sector of government, the second sector of for-profit business and a third group of organizations that do not easily fit into either category: a 'third sector' variously identified by different observers as 'not-for-profit', 'voluntary' or 'non-governmental' in character. The 'third sector' is therefore both a group of organizations and a social space between government and market. Within this framework, NGOs can be viewed as a specific subset of this wider family of third sector organizations.

Over the past several decades NGOs have become major players in the field of international development. Since the mid-1970s, the NGO sector in both developed and developing countries has experienced exponential growth. From 1970 to 1985 total development aid disbursed by international NGOs increased ten-fold. In 1992 international NGOs channeled over \$7.6 billion of aid to developing countries. It is now estimated that over 15 percent of total overseas development aid is channeled through NGOs (World Bank, 1995)

2.2 Characteristics of NGOs

David Lewis & Nazneen Kanji (2009) points out the definition of NGOs as the third sector has the following five key characteristics:

1. it is *formal*, that is, the organization is institutionalized in that it has regular meetings, office bearers and some organizational permanence;
2. it is *private* in that it is institutionally separate from government, though it may receive some support from government;

3. it is *non-profit distributing*, and if a financial surplus is generated it does not accrue to owners or directors (often termed the ‘non-distribution constraint’);
4. it is *self-governing* and therefore able to control and manage its own affairs; and finally
5. It is *voluntary*, and even if it does not use volunteer staff as such, there is at least some degree of voluntary participation in the conduct or management of the organization, such as in the form of a voluntary board of governors.

2.3 Categories of NGOs

There are different criteria's to categorize NGOs. Among which classification done based on the roles and activities undertaken by NGOs, nature and coverage of the organization can be considered. In terms of main sets of activities and role that they undertake NGOs can be categorized as *implementers*, *catalysts* and *partners* (Lewis 2007 cited on David Lewis & Nazneen Kanji, 2009).

Further David Lewis & Nazneen Kanji (2009) explain the three categories as follow. The implementer role is concerned with the mobilization of resources to provide goods and services to people who need them. The service delivery role embodies a very wide range of activities carried out by NGOs in fields as diverse as healthcare, microfinance, agricultural extension, emergency relief and human rights. Service delivery work has increased as NGOs have been increasingly ‘contracted’ by governments and donors within the last two decades of governance reform and privatization to carry out specific tasks in return for payment; it has also become more prominent as increasing emphasis is given to the role of NGOs responding to man-made emergencies or natural disasters within the framework of humanitarian action.

A catalyst is normally understood as a person or thing which brings about change. The catalyst role can therefore be defined as an NGO's ability to inspire, facilitate or contribute to improved thinking and action to promote change. This may be directed towards individuals or groups in local communities, or among other actors in development such as government, business or donors. It may include grassroots organizing and group formation, gender and empowerment work, lobbying and advocacy work, undertaking and disseminating research, and attempts to influence wider policy processes through innovation and policy entrepreneurship.

A partner works together with another and shares the risk or benefit from a joint venture. The role of partner reflects the growing trend for NGOs to work with government, donors and the private sector on joint activities, such as providing specific inputs within a broader multi-agency program or project. It also includes activities that take place among NGOs and with communities such as 'capacity-building' work which seeks to develop and strengthen capabilities. The commonly used policy rhetoric of 'partnership' poses an important challenge for NGOs to build mutually beneficial relationships that are effective, responsive and non-dependent. Of course, a particular NGO is rarely confined to a single role, and many organizations engage in all three types of activities at once.

According to the world bank (1995) based on their purpose NGOs are categorized in to two main classes:

- i) *Operational* NGOs-whose primary purpose is the design and implementation of development- related projects, and;
- ii) *Advocacy* NGOs-whose primary purpose is to defend or promote a specific cause and who seek to influence the policies and practices of the Bank.

The World Bank classifies further operational NGOs into three main groups:

- i) *Community-based* organizations (CBOs)-which serve a specific population in a narrow geographic area;
- ii) *National* organizations-which operate in individual developing countries, and;
- iii) *International* organizations-which are typically headquartered in developed countries and carry out operations in more than one developing country.

CBOs (also referred to as grassroots organizations or peoples' organizations) are distinct in nature and purpose from other NGOs. While national and international organizations are 'intermediary' NGOs which are formed to serve others; CBOs are normally "membership" organizations made up of a group of individuals who have joined together to further their own interests (e.g.: women's groups, credit circles, youth clubs, cooperatives and farmer associations).

In the context of Bank-financed activities, national or international NGOs are normally contracted to deliver services, design projects or conduct research. CBOs are more likely to be

the recipients of project goods and services. In projects which promote participatory development, grassroots organizations play the key function of providing an institutional framework for beneficiary participation. Many national and international NGOs work in partnership with CBOs-either channeling development resources to them or providing them with services or technical assistance. Such NGOs can play a particularly important role as intermediaries" between CBOs and institutions such as the World Bank or government.

2.4 Role of NGOs of Water and Sanitation

According to water since and technology, WST (2009), the various roles played by NGOs in the water and sanitation sector can be broadly grouped into six categories:

1. Facilitation of service delivery including direct service provision (particularly in emergency and humanitarian relief contexts or in areas characterized by extreme poverty or geographical remoteness) or playing an intermediary or broker role between communities and service providers.
2. Community education, awareness-raising, sanitation and hygiene promotion and marketing including stimulating demand, gender sensitive approaches, supply chain strengthening and implementing behavior change programs.
3. Building partnerships and promoting networking between different sector actors including representing community views to governments and service providers and translating and communicating national policies and regulations to the local level.
4. Capacity building for local governments, service providers, in-country civil society groups and end users (households and communities).
5. Research and innovation including demonstration and piloting of innovative and locally adapted approaches and technologies.
6. Engaging in policy dialogue including promoting proven approaches and technologies, communicating lessons learnt, communicating community needs, advocating gender equity and monitoring the effectiveness of programs and government initiatives.

The broad strengths NGOs bring to these roles need to be considered with reference to limitations of NGO roles and activities. Whilst there are many examples of success, it is also true that NGOs have at times played potentially detrimental roles (though through good intentions).

Examples include when NGOs are not sufficiently engaged with the sector in a given country and therefore fail to coordinate with other actors effectively, or where they lack sufficient technical expertise for the work required or where they, like others, have provided hardware without sufficient software in their approach. One weakness apparent in some countries studied was in capturing of evidence of impact and sharing lessons to enable wider replication. The extent to which NGOs addressed critical gender aspects of sanitation in their initiatives was also variable, though NGOs tend to address gender to a greater extent than most other actors in the sanitation sector.

Although not unique to the NGO sector, issues related to long term sustainability, in particular ensuring on-going use, maintenance and operation after the life of a project, presented significant challenges for NGOs in most countries examined. Finally, some NGOs struggled with a tendency to develop parallel service delivery structures which could potentially circumvent rather than build upon and strengthen existing initiatives and in-country institutions. This was exacerbated when NGOs were not sufficiently engaged with the sector in a given country where they were conducting activities.

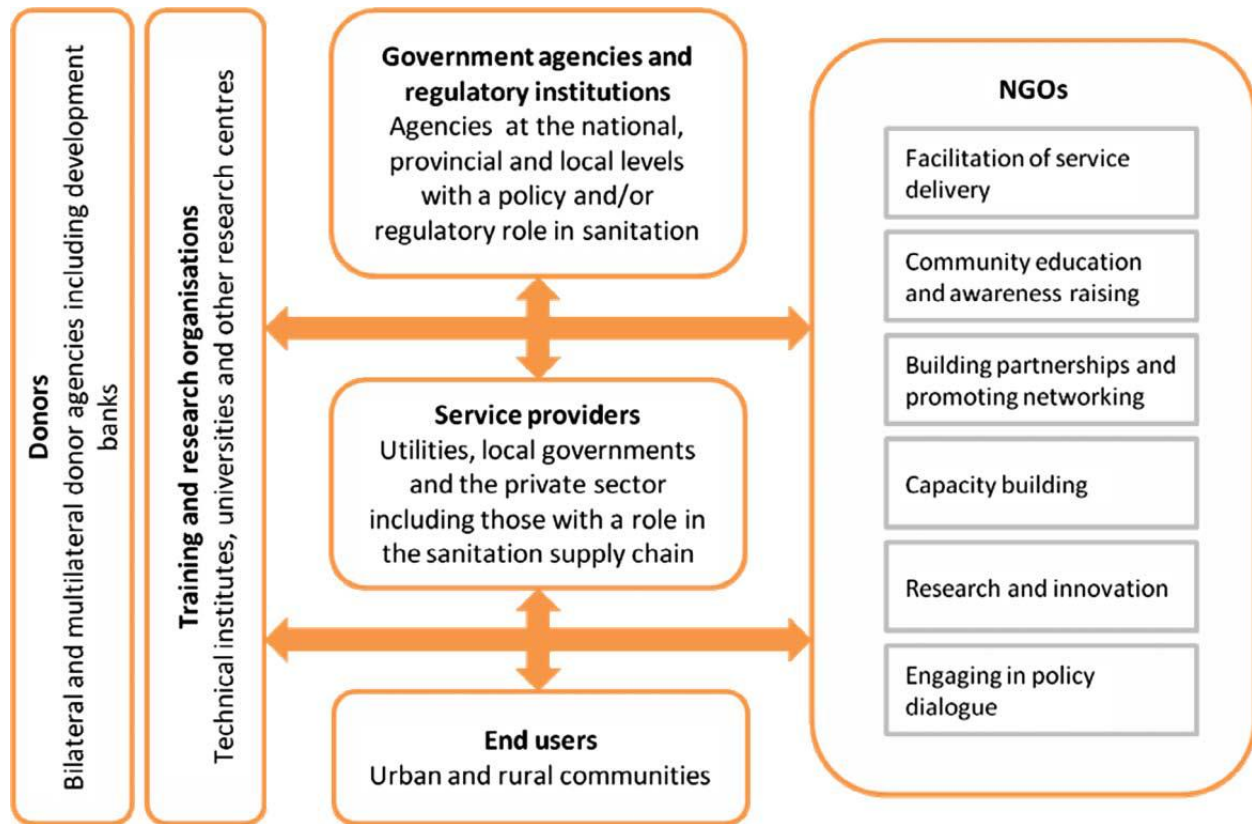


Figure 1, Wash Sector actors and roles played by NGOs

Source: Water Science and Technology, WST 2009

According to David Lewis & Nazneen Kanji (2009), these roles can be characterized and further examined as below in three main clusters: service delivery, catalysis and partnership. These roles are distinct, but of course more than one role may be combined within the activities of a particular organization.

2.4.1 Service Delivery

The implementation of service delivery by NGOs is important simply because many people in developing countries face a situation in which a wide range of vital basic services are unavailable or of poor quality (Carroll 1992 cited in David Lewis & Nazneen Kanji 2009). There has been a rapid growth in NGO service provision, as neoliberal development policies have emphasized a decreasing role for governments as direct service providers.

The motivation for an NGO to become involved in providing services may vary. Sometimes it does so in order to meet previously unmet needs, while at other times an NGO is ‘contracted’ by the government (or by a donor, or a company) to take over the delivery of services which were formerly provided by government. Not all NGOs provide services directly to local communities. Some seek to tackle poverty indirectly by providing other forms of services, such as giving training to other NGOs, government or the private sector, or undertaking applied research as a commission, or providing specialized inputs such as conflict-resolution training.

Some donors have argued for a stronger role for NGOs in service delivery work because they are believed to possess a set of distinctive organizational capacities and comparative advantages, such as flexibility, commitment and cost-effectiveness.

2.4.2 Catalysts

A catalyst is an agent which precipitates change, and this forms the second key role which NGOs play in development. One form of catalyst is the NGO that aims to bring about change through advocacy and seeking influence; another is the NGO that aims to innovate and to apply new solutions to development problems.

Advocacy

As NGOs became more involved in service delivery work, in line with government and donor ambitions within neoliberal policies, some came to see NGO advocacy as an important counterbalance or alternative to service provision. It was a means through which NGOs could begin to challenge the terms of their engagement with, or incorporation into, development. Advocacy also provided a strategy for making poverty reduction work more sustainable by addressing the structural causes of poverty. It was also viewed as an important strategy for improving the effectiveness and impact of NGO development work, and as a potential strategy for scaling up successful ideas and interventions.

Innovation

A second example of the NGO catalyst role is that of innovation. An ability to innovate is often claimed as a special quality, or even as an area of comparative advantage, of NGOs over other kinds of organization, especially government agencies. Innovation claims are one of the key

justifications of NGOs as purveyors of development alternatives (Bebbington et al. 2008 cited in David Lewis & Nazneen Kanji 2009). While not all NGOs see innovation as part of their activities, there is certainly evidence to support the idea that NGOs contributed new approaches to poverty reduction.

NGOs as Watchdogs

Another key role for NGOs is to act as monitors which can, in Najam's (1999: 152 cited in David Lewis & Nazneen Kanji 2009) phrase, 'keep policy honest'. This role may include the idea of being a whistle-blower if certain policies remain unimplemented or are carried out poorly, as well as scanning the policy horizon for events and activities which could interfere with future policy development and implementation.

2.4.3 Partnership

A key element of current development policy is the creation of partnerships as a way of making more efficient use of scarce resources, increasing institutional sustainability and improving the quality of an NGO's interactions. Partnership usually refers to an agreed relationship based on a set of links between two or more agencies within a project or program, usually involving a division of roles and responsibilities, a sharing of risks and the pursuit of joint objectives.

The three basic NGO roles can sometimes be observed as organizational specializations, but more often than not NGOs are engaged in combining several roles and activities as they go about their work.

2.5 NGOs and Development: Rural Water Supply and Sanitation Sector

Development has always been a complex and contested term. At one level the scale of need and the priorities for reducing global poverty and inequality have never before been more clear or stark. The Millennium Development Goals (MDGs) that were adopted by the United Nations in 2000 set out eight clear goals in relation to the challenge of eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality, reducing child mortality, improving maternal health, fighting diseases such as HIV/AIDS and malaria, ensuring environmental sustainability and developing global partnerships for action (Willis 2005 cited in David Lewis & Nazneen Kanji, 2009).

Attempts to improve the quality of rural life are often hindered by the nature of the population itself: often illiterate, scattered in thousands of villages, small clusters of homes, and even roving bands of nomads. Most of them do not understand the need for safe water supply. Innumerable sources of water must be developed or improved. Money and skills are less available in rural than urban areas. Rural areas frequently lack institutional infrastructure or even informal community organizations to promote the development and eventual use of improved facilities (World Bank, 1985).

According to Anna Tsvietkova, to improve the situation in the sector, reforms and huge resources and time are needed. Water is a basic need for everyday life and people cannot wait till the reforms will be implemented. The local and national NGOs concerned with issues such as water, sanitation and the environment are the important stakeholders group mainly working in the region to improve the citizens' access to safe water and proper sanitation.

To ensure success, community organizations must be developed and assisted to obtain and manage village-level projects, and it is here that NGOs can provide valuable complementary participation. It is not enough to provide only water; other aspects of project development such as hygiene education, shelter improvement and sanitation facilities also demand attention. These latter issues require intensive attention: not only community-by-community, but also house-by-house and person to person. Multiple direct contacts are needed between the staff of the agency implementing the project benefitting community and its inhabitants (World Bank, 1985).

In contrast with large scale infrastructure focused initiatives, NGO programs commonly focus on building linkages between technical and social realms. Drawing on the breadth and depth of NGO experiences, there are opportunities for NGOs to play a greater role in the sanitation sector and to work in partnership with other actors including utilities and government agencies to ensure both 'hardware' and 'software' components of sanitation are built in to project design and delivery to maximize community benefits and ensure longer term system sustainability (water since and technology, 2009).

World Bank (1985), states most government agencies such as the Ministries of Health or of Public Works, however, are not equipped to do this on a large enough scale. They are limited in staff, travel funds, and overall budgets. Further complicating the matter government officials, based in urban centers, encounter difficulty gaining the trust and confidence of distant local villagers, and lack an appreciation of the administrative, technical and financial difficulties involved in providing water supply and sanitation facilities at an affordable cost and acceptable technology to several thousand villages.

There is often no policy framework or national strategy. In rural areas the proper operation and maintenance of water systems is especially weak. If the community is involved, particularly through a locally active NGO, from concept to construction, it is more likely that the facilities will be better operated and maintained as being the villagers' own property. Even in ongoing projects, NGO involvement may be helpful in motivating and educating the community about operation and maintenance (World Bank, 1985).

These functions include mediating between actors at different scales and providing capacity building and support for service providers. In addition to playing intermediate level roles, NGOs in the sanitation sector also commonly play a more direct role in service provision and/or engaging directly with end users at the community level providing sanitation and hygiene education and stimulating user demand (water since and technology, 2009).

All of these factors combine to make the rural water supply and sanitation problem a particularly difficult one. Specialized knowledge and expertise, both human and technical, have to be mobilized for successful rural projects (World Bank, 1985). Usually the local communities and authorities have not ideas and information about the possible technical solutions and alternatives to improve the situation at local level. NGOs and their networks have valuable experience in the implementation of good practices for water resource management, including water sources protection. They have developed expertise on implementation of low cost, environmentally sustainable, and efficient technologies (Anna Tsvietkova).

World Bank (1985), indicates the combination of strong local ties, an integrated approach to community development issues, and commitment to workable low-cost alternatives that characterize many NGOs makes them an excellent candidate for active participation in and cooperation with rural water and sanitation projects financed by the Bank.

2.6 Historical Development of NGOs in Ethiopia

The voluntary sector in Ethiopia has a short history. According to Dessalegn, Akalwold and Yoseph (2008), both the Imperial and Derg regimes were unwilling to tolerate independent citizen activism and to allow autonomous non state organizations. By the latter part of the 1960s, there were a small number of professional associations registered with the Ministry of Interior, which was then the regulating body, but these were mainly concerned with the basic interests of their members and professions and did not play any significant role in development or other public issues. On the other hand, there were large numbers of customary self-help organizations both in the urban and rural areas which played an important role in the lives of individuals and families, however, since they were informal institutions they did not fall under the purview of the law of associations.

The sector may be said to have began active life in the early 1970s when as a result of the devastating famine in Wollo and Tigray and the global publicity it received the Imperial regime was forced to open its doors to international and local NGOs to undertake relief and rehabilitation activities (Dessalegn, Akalwold and Yoseph, 2008).

Anita Spring & Groelsema (2004), states these shocks produced a response from the international community, bilateral and multilateral donors, and international NGOs (INGOs) for assistance and relief operations. During the Dergue, farmers,' women's, and youth associations, including cooperatives, were formed by imposition, and civil society consisted of *iddrs* (burial societies) and self-help traditional and community-based associations.

Both in the earlier period and later during the Derg, NGOs were engaged primarily in relief operations, however, they were able subsequently to shift from relief work to rehabilitation and

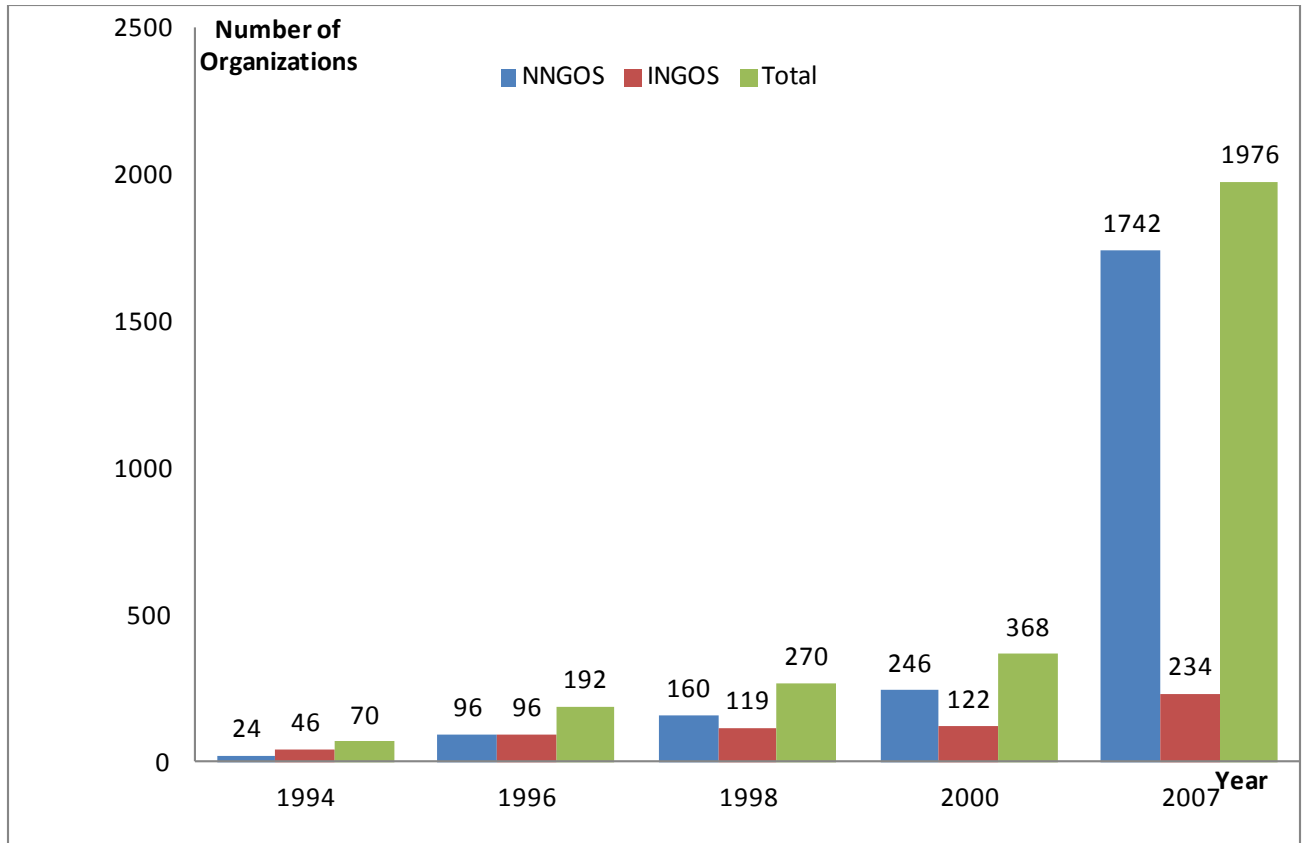
later to development activities though in both cases they were expected to conform to the policy framework established at the time (Dessalegn, Akalwold and Yoseph, 2008).

2.7 Growth and Diversity of NGOs in Ethiopia

Like in other countries, although non-governmental and civil society actors are visible on the overall institutional landscape of the country, because of the specific contexts, compared to many other African countries, the Ethiopian NGO/CSO community is not that developed in terms of diversity, size and capacity.

Dessalegn, Akalwold and Yoseph (2008), states until the mid-1990s, the growth of the voluntary sector was quite slow by international standards, and by the end of the 1980s the strength of the sector was relatively small compared to many African countries as well as to the size of the country's population.

During the last two decades the community has had, in relative terms, some opportune moment for growth in size, diversification in make-up and self-organization for active participation in the national socio-economic process.



Source: Dessalegn 2002; MoJ 2007

Figure 2, Numeric Growth of National and International NGOs in the post-Derg period

Table 1, Total Number and Diversity of CSOs/NGOs in the country

Organizations	Number
National NGOs	1742
International NGOs	234
Prof. Associations	149
Civic advocacy	125
Religious groups	8
Adoption agencies	47
Total	2305

Source: MoJ Data base, March 2007.

The changes since the fall of the Derg and the establishment of the current Federal government has brought with it a degree of liberalization and the opening up of the political space, nevertheless, the relations between the voluntary sector and the Federal government continues to be a cause for concern to the sector as well as to its supporters in the international community.

Anita Spring & Groelsema (2004), points out under the current government, there is a re-examination of CSOs in general, be they professional, business, ethnic, religious, labor federations, or sector-based (health, agriculture, education, etc.).

CSO/NGO activities are widely distributed throughout the country and both in urban and rural areas. However, there is less concentration of projects in the more marginal Regions and hence relatively less investment here. Oromia and Addis Ababa have more operational NGOs (229 and 217, respectively), while Dire Dawa, Harar and Gambella have the least numbers (12, 11, and 12, respectively). The table below gives a breakdown of on-going projects by Region (Dessaegn, Akalwold and Yoseph, 2008).

Table 2, NGOs with Ongoing Projects by Region in 2007

Region	INGOs	NNGOs	RNGOs	Total	
Oromia	53	176	-	229	
Addis Aba	44	173	-	217	
SNNPR	28	70	-	98	
Amhara	34	41	15	90	
Tigray	14	9	43	66	
Somali	22	17	15	54	
BSGR	14	3	24	41	
Afar	11	7	0	18	
Dire Dawa	5	6	1	12	
Gambella	7	1	4	12	
Harari	3	8	-	11	
Total	235	511	102	848	

Source: EC 2008

2.8 Access to Water and Sanitation in Ethiopia

Lack of clean water, inadequate sanitation and poor hygiene practices are a major cause of death and illness in developing countries and particularly affecting children's health. Global efforts were made during the 1980s through the 'International drinking water supply and sanitation decade' to address this situation but progress fell far short of the goal of universal access by 1990 (WHO, 1990 cited in Loughborough university,1996).

(JMP cited in Dagneu, Assefa, Aberra, Woldemariam, Solomon and Oliver, 2010), defines access to drinking-water and sanitation in terms of the types of technology and levels of service afforded. The JMP defines facilities as improved and un improved not only based on type of

Water supply and Sanitation facilities accessed by the community, but also on the safety and continuous availability of sufficient quantity (Table 4).

Table 3, Joint Monitoring Program definitions of water supply and sanitation (2004)

Category	Water supply	Sanitation
Improved	Household connection	Connection to a public sewer
	Public standpipe	Connection to septic system
	Borehole	Pour-flush latrine
	Protected dug well	Simple pit latrine
	Rainwater collection	Ventilated improved pit latrine
	Protected spring	
	Unimproved	Unprotected well
	Unprotected spring	Public latrines
	Vendor-provided water	Latrines with an open pit
	Bottled water ^a	
	Tanker truck-provided water ^b	

^a Normally considered to be “unimproved” because of concerns about the quantity of supplied water.

^b Considered to be “unimproved” because of concerns about access to adequate amounts of water, about inadequate treatment, or about transportation of the water in inappropriate containers.

Access to water supply and sanitation in Ethiopia is one of the lowest in the world. While access has increased substantially with funding from different sources, there are still many challenges in providing high quality and sustainable WASH services to the Ethiopian population (CCRDA-Water and Sanitation Forum, 2009/10) (Table 5&6).

According to WHO/UNICEF JMP, Ethiopia has improved drinking water supply coverage in 2015 to 93% in urban areas and 49% in rural areas (total 57%) and improved sanitation coverage of 27% in urban areas and 28% in rural areas (total 28%)(Table 5 and 6).

Table 4, Rural and Urban drinking water coverage of Ethiopia

Ethiopia	Drinking water coverage estimates					
	Urban (%)		Rural (%)		Total (%)	
	1990	2015	1990	2015	1990	2015
Piped onto premises	10	56	0	1	1	12
Other improved source	74	37	3	48	12	45
Other unimproved	8	6	43	35	39	30
Surface water	8	1	54	16	48	13

Source: WHO/UNICEF JMP, 2015

Table 5, Rural and Urban sanitation coverage of Ethiopia

Ethiopia	Sanitation coverage estimates					
	Urban (%)		Rural (%)		Total (%)	
	1990	2015	1990	2015	1990	2015
Improved facilities	20	27	0	28	3	28
Shared facilities	30	40	0	8	4	14
Other unimproved	11	27	0	30	1	29
Open defecation	39	6	100	34	92	29

Source: WHO/UNICEF JMP, 2015

According to WHO/UNICEF JMP 2015 update, the rural drinking water and sanitation situation of Ethiopia has improved from 1990 to 2015 as a result of the collaboration of the government and non governmental organizations (figure 2&3).

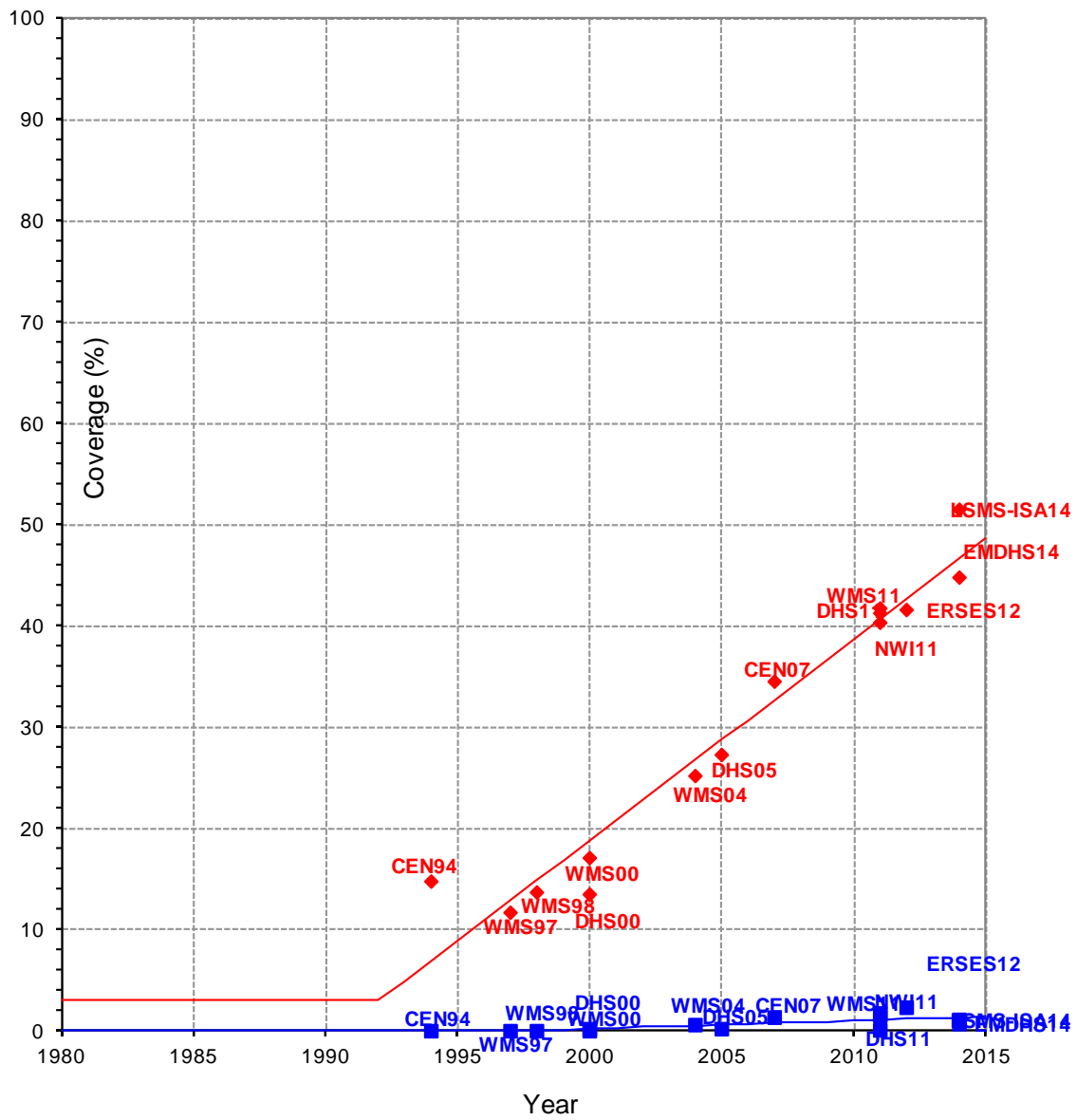


Figure 3, JMP- estimated proportion of the population using improved drinking water sources

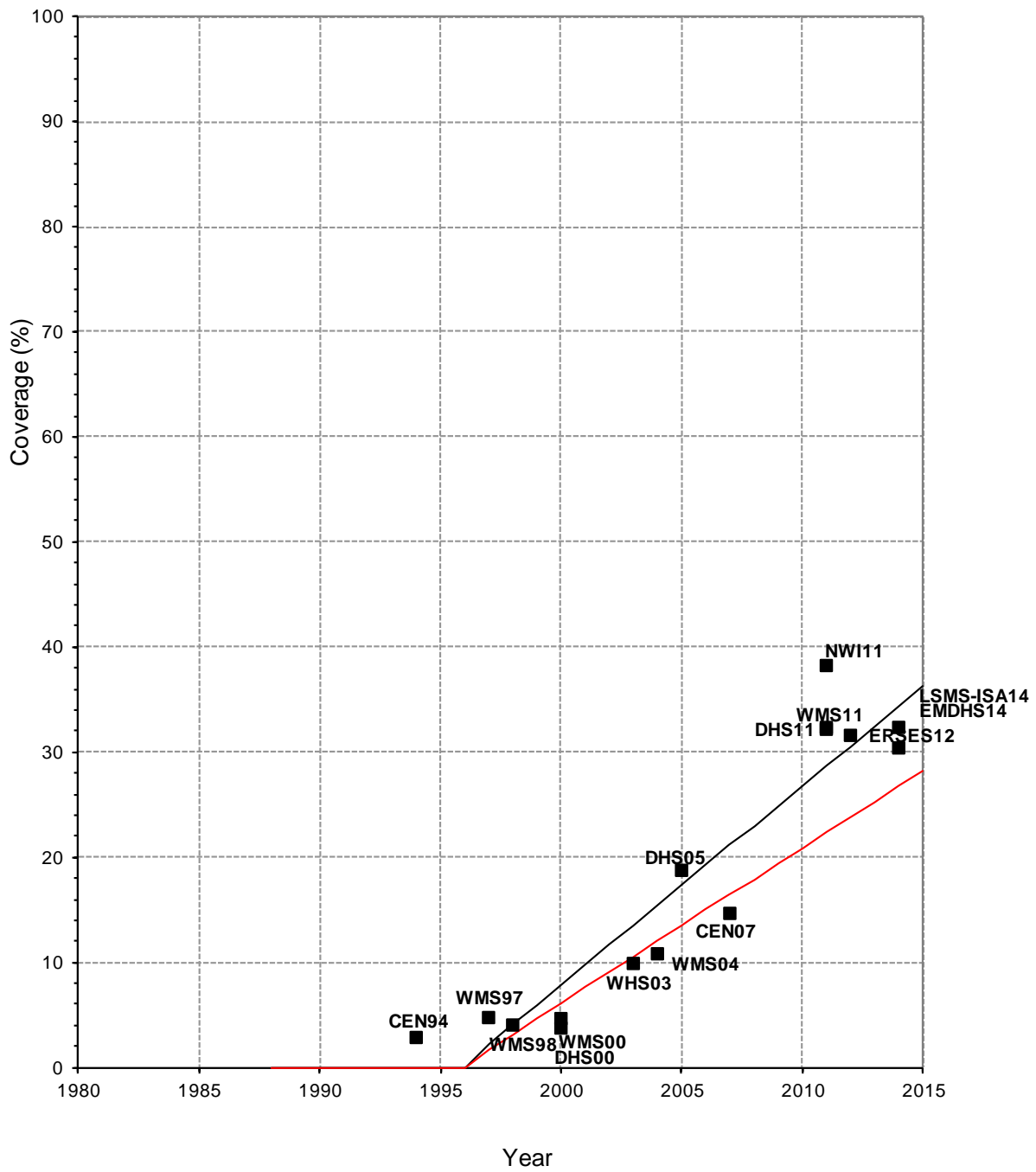


Figure 4, JMP- estimated proportion of the population using improved sanitation facilities

2.9 Water Supply and Sanitation Policy of Ethiopia

According to Ethiopian Water Resources Management policy document by the Federal Democratic Republic of Ethiopia Ministry of Water Resources the term water supply includes water supply for human as well as animal consumption, industrial and other uses outside irrigation and hydropower. This water supply and sanitation policy is developed to provide impetus for the development of water supply for human and animal consumption, for industrial and other uses in terms of coverage, quantity, reliability and acceptable quality taking the existing and future realities of the country into consideration.

The overall objective of water supply and sanitation policy is to enhance the well-being and productivity of the country's people through provision of adequate, reliable and clean water supply and sanitation services and to foster its tangible contribution to the economy by providing water supply services that meet the livestock, industry and other water users' demands.

The detail objectives of the policy include:

- a. Provision of, as much as conditions permit, sustainable and sufficient water supply services to all the peoples of Ethiopia.
- b. Satisfying water supply requirements for livestock, industries and other users as much as conditions permit.
- c. Carry out operation and maintenance of all water supply and sanitation services in a sustainable and efficient manner.
- d. Promoting sustainable conservation and utilization of the water resources through protection of water sources, efficiency in the use of water as well as control of wastage and pollution.
- e. Creating sustainable capacity building in terms of the enabling environment, including institutions, human resources development, legislation and regulatory framework for water supply and sanitation.
- f. Enhancing the well being and productivity of the people by creating conducive environment for the promotion of appropriate sanitation services.

Further the policy detail incorporates drinking water supply policy which covers planning parameters and standards (Engineering issues), financing and tariff, research and technical matters and enabling environment like institutions and stakeholder's involvement and capacity

building activities. In addition the livestock water supply policy, water supply for industry and other user's policy and sanitation policy form part of this document.

2.10 Ethiopia Water Supply and Sanitation Sector Institutional Arrangement

Ethiopia Water and Sanitation Profile by USAID states until recently, the Ethiopian government was responsible for identification, planning, and implementation of water supply and sanitation improvements. Consistent with the government's policy on decentralization, many of these responsibilities shifted to the regional and local governments under the National Water Resources Management Policy and Strategy (NWRMPS). The implementation of these policies and strategies has ultimately fallen on the local service providers with support from regional offices of the Ministry of Environment (MoE) and the Ministry of Health (MoH). Considering the dual nature of the national and regional direction from the MoE and MoH, the government has developed clear coordination of water and health functions between the two ministries under a national memorandum of understanding in 2006.

The profile further discusses WSS service has been fully decentralized to towns and local Woreda Water Desks (WWD); however, decentralization has also redistributed vital equipment and staff throughout rural areas to the extent that poorer areas now have even less access to technical assistance. Although the government has established technical training institutes and is now training adequate personnel, the WSS sector's financing and stock of equipment supplies and services still need improvement. Multiple opportunities exist to support the National Rural Water Supply and Sanitation Program, especially in local capacity building, legalization of WatSan committees for borrowing purposes, and facilitating the involvement of the private sector in financing and equipment sales and maintenance.

Table 6, Key Agencies of WASH Sector

Agency	Description
The Ministry of Water Resources (MoWR)	<ul style="list-style-type: none"> • Sets policies, strategies, regulations and standards • Supports regional water bureaus
The Ministry of Health (MoH)	<ul style="list-style-type: none"> • Through the Hygiene & Environmental Health Dept. (HEHD) develops & implements health policies related to sanitation & hygiene • Coordinates with MoE on sanitation
The Ministry of Environment (MoE)	<ul style="list-style-type: none"> • Shares responsibility of MoH sanitation functions in developing and implementing policies & strategies through MOU agreement
Regional Water Bureaus	<ul style="list-style-type: none"> • Made up of 9 regional bureaus and the Dire Dawa area • Program planning, management, coordination, & capacity building at regional scale • Approve Woreda programs and targets technical assistance as needed to WWD & Town Water Boards
Woreda Water Desks (WWD)	<ul style="list-style-type: none"> • Planning, managing, monitoring & evaluation of local service providers set-up at Woreda & community level • Decentralization • Coordinates NGOs
Town Water Boards	<ul style="list-style-type: none"> • Planning & administration of town WSS services • Operations are contracted out using performance or service contracts
Addis Ababa Water Supply and Sewerage Authority (AAWSA)	<ul style="list-style-type: none"> • Manages and operates the Addis Ababa system
Water Supply, Sanitation and Hygiene Committees (WatSan)	<ul style="list-style-type: none"> • Responsible for WSS service at community level

Source: USAID, Ethiopia Water and Sanitation Profile

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Description of the Study Area

Hadarsa rural water supply, sanitation and hygiene promotion project is implemented at Hadarsa Kebele, Toke Kutaye district. Hadarsa rural kebele is among the 31 rural and 4 urban kebeles of Toke Kutaye District. Toke Kutaye district is located at 12 KM from capital town of west showa zone, Ambo. The district capital town is Gudar. Toke Kutaye is bordered on the east by the Ambo Zuria, on the north by Midakegn, on the west by Cheliya. The largest town is Guder. Regarding weather condition the district has 27% Dega, 55% Woina dega, and 18% desert (bereha). Gudar, colle, indris and kolba are among the known river in the district. Teff, maize, wheat and barley are the major crops produced in the district.

The 2007 national census reported for Toke Kuate District a total population of 119,999, of whom 59,798 were men and 60,201 were women; 15,952 or 13.29% of its population were urban dwellers. The majority of the inhabitants said they practiced Ethiopian Orthodox Christianity, with 49.48% of the population reporting they observed this belief, while 32.8% of the population was Protestant, and 16.25% practiced traditional belief.

Toke Kuate district itself is part of the West Shewa Zone, one of the zones of the Oromia Region in Ethiopia. The zone is divided in to 18 districts and 1 urban local administration. In these administrations including Hadarsa, there are 529 rural and 39 urban kebeles. This zone is bordered on the south by the South west Shewa Zone and the Southern Nations, Nationalities and Peoples Region, on the southwest by Jimma, on the west by East Welega, on the northwest by Horo Gudru Welega, on the north by the Amhara Region, on the northeast by North Shewa, and on the east by Oromia Special Zone Surrounding Finfinne.

Most part of the west shewa zone districts belongs to tropical, subtropical and cool agro climates while small part has wurch agro climatic zone. As a result the mean annual temperature over the central part of the district ranges 23-25⁰C. The mean annual temperature toward the eastern and western peripheries is decreasing and the average annual temperature ranges 20-23⁰C. The rainfall is weakly bi- modal with spring a small rainy season during the months of April and May while summer a long rainy season during the months of July, August and September.

Based on the 2007 census, the data for West Shewa Zone shows it has a total population of 2,058,676, of whom 1,028,501 are men and 1,030,175 women; with an area of 14,788.78 square kilometers, West Shewa has a population density of 139.21. While 242,352 or 6.10% are urban inhabitants, a further 53 individuals are pastoralists.

The two largest ethnic groups reported in West Shewa were the Oromo (93.82%) and the Amhara (5.15%); all other ethnic groups made up 1.03% of the population. Oromiffa was spoken as a first language by 93.99% and 5.47% spoke Amharic; the remaining 0.54% spoke all other primary languages reported. The majority of the inhabitants professed Ethiopian Orthodox Christianity, with 53.84% of the population having reported they practiced that belief, while 32.93% of the population professed Protestantism and 9.85% of the population said they held traditional beliefs.

Agriculture is the main stay of the population in the zone and hence it provides almost the largest share of the livelihood of the population. However, it is characterized by lack of access to modern technology, market, low productivity, dependency on rainfall and lack of irrigation practice, etc. As a result the sector is remained subsistence in its nature. The zone has favorable weather condition and soil types for seasonal and perennial crops. Among the major crop types proved in the zone are maize, wheat, teff, barley and sorghum from cereal, and horse beans, chickpeas, and field peas from pulse; in addition to those crops the zone is also rich in root crops also rich in root crops production. It also has diversified livestock population including cattle and goat.

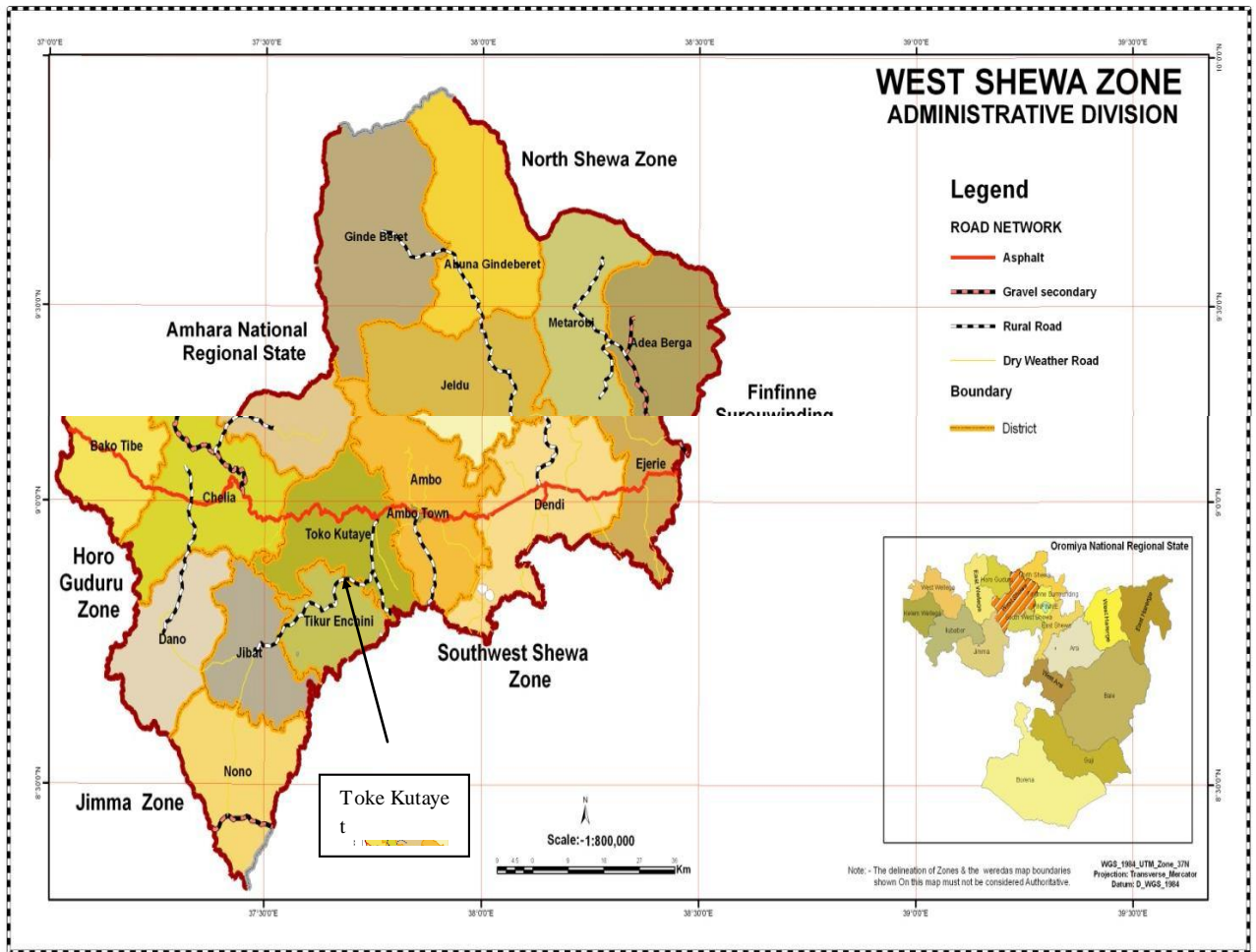


Figure 5, Map of West Shewa Zone

Source: Oromia regional bureau of finance and economic development, 2011

3.2 Research Design

The type of research method employed was the descriptive survey method. It was selected because of its appropriateness to describe the currently existing role of NGOs in rural water supply, sanitation and hygiene promotion interventions; through analysis of the situation before intervention, the impact of interventions, the level of cooperation between relevant actors; and the challenges and opportunities in the process of their role play. Therefore, the method will

enable the exploration of the current issues and recognize some of major findings and enable the researcher to note the recommendations for the prevailing findings.

Both primary and secondary sources of data were used for the study. Primary data was gathered directly from the study area through fieldwork. The principal respondents include villagers/ project beneficiaries, WASHCO members, implementing NGO and District officials. The specific tools for data collection included field observation, structured questionnaires, and interviews. Secondary data includes information obtained from sources such as project proposal and reports, field visit reports, networks and collaboration information, implementation frame works, official publications and journals. Thus triangulation of data from primary and secondary sources is used to ensure a more rounded perspective.

The Coverage/Universe

Participants of the study include village respondents, WASHCO members, implementing NGO and District officials. The total population of the target PA is 9,372. The total project beneficiary population is 2,108 rural people living within Hadarsa kebele of Toke Kutaye Woreda. The funding agency for the project is Intermon Oxfam, a Spanish based INGO in partnership with implementing local partner, Water Action. In general 107 sample population was selected for questionnaire and interview purpose.

3.3 Sampling Techniques

In selecting the sample, purposive sampling is used by taking into account a number of issues including accessibility, financial and time constraint.

From the villages in Hadarsa Peasant Association, based on the project coverage four villages, namely Hadarsa, Toke, Tokuma and Menahria were selected. From each village, twenty five respondents were randomly selected for data collection purposes. To include the local community based organization leader opinion, three WASHCO members from sample villages was questioned. In addition, two officials from the implementing NGO and other two from District office were interviewed. A total of one hundred seven respondents have been reached for the purpose of this study.

Table 7, Sample area respondents by village and peasant association

PA	Villages	Village level respondents			Government and NGO staffs		Total respondents
		Project beneficiaries	WASHCO members	Total	NGO officials	District officials	
Hadarsa	Hadarsa	25	3	28	2	2	32
	Toke	25		25			25
	Tokuma	25		25			25
	Menahria	25		25			25
	Total	100	3	103	2	2	107

Implementing NGO staffs, district officials and WASHCO members was included in the study with the assumption that they can supplement more informative information in addition to village respondents regarding the project area rural water supply and sanitation interventions, the impacts of the project intervention, the level of cooperation between relevant actors in this intervention area and the challenges and opportunities in the process of their role play.

3.4 Data Collection

To obtain descriptive information on the role of NGOs in rural water and sanitation intervention structured questionnaires were administered with aim of gathering information of primary data from sampled population of villages, WASHCO members, implementing NGO and district officials. This questionnaire was developed by the researcher. Its distribution and collection was by assigning data collectors and by the cooperation with the project officials at the study areas.

The main tool for data collection was the interview schedule from the villagers and the WASHCO members. The items of the interview schedules were mostly close ended questionnaire types, though some open ended and structured questions were administered. The questions for the interview schedule were formulated keeping in mind the objectives of the study.

In addition to the interview schedule and pre- coded questionnaire was used as a tool for data collection. Personal observation was also used as reliable data collection tool to supplement the information obtained by way of interview.

Before dispatching the final questionnaires for the respondents of the study, it was pre- tested. Based on the results of the pilot test of the study the questioners were reviewed to ensure the sequence and relevance of the questions to the context of the respondents.

3.5 Data Analysis

After the data have been obtained through questionnaire and interview, different statistical tools were used. Frequency distribution and percentage of ratio were employed to analyze, various characteristics of the sample, to know the level of agreement on the choices from respondents in order to show the clear image and interpretation of respondents' position.

CHAPTER FOUR: RESULT AND DISCUSSION

4.1 Socio-Economic Profile of the Respondents

4.1.1 Age, Sex, Marital Status, Religion, Ethnicity and Family Size

As indicated in the table below, 16 respondents constituting 15.5 % of the total respondents are in the age category of 20-25, 35.9% of the respondents fall in the age category of 26-35, respondents in the age range of 36-45 constitute 28.2% and those whose age range is equal to or above 46 represent 20.4 % of the total respondents.

Among the 103 respondents, male constituted 35% and 65% were female respondents. 64% of the respondents were married while 29% are singles. The divorced and widows account respectively 4% and 3% of the sample population. Even though the country is multi-ethnic as the study area is located far from urban towns which resulted with less inflow of migrants from other ethnic group, only two groups were encountered in the sample population. The majority constituted Oromo(85%) while the remaining are Amhara (15%).

Based on the family size 23.3%, 61.2% and 15.5 % of the sample population falls in small, medium and large family size groups respectively. Majority of the respondents were Christian (96%), whereas other traditional beliefs represent 4 % of the sample population.

Table 8, Demographic data of respondents

Variable	Frequency	%	Variable	Frequency	%
Age			Marital status		
20-25	16	15.5	Unmarried	30	29
26-35	37	35.9	Married	66	64
36-45	29	28.2	Divorced	4	4
46 and above	21	20.4	Widow	3	3
Total	103	100	Total	103	100
Ethnicity			Family size		
Oromo	88	85	Small (1-4)	24	23.3
Amhara	15	15	Medium (5-9)	63	61.2
Tigray	0	0	Large (above 9)	16	15.5
Total	103	100	Total	103	100
Sex			Religion		
Male	36	35	Other beliefs	4	4
Female	67	65	Christian	99	96
Total	103	100	Total	103	100

4.1.2 Education, Period of Stay, Occupation and Income Status

From the sample population 60.2% were illiterate whereas 26.2% attended formal education. The remaining 13.6 % attended non formal education and were able to read and write. The majority of the respondents (82%) lived above 10 years in the study area while 20.4% stayed below 10years. Based on the monthly income generated by the respondents there income states were categorized as low, medium and high. Accordingly 17.5% of the respondents were high income

generating while 51.5% and 31% represent middle and low income generating respondents. The majority of the respondents (86 out of 103) depend on farming as their main occupation while the remaining 16.5% depend on small business and labor for their livelihood.

Table 9, Educational states, period of stay, occupation and income status

Variable	Frequency	%	Variable	Frequency	%
Education			Period of stay in the village		
Illiterate	62	60.2	1-5 years	3	3
Formal Education	27	26.2	6-10 years	18	17.4
Non-Formal Education	14	13.6	Above 10 years	82	79.6
Total	103	100	Total	103	100
Family Monthly Income (Birr)			Main Occupation		
Low	32	31	Farming	86	83.5
Middle(501-1000)	53	51.5	Business	7	6.8
High(above 1001)	18	17.5	Labor	10	9.7
Total	103	100	Total	103	100

4.2 Water and Sanitation Status Before and After Project Intervention

4.2.1 Water Source

Before project intervention the major drinking and domestic source of water was unprotected spring accounting for 53.4%. Rain water harvesting and river water sources each cover 9.7% while pond, stream and other water sources accommodate 6.8%, 12.6% and 4.9%. The term unprotected water source refers to water points that are not covered and fitted with appropriate lifting device that minimizes outside contamination including contamination from fecal matter. Result of this survey showed that all of the households have no access to an improved source of

drinking water in the study area before the project intervention. Long term exposure to unsafe water supply attributed to water borne diseases and other intestinal infections.

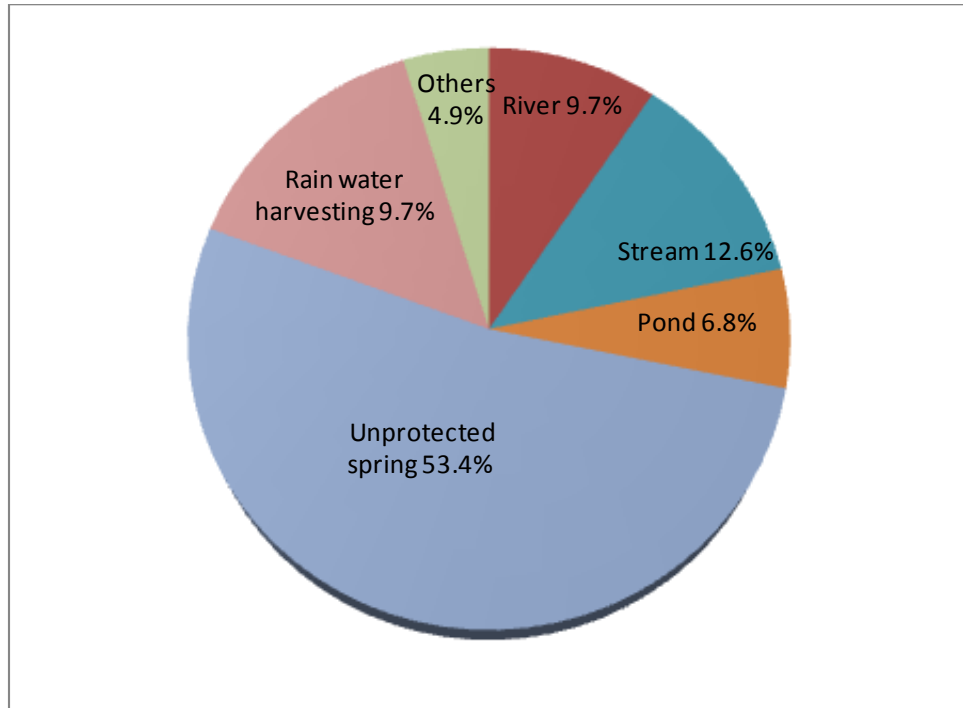


Figure 6, Main drinking and domestic water sources before intervention

According to the information from the village community, the project staff and based on field observation the intervention of the project was focused on the development of spring water source, that was gravitated to the reservoir and then to the distribution points located near to the community to ensure nearby accesses of safe water supply to end beneficiaries. In addition the construction of access road through community labor mobilization, construction of cloth washing basin and gender segregated shower house were also part of the intervention. 100%(103) of the respondents claimed they are currently accessing safe potable water from the water points located near to their respective villages that are connected to the protected spring water source. Out of this 85% claimed they get potable and domestic use water from distribution points connected through pipeline extension from protected source. While 15% of the respondents get water from the distribution point connected directly to the protected spring source since they live near or around the main spring source.

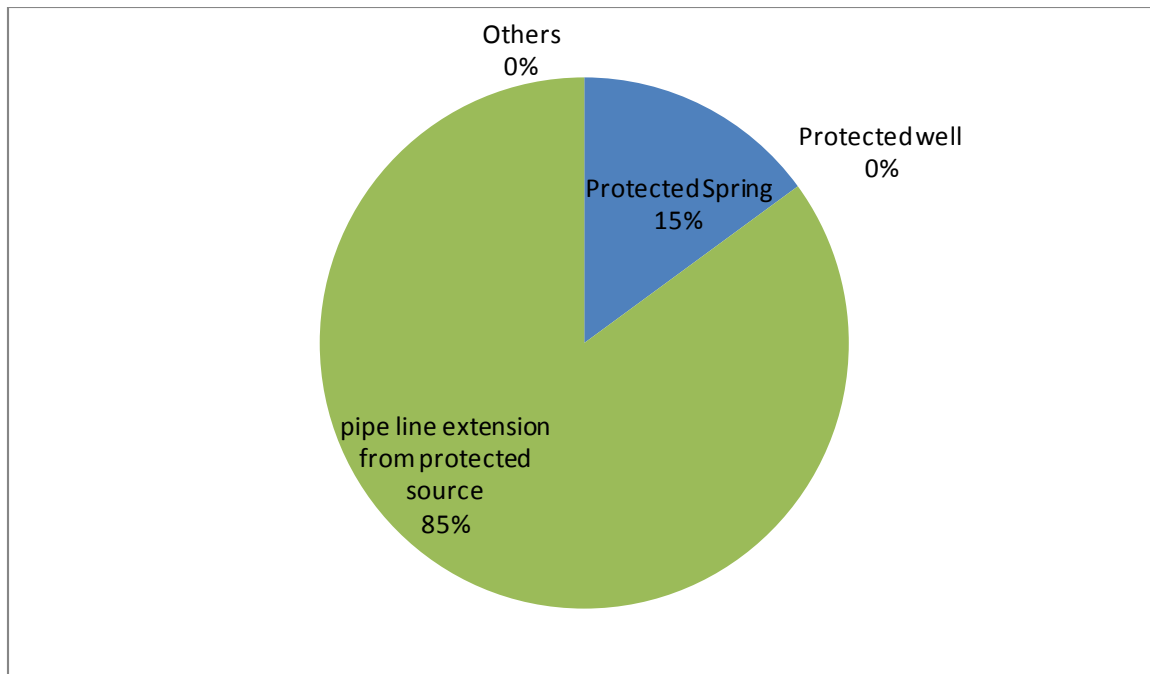


Figure 7, Main drinking and domestic water sources after intervention



Figure 8, Community water points established by the project

Source: Field observation

4.2.2 Water Quality

Regarding the Water quality from the respective water sources indicated in the above analysis odor, color and taste were assessed. Accordingly since the main water sources were unprotected,

majority of the respondents were not satisfied with the odor, color and taste of water from the main source accounting for 84.5%(87),71.8%(74) and 88.3%(91) respectively. 9.7%(10), 27.2%(28) and 11.6%(12) of the respondents consider the taste, color and odor of their drinking water were good while 2% , 1% and 3.9% claimed they are satisfied.

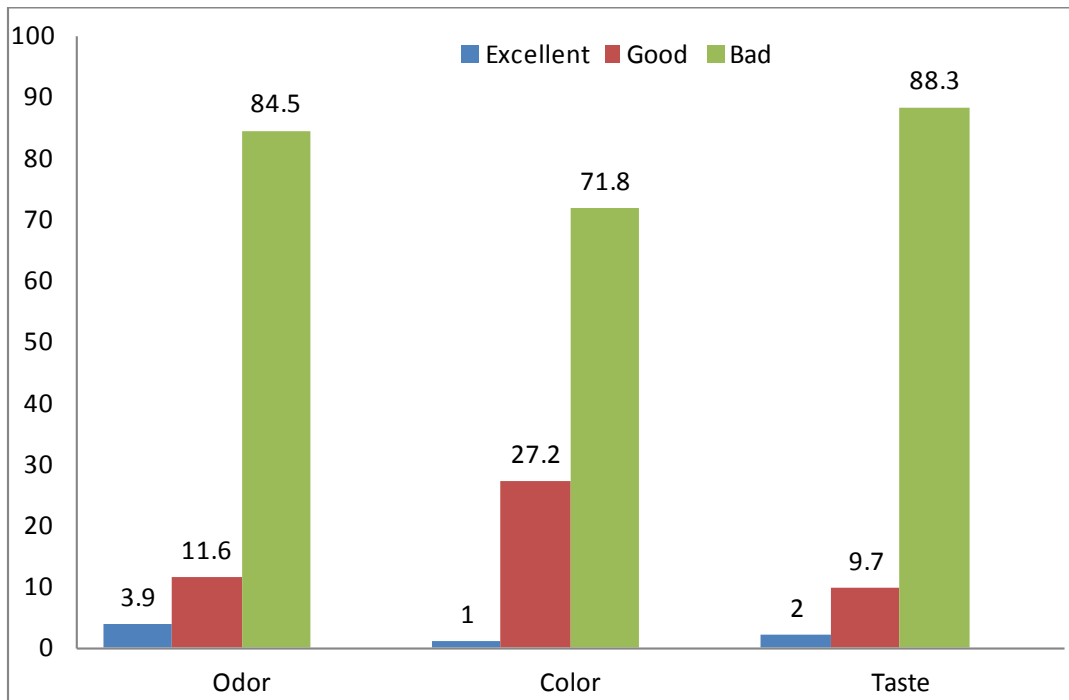


Figure 9, Quality of drinking and domestic water before intervention

After the intervention of the project 100(97%), 102(99%) and 97(94%) of the respondents claimed respectively the odor, color and taste of the water from the new source is excellent, while the remaining 3(3%), 1(1%) and 6(6%) of the respondents respective suggested the odor, color and taste of the water from the new source was good. None of the respondents claimed the new water source has a bad odor, color and taste.

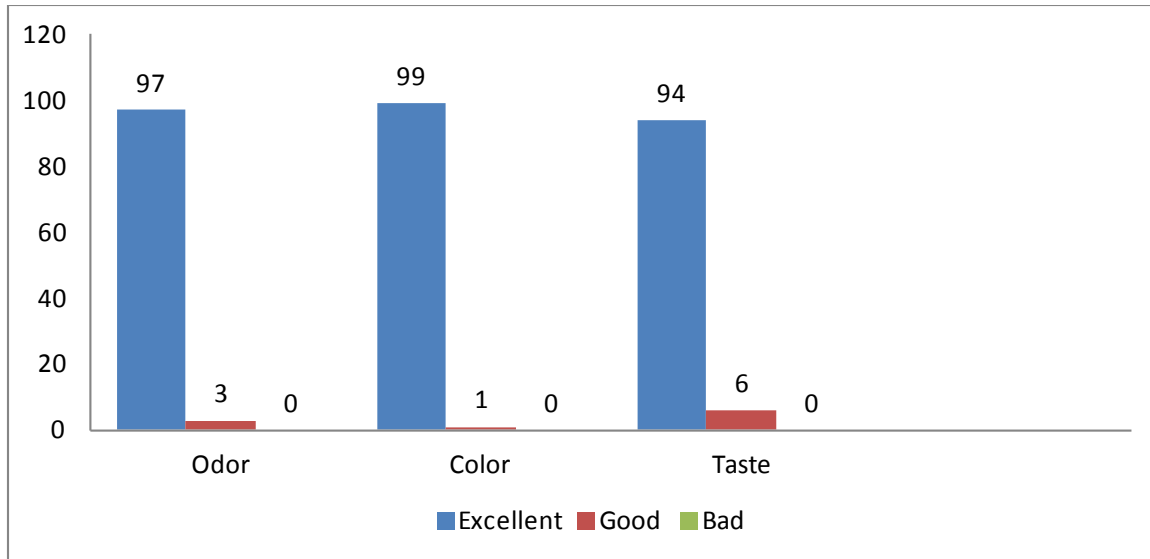


Figure 10, Quality of drinking and domestic water after intervention

4.2.3 Sanitation (Latrine Use)

While 89% of the respondents acknowledge they did not have latrine before the intervention of the project, their coping strategy indicates 60% used to openly defecate on bush, 12% in or near river, 10% around or back of the house, 18% using cat method while the remaining 1% use other methods like public and institutional latrines. This shows safe excreta disposal among the community was very low before the intervention of the project. This indiscriminate defecation leaves pathogen rich fecal matter in the open that ultimately contaminates surface water and increased disease burden related to unsafe excreta disposal.

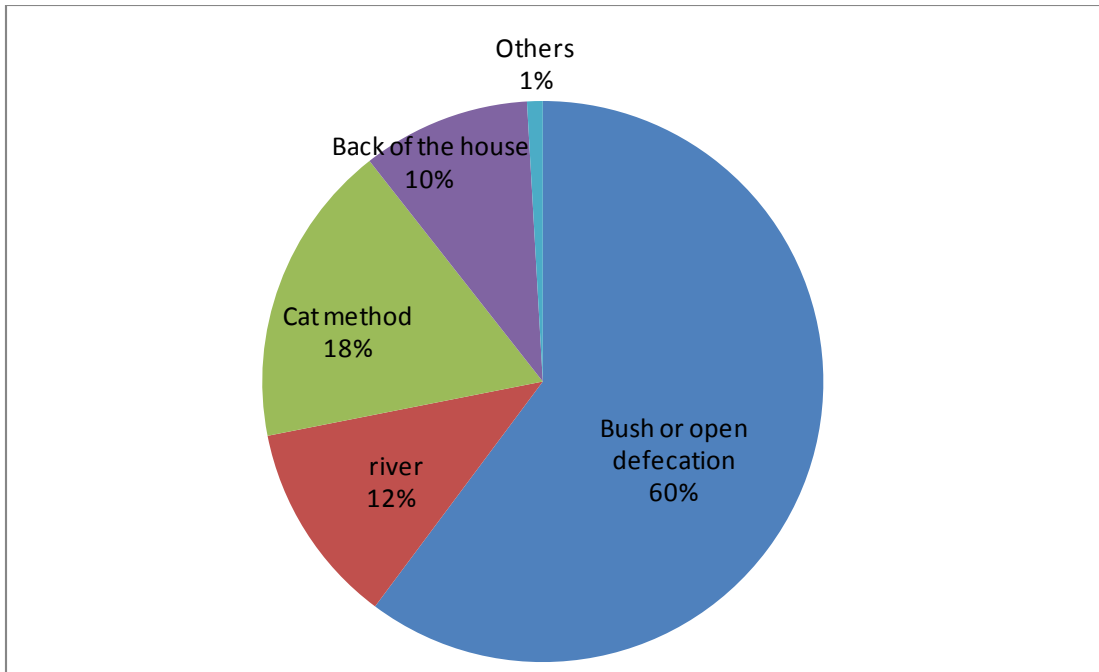


Figure 11, Defecation trend before intervention

The intervention of the project focused on Community Lead Total Sanitation & Hygiene (CLTSH) triggering of selected villages using the CLTSH tools and post ignition follow ups to monitor the progresses towards ensuring access to basic sanitation facilities. Currently 85% of the respondents have traditional pit latrine constructed from locally available materials with hand washing facility. 10% of the sample population claimed they have traditional pit latrine without hand washing facility while 1% use institutional VIP latrines and the remaining 4% practice other methods including open defecation.

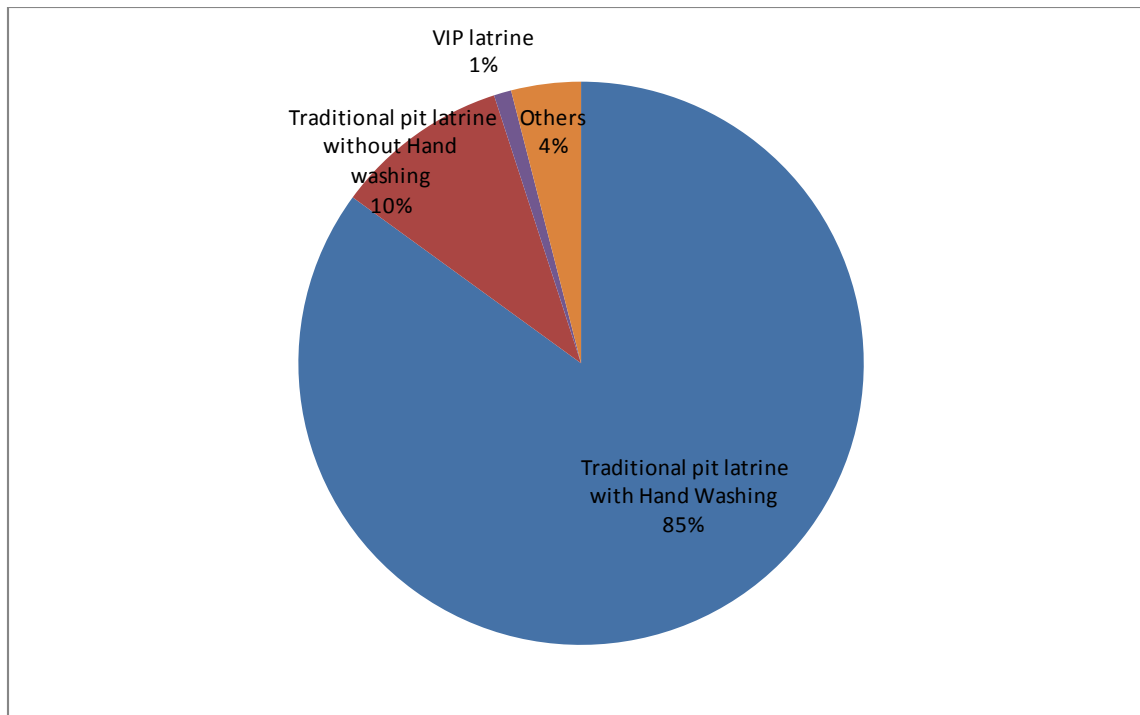


Figure 12, Defecation trend after intervention

Since the CLTSH approach is not subsidy based, intensive and repetitive hygiene and sanitation education on CLTSH that diffused to the whole community and post ignition follow up was the strategy followed through house to house visits; with collaboration of Kebele & District CLTSH committee members with the aim of declaring Open Defecation Free (ODF) villages.

4.3 Impact of Project Intervention

Based on the comparison done before and after the intervention of the project majority of the respondents accounting for 86.4% (89), 64% (66), 87.3% (90), 63.1% (65) and 83.5% (86) strongly agree that the intervention of the project has positively contributed to health, education, less time consumption for collection improved amount and better quality of water respectively. The remaining significant amount of the sample population i.e. 12.6% (13), 36% (37), 22.3% (23), 16.5% (17) and 10.7% (11) of the respondents respectively agreed that the intervention of the project has positively contributed for health and education through improved amount and quality of water and less time consumption for collection.



Figure 13, Water point and reservoir established by the project

Source: Field observation

The health contribution of the intervention was expressed in terms of water born disease reduction like diarrhea, skin, eye and worm infections. The reduced school dropout, less absenteeism and lateness to school and overall improvement in performance of students were taken to assess the impact of the water and sanitation in education. It was also noted that the quality of life of the respondents improved through increasing productivity and income which in turn contributed for better living condition.

The exception for this analysis is the fact that 14.6% (15) respondents disagree with the idea that the amount of water collected has increased after the intervention of the project. The main reason for this is the water tariff system setup in order to assist the sustainability of the project by saving for minor maintenance and operation provision. Accordingly for some respondents who used to access the unprotected water sources for free this was a concern, resulting in no increment on the volume of water collected although they still thought the fee is reasonable.

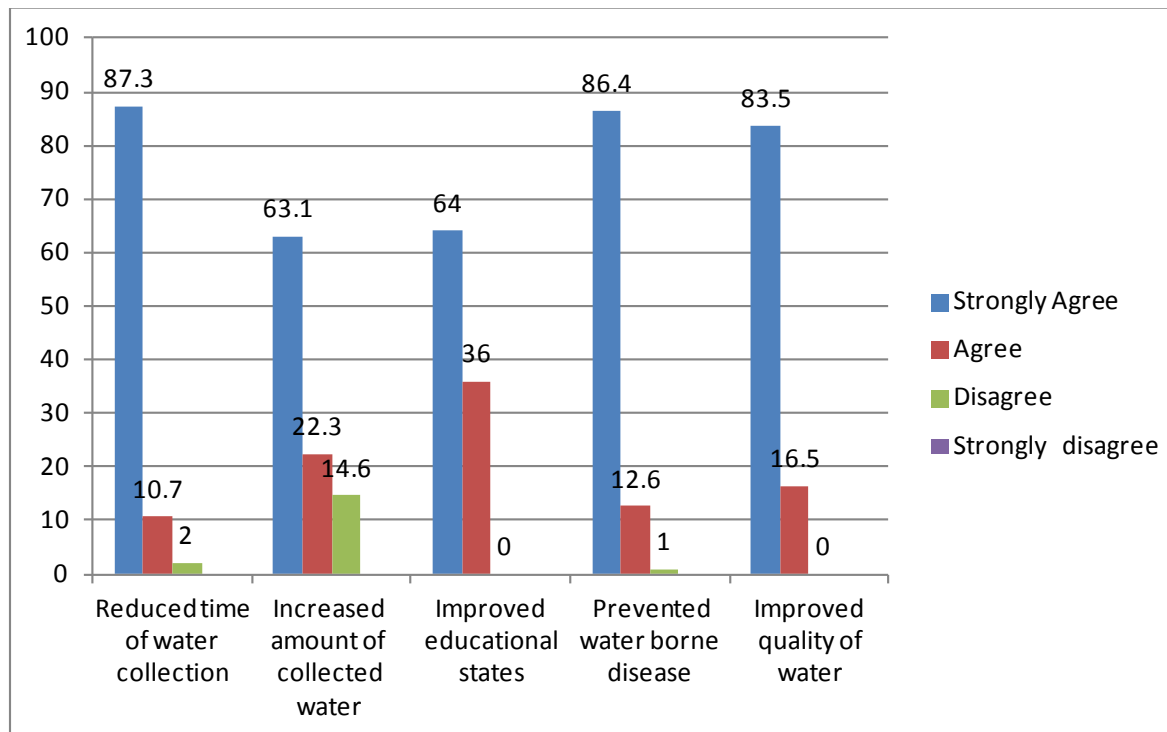


Figure 14, Impact of intervention

4.4 Cooperation between Actors

4.4.1 District and Implementing NGO

The assessment informed that the implementing NGO and the district office has a strong relationship. The cooperation was expressed as consultation on technical issues, facilitation of project activities, material and financial support.

Also routine field supervision and collaborative regular meetings were part of the engagement of the district to support, monitor and evaluate the progress of the project during implementation. At the completion of the project the implementing NGO formally handed over the project to end beneficiary communities, the WASHCOs and the local government including the Kebele and the district for continues support in the management and operation of the schemes sustainably.

4.4.2 WASH Committee (WASHCO) and Implementing NGO

The study found out the relationship between the WASHCO and the implementing NGO was established at the inception of the project. The WASHCO members were selected by the beneficiary community to follow up and assist the project. Accordingly the project delivered training to the committee members on technical, financial and administrative issues. In addition fast moving spare parts, hand tools and equipments required for minor maintenance and operation were provided to assist the management of the scheme after completion.

The WASHCO members also stated their contribution in the project implementation through mobilization of community labor, provision of local construction materials, facilitation and follow up of the construction process. At completion the project was handed over to the committee for ensuring smooth operation and management of the system through conducting regular preventative and when required corrective maintenance, collecting water tariff and managing finance, handling any administrative issue and strengthening the linkage with the district and implementing NGO technical team for any assistance.

4.4.3 Community and Implementing NGO

The community admitted being consulted since the inception of the project in various steps of implementation .The implementing NGO in turn has confirmed the participation of the community in labor especially in the construction of accesses road to the project site through community mobilization, local construction material provision, in construction of house hold latrines following CLTSH promotion and facilitation of overall project activity implementation.

After the completion of the project the sample population community claims they are providing the necessary assistance for the WASHCO members who are responsible for the smooth functioning of the scheme through timely payment of the established tariff and reporting any concern on the system.

4.5 Challenges and Opportunities in the Project

Small portion of the respondents articulated their concern regarding the payment of the tariff setup for the provision of minor maintenance and operation cost while collecting water. On the

other hand the WASHCO members claim the fee collected from the beneficiary community will not be sufficient to carry out the most expensive corrective maintenance works that might arise after long service of WASH facilities.

On the other hand the implementing NGO depicts there were a number of problems during the implementation of the project. The biggest challenge faced was the project site inaccessibility. The lack of road infrastructure has caused difficulty in provision of construction materials on site. But with the beneficiary community commitment in accesses road construction as well as delivery of construction material onsite in free labor the problem was solved.

The limited funding and project duration is the other challenge mentioned, as a result of which even though the source has the potential to cover several other villages of Hadarsa Kebele it was difficult to extend the system to maximize the project outputs. The predetermined list of activities with corresponding budget and time frame was established at the inception of the project, based upon which agreement with the funding agency was reached. As a result incorporation of additional villages and beneficiary community was difficult although the interest and the request from the downstream community which has not benefited from the system yet were strong. As a result the implementing NGO is forced to seek funding from other alternatives to extend the system to remaining villages.

Generally even though there were several challenges faced in the implementation process, through designing effective mechanisms to curb problems, the original project is completed successfully and for extending the system to the remaining villages another alternative is being sought.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Summary of Findings

Following the detail analysis of the study it can be noted:

- The water supply and sanitation situation of the project area before project intervention was very poor. As clearly depicted in the analysis the community of Hadarsa PA used to access water from unimproved sources like pond, unprotected spring, river and stream. Hence this has caused less satisfaction in the quality of water collected from these sources. This was assessed by considering the physical characteristics like odors, taste and color of the water. As a result the prevalence of water born diseases were very high in the target community.

Also regarding sanitation states of the target community before any intervention most of the respondents did not have latrine. As a result open defecation was the major practice to deal with the problem.

- After the intervention of the project the community has become the beneficiary of improved water source. i.e. protected spring connected with reservoir and water distribution points. Accordingly the community was able to access safe potable water in a reasonable distance. The community perception of the improved water source was assessed in terms of quality, quantity, its impact on the health, education and living states of the community. Most of the respondents claimed that the intervention of the project has improved their health through less occurrence of water borne diseases like diarrhoea and other related diseases. They also stated the project intervention has positively influenced the educational performance with reduced absenteeism, lateness and drop out due to the significant time reduction required for water collection and prevented illness. They also expressed their fulfillment in the quality and quantity of water collected from the source.
- The cooperation between actors was thought to be satisfactory one by all the parties involved in the process of implementation. The community was very much involved in the project since the inception. Labor and local construction material was some of the

forms the community was able to contribute for the project. This is especially attributed to the accesses road constructed by the community for facilitating the project activities.

In addition the WASHCOs cooperation is also expressed in terms of mobilizing resources, organizing community labor, facilitation of activities and later on managing and administrating the scheme.

The respective government body at district level also took part in the facilitation of the project through technical and administrative support, and active participation on regular coordination meetings.

- The project has passed through different challenges. Lack of accesses to road infrastructure, limited amount of funding and project time to extend the system to other villages were some of the problems. In addition the WASHCO members fear to run the scheme sustainably incase of major corrective maintenance needs that might be difficult to cover only with the small tariff collected from the project beneficiaries is among the challenges.

The opportunities include the existence of established and trained WASHCOs equipped with the necessary hand tools, equipments and spare parts and the willingness of the community and the WASHCO to support the implementation and sustainability of the project through the provision of local material and labor.

5.2 Conclusion

- **The project has improved the life of the respondents.** This is assessed in the study through analysis of the situation before and after the project intervention. Before any intervention the community used to collect water for drinking and domestic use from unprotected water sources. After intervention the project has provided improved water sources that are safe and reliable throughout the year. The communities assessed also practiced open defecation before the intervention of the project. But through CLTSH the project has promoted traditional pit latrine construction using locally available materials and resource. Accordingly most of the beneficiaries have constructed their own latrines with hand washing facility.

This has prevented water borne disease occurrence that used to be attributed due to contamination of unprotected water sources through facial material. The impact of the project was also measured in terms of its effect on education through less absenteeism, reduced dropout and lateness. In general the project has significant impact on the living situation of the end beneficiaries.

- **NGOs play a significant role in rural water supply and sanitation intervention.** It is noted in the study like most of the rural parts of the country, Hadarsa project site is inaccessible with no road infrastructure to reach to the project site. Thus simply shows the strong commitment of the implementing NGO towards the implementation of the project to most needy community without any prerequisite like accessibility. This simply shows NGOs has the ability to reach the most difficult inaccessible rural areas through water supply and sanitation intervention.

The fact that accesses road was constructed through community mobilization to alleviate the main challenge of the project to reach to the spring source, shows grass root level linkage of the local implementing NGO with the community. This illustrates the strong relationship of the NGOs to the rural village habitants. Hence NGOs have a strong capacity and potential to play in rural water supply and sanitation interventions.

- **The cooperation between relevant actors was satisfactory.** Based on the study conducted it's shown all the relevant actors of the project were actively involved in the facilitation, implementation, monitoring and sustainably managing and administration of the project.

5.3 Recommendation

- **The implementing NGO and other stakeholders should be able to seek alternatives to fund the extension of the system to other villages of Hadarsa.** The extension of the system to the remaining villages of Hadarsa Kebele should be considered based on the technical feasibility including the potential of the source to cover additional villages and possibility of distribution through gravitated system in addition to the request and need of these village habitants.

- **Provision of basic infrastructures to the project area is still a priority.** The inaccessibility of the project site was the major challenge during the implementation of the project. Although accesses road has been constructed through community mobilization, it is very rough and difficult to accesses during the rainy season. Hence provision of all weather road to the project site is still a prerequisite in order to extend the existing system to other villages or to provide other services to alleviate the poverty of the Hadarsa Kebele habitants.
- **Set measures that ensure sustainability of the project.** Although currently a system of tariff collection from the beneficiaries to assist the maintenance and operation need of the scheme is in place, the WASHCO members fear the set tariff is very small to cover incase of major maintenance and repair needs of the project. On the other hand some of the beneficiary community is considering the currently existing tariff system as a barrier for collecting water. Hence alternatives should be designed to ensure the sustainability of the scheme. This could be through strengthening the linkage with existing and new NGOs, government line offices at different level including district and zone technical persons and private service providers.

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TOOLS FOR DATA COLLECTION

APPENDIX A. INTERVIEW SCHEDULE FOR VILLAGERS

This Interview Schedule is prepared and designed to collect relevant primary data for the study of the role of NGOs in rural water supply and sanitation; the case of Hadarsa rural water supply and sanitation project.

The information obtained from this interview questionnaire will be used only for academic purpose and the personal information will be kept confidential. Please select the appropriate answer you consider relevant.

I, therefore, kindly request you to feel free in answering the questionnaire.

Thank You

Tigist Desta

Code :

Data:

1) Personal Information

S.No	Age	Sex	Marital status	Size of Family	Religion	Ethnicity
1	20-25	Male	Unmarried	Small(1-4)	Muslim	Oromo
2	26-35		Married	Medium(5-9)	Christian	Amhara
3	36-45	Female	Divorced	Large (above 9)	Any other	Tigrie
4	46 and above		Widow			

2) Education ,Income, Occupation and period of stay in the village :

S.No	Education level	Family Income (Birr)	Monthly Main Occupation	Period of stay in the village
1	Illiterate	Low	Farming	1-5 years
2	Formal Education	Middle(501-1000)	Business	6-10 years
3	Non-Formal Education	High(above 1001)	Labor Any other.....	Above 10 years

3) What was your main source of drinking water before project intervention?

- a) Open well
- b) River
- c) Birkat
- d) Water truck
- e) Stream

- f) Pond
 - g) Unprotected spring
 - h) Rain water harvesting
 - i) Others (please specify)
- 4) What was your main source of water for other domestic purposes before intervention?
- a) Open well
 - b) River
 - c) Birkat
 - d) Water truck
 - e) Stream
 - f) Pond
 - g) Unprotected spring
 - h) Rain water harvesting
 - i) Others (please specify)
- 5) How do you describe the color of the water from these sources?
- a) Excellent
 - b) Good
 - c) Bad
- 6) How do you describe the odour of the water from these sources?
- a) Excellent
 - b) Good
 - c) Bad
- 7) How do you describe the taste of the water from these sources?
- a) Excellent
 - b) Good
 - c) Bad
- 8) How long does it take to go to your main water source to get water and come back?
- a) Less than 30 minutes
 - b) 30 - 60 minutes
 - c) 1-2 hrs
 - d) Above 2 hrs

- 9) How much water did you collect or fetch per day?
- a) Less than 5 Liter
 - b) 5- 15 Liter
 - c) 15-25 Liter
 - d) 25-50 liter
 - e) Above 50 liter
- 10) Did you get water from that source throughout the year?
- a) Yes
 - b) No
- 11) To what extent does the water source affect health of the community through the occurrence of water born diseases?
- a) To great extent
 - b) To some extent
 - c) Hardly any
- 12) To what extent does the water source affect education by causing lateness, absenteeism, drop out and poor performance of students?
- a) To great extent
 - b) To some extent
 - c) Hardly any
- 13) To what extent does the water source affect economic states by causing low yields, income and poor living condition?
- a) To great extent
 - b) To some extent
 - c) Hardly any
- 14) Before intervention, does the household have a latrine?
- a) Yes
 - b) No
- 15) If No, where did you used to defecate?
- a) Bush or open defecation
 - b) In the river or near the river
 - c) Cat method

- d) Back of the house
 - e) Others (specify)
- 16) What are the key critical times for hand washing?
- a) Before eating
 - b) After handling baby's excreta
 - c) Before food preparation
 - d) Before feeding infant/BF
 - e) After latrine use
 - f) I don't know
- 17) Do you used to wash your hand in key critical times for hand washing before intervention?
- a) Yes
 - b) No
- 18) What is your source of water for drinking now?
- a) Protected spring
 - b) Protected well
 - c) Pipe line extension from protected source
 - d) Others (please specify)
- 19) What is your source of water for other domestic purposes now?
- a) Protected spring
 - b) Protected well
 - c) Pipe line extension from protected source
 - d) Others (please specify)
- 20) The new water source has improved the quality of drinking water.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
- 21.1) How do you describe the color of the water from this source?
- a) Excellent
 - b) Good
 - c) Bad

- 21.2) How do you describe the odour of the water from this source?
- a) Excellent
 - b) Good
 - c) Bad
- 21.3) How do you describe the taste of the water from this source?
- a) Excellent
 - b) Good
 - c) Bad
22. The new water source has reduced the time required for water collection.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
- 22.1) How long does it take to go to your main water source to get water and come back now?
- a) Less than 30 minutes
 - b) 30 - 60 minutes
 - c) 1-2 hrs
 - d) Above 2 hrs
23. Does the household have latrine now?
- a) Yes
 - b) No
24. What type of latrine is it?
- a) Traditional pit latrine with Hand Washing
 - b) Traditional pit latrine without Hand washing
 - c) Pit without superstructure
 - d) VIP latrine
 - e) Shared VIP latrine
 - f) Others (Specify).....
25. What is your level of satisfaction in water and sanitation facilities?
- a) Excellent
 - b) Very good

- c) Good
 - d) Bad
 - e) Very bad
26. Do you wash your hand in key critical time for hand washing now?
- a) Yes
 - b) No
27. If yes, why do you wash your hands?
- a) To be clean
 - b) Free from bad smell
 - c) Prevent disease causing germs
 - d) Others
 - e) Don't Know
28. The project intervention prevented water and sanitation related disease like diarrhoea, skin and worm infections.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
29. The project intervention in water and sanitation has contributed to education through reduced school dropout, less absenteeism and lateness to school and overall improvement in performance of students.
- a) Strongly agree
 - b) Agree
 - c) Disagree
 - d) Strongly disagree
30. The project intervention in water and sanitation has contributed to economic states of beneficiaries by increasing productivity and income which in turn contributed for better living condition.
- a) Strongly agree
 - b) Agree
 - c) Disagree

- d) Strongly disagree
31. During at what stage of the project phase were you consulted?
- a) Planning
 - b) Implementation
 - c) Operation and running
 - d) All
 - e) None
32. What was your contribution for the construction of the water and latrine facility?
- a) Labour
 - b) Finance
 - c) Material
 - d) Others (please specify).....
33. What challenges do you face in access and utilization of the water and sanitations facilities?
- a) Distance being far
 - b) Difficulty of payment of tariff
 - c) Poor water quality
 - d) Small quantity of water
 - e) Significant queuing time
 - f) Takes time to be repaired when it breaks down
 - g) Others (please specify)
34. What should be done to improve the water and sanitation delivery to your community?
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APPENDIX B. INTERVIEW SCHEDULE FOR LOCAL COMMUNITY BASED ORGANIZATION LEADERS (WASHCOs)

This Interview Schedule is prepared and designed to collect relevant primary data for the study of the role of NGOs in rural water supply and sanitation; the case of Hadarsa rural water supply and sanitation project.

The information obtained from this interview questionnaire will be used only for academic purpose and the personal information will be kept confidential. Please select the appropriate answer you consider relevant and or fill the blank space provided.

I, therefore, kindly request you to feel free in answering the questionnaire.

Thank You

Tigist Desta

Code :

Date:

1. Personal Information

S.No	Age	Sex	Marital status	Religion	Ethnicity	Level of Education
1	20-25	Male	Unmarried	Muslim	Oromo	Illiterate
2	26-35		Married	Christian	Amhara	Formal Education
3	36-45	Female	Divorced	Any other	Tigrie	Non-Formal Education
4	46 and above		Widow		Any other	

2. Has the water and sanitation interventions met the expectations of the beneficiaries?

- a) Yes
- b) No

3. Is the trend in the water and sanitation related diseases reduced after the project intervention?

- a) Yes
- b) No

4. Do external organizations provide support to community decision-making and water and sanitation facilities management?

- a) Yes
- b) No

5. If yes, how do you describe the type of collaboration?

- a) Technical support
- b) Financial support
- c) Provision of equipment and materials

6. What is the level of co-operation between the WASHCO and other stakeholders?

- a) Excellent
- b) Good
- c) bad

7. What was the contribution of the community WASHCO in the water and sanitation intervention?
 - a) Community mobilization
 - b) Financial management
 - c) System minor maintenance
 - d) Other (please specify).....
8. At what level do you want to be involved in such interventions?
 - a) Planning
 - b) Implementation
 - c) Design
 - d) All levels
9. Are the WASHCO members well trained in the management of the system?
 - a) Yes
 - b) No
10. Do you have tools for minor maintenance to be carried out on the facility?
 - a) Yes
 - b) No
11. Do you carry out regular preventive or need based corrective maintenance?
 - a) Yes
 - b) No, If No why.....
12. Is there an equitable tariff structure?
 - a) Yes
 - b) No
13. Do you regularly collect funds according to the tariff set?
 - a) Yes
 - b) No
14. Are the funds available sufficient to cover the most expensive jobs?
 - a) Yes
 - b) No
15. Would you like to review your tariff to make it realistic?
 - a) Yes

b) No

16. What should be done to improve water and sanitation state?

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APPENDIX C. QUESTIONER FOR DISTRICT OFFICIAL

This questioner is prepared and designed to collect relevant primary data for the study of the role of NGOs in rural water supply and sanitation; the case of Hadarsa rural water supply and sanitation project.

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I, therefore, kindly request you to feel free in answering the questionnaire.

Thank You

Tigist Desta

Code:

Date:

1. How long have you been working in this office?
 - a) Less than 1years
 - b) 1-3 years
 - c) Above 3 years
2. What is the core function of the District official?
.....
3. What is the percent coverage of safe water in the project area?
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4. What is the percent coverage of sanitation in the project area?
.....
5. What can be done to improve the water and sanitation coverage level?
.....
6. How do you describe the trend in water and sanitation related diseases in the district?
 - a) Increasing
 - b) Decreasing
 - c) Constant
7. Is there any collaboration between your office and the implementing NGO?
 - a) Yes
 - b) No
8. If yes, what was the level of co-operation?
 - a) Excellent
 - b) Very good
 - c) good
 - d) Satisfactory
 - e) Unsatisfactory
9. What should be done to ensure adequate water and sanitation delivery in the District?
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APPENDIX D. QUESTIONER FOR NGO STAFFS

This Questioner is prepared and designed to collect relevant primary data for the study of the role of NGOs in rural water supply and sanitation; the case of Hadaesa rural water supply and sanitation project.

The information obtained from this interview questionnaire will be used only for academic purpose and the personal information will be kept confidential. Please select the appropriate answer you consider relevant and or fill the blank space provided.

I, therefore, kindly request you to feel free in answering the questionnaire.

Thank You

Tigist Desta

Code:

Date:

1. How long have you been working in this agency?
- a) Less than 1years
- b) 1-3 years
- c) Above 3 years
2. Is your NGO carrying out Water and Sanitation intervention in the project area?
- a) Yes
- b) No
3. Are you aware of any other NGOs operating in the district carrying out similar works?
- a) Yes
- b) No
- c) Don't know
4. If Yes, what is your level of collaboration?
- a) High
- b) Moderate
- c) Low
5. What is the level of collaboration between the WASHCO and your organization?
- a) High
- b) Moderate
- c) Low
6. How do you describe the type of collaboration?
- a) Technical support
- b) Financial support
- c) Provision of equipment and materials
7. At what stage do you involve the beneficiary in your activities?
- a) Planning
- b) Implementation

- c) Planning & implementation
 - d) Operation and running
 - e) None
8. How did the community contribute for the water and sanitation intervention?
- a) Provision of labour
 - b) Financial support
 - c) Material and equipment
 - d) Others (please specify).....
9. How do you describe the water and sanitation state before your intervention?
- a) Excellent
 - b) Very good
 - c) Good
 - d) Satisfactory
 - e) Unsatisfactory
10. How did the people manage with the water situation?
- a) Depending on unprotected water sources
 - b) Others (please specify).....
11. How did the people manage with the sanitation situation?
- a) By open defecation
 - b) Others (please specify).....
12. Did the project intervention improve the life of the community?
- a) Yes
 - b) No
13. What was the form of improvement in the communities' life?
- a) Improved safe water provision
 - b) Improved personal hygiene
 - c) Prevented open defecation
 - d) Increased hygiene and sanitation awareness
 - e) Others (please specify).....
14. What is the level of the water and sanitation situation after project intervention?
- a) Excellent

- b) Very good
- c) Good
- d) Satisfactory
- e) Unsatisfactory

15. What were the challenges faced in executing the project?

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16. What measures were taken to overcome these challenges?

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17. What should be done to improve the water and sanitation intervention in the study area?

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