

Access to safe drinking water at rural areas



- Project Title** : Promoting Sustainable Practice of Water and Sanitation through Safe drinking water micro-business in Choam Ksan District, Preah Vihear Province
- Project Period** : 01 August 2013 – 30 July 2014 (12 months)
- Organization** : **Community Translation Organization (CTO)**
- Budget** : < 40000 USD
- Coverage Area** : 10 Village, 3 communes in one district of Choam Ksan, Preah Vihear Province

Poverty Analysis/Gender Analysis (instead of Problem Statements)

- Target commune

This project is intended to support people in the three communes of Choam Ksan district namely 1-Choam Ksan 2-Romdoh Srae 3-Tek Kraham. the project will benefit directly to 2454 family or equal to about 10103 people including 5123 women and children. The list of the target communes and village are as below:

Commune	Village	Population			
		Family	Male	Female	Total
Romdoh Srae	Srae	205	455	462	917
	Kouk	184	402	453	855
	Rolum Thmar	230	506	516	1022
	Svay	216	533	480	1013
Choam Ksan	Choam Ksan	914	1512	1651	3163
	Kok Sralav	158	335	365	700
	Veal Por	156	415	354	769
Tek Kraham	Tek Kraham	130	282	265	547
	Chat Tang	134	266	297	563
	Sangkum Thmey	127	274	280	554
Total Population		2454	4980	5123	10103

The selection of the target communes based on the consultation with district committee for disaster management and district planning advisor (NCDD) and commune councils on the subject of water and sanitation issues. As the result, we have agreed on the above target

communes who are geographically well located in the centre of the district with dense population and in good potential to expand to other communes in the district.

Based on the NCDD report and data has shown that only about 25% of the total population in the select target communes has latrine and only about 19% has accessed to clean drinking water through boiling and small ceramic filter. We can conclude that water, sanitation, hygiene are very challenging for the communities.

The children in the commune have a high rate of diarrhoea and water born disease. the adult also face water born health problem as they practice of unhealthy way related to water such as drinking water directly from ground sources, bathing and washing in the local water sources which is also used for consumption, contaminated water wells. The communes also have a higher level of malaria cases due to contaminated water sources provide spawning for mosquitoes. The commune also lack of proper water sources, mainly water well. in average, 1 water well share among 70 families which is still high in accessibility method by ministry of rural development which is showing at least 1 water well share among 20 families or less. we also witness that people in Tek Kraham commune need to spend time in transporting water from a distance water point for consumption. from the survet has shown that about 61% of the water well is either contaminated or dysfunctional which cause a great problem for community in term of water sanitation. there is a need to raise awareness among community people to take actions and also commune council to take this problem into commune investment plan in the long run. at the same time, only about 30% understand (have awareness) on water and sanitation yet no applying what they understand. there is a need to raise general awareness on water sanitation and hygiene among community people mainly to school children who reportedly are the frequent victim of water related diseases. From the home visit survey, we can see most of the villager have unclean water containers such jars, buckets and other water utility tools. From the health centre in Choam Ksan district, about 50% of the diseases cases in the district are related to water & sanitation and personal hygiene. It will help to reduce the disease if villagers are better educated and practiced proper water & sanitation and personal hygiene methods.

However, there is also a need to clean potential contaminated water sources, mainly water-wells and build more water -wells. From the health centre report has indicated that hand washing among local people is rarely practiced, mainly after the animal handling and associating with animal waste. Only about 10% of the total children are using toothbrush while the rest never use at all. body hygiene among children is very low as only about 10% of the children report than they just wash their face before going to school and less than 5% of the children and women are using soap for body hygiene. In related to water-wells, there is no water-point management committee overseeing the quality of water and management of the water-pump.

The water point committee when established and trained can effectively contribute to keep the water source clean in the long run.

The project aim

- **Project Objectives**
- **Development Objective:**

The long term objective of the project is to address the problem of water sanitation and personal hygiene among poor community people, especially women and children and help to reduce the incidences of water born-disease in the 3 communes of Choam Ksan district, Preah Vihear province. This project is well in line with ministry of rural development effort in improving rural water sanitation and hygiene among rural communities in Cambodia.

This project will work directly with local villager, Hygiene Change Agents (HCA), commune council and provincial department of rural development of Preah Vihear province.

This project will also contribute to achievement of MDG3: Promote Gender Equality and Empowerment of women, MDG7: Ensure environmental sustainability, MDG6: combat HIV/AIDS and other disease.

- **Specific Objective:**

The specific objective is to ***“Improve community health by promoting good hygiene practice and providing innovative safe water solution and education on primary water and sanitation for about 10103 people including women and children in three communes”***.

There is a logical development link between the project objective and the development objectives (MDG). the long term from the project is that newly trained Hygiene Change Agents (HCA), women lead water production and supply enterprise will be capacitated and supported to the level that they can keep educating villagers, school children & teachers on primary water sanitation and women lead water production and supply enterprise will be able to supply clean drinking water to local villagers and school in a way that they make profit and affordable by local villagers and more water point (water-wells) will be established or decontaminated.

This project is designed in following component and outputs:

Component 1: Education of basic water sanitation and body hygiene to villagers, focusing on women and children

1. Output 1.1: 20 local hygiene change agents (100% women) are selected and trained on basic water sanitation and body hygiene

- Activities 1.1.1: Informing villagers and work with local commune councils and health centre management committee to select 20 local volunteer (all women) hygiene change agents in cooperation with PDRD and DoH
 - Activities 1.1.2: provide training to HCA on water sanitation and body hygiene along with TOT and facilitation skill training in cooperation with health centre staffs
 - Activities 1.1.3: support HCA to develop action plan to provide education to local villagers and school children on water sanitation and body hygiene
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- Output 1.2 : Knowledge on water sanitation and body hygiene is improved among local villagers and school children
 - Activities 1.2.1: through HCA, conduct education on water sanitation and body hygiene to local villagers and school children
 - Activities 1.2.2: through HCA, conduct monitoring and evaluation on hygiene change practice among villagers and children at schools

Component 4: Drinking water production and supply enterprise managed by local women

- Output 2.1: One drinking water production and supply enterprise managed by local women is constructed, producing drinking water and sell to local villagers
- Activities 2.1.1: Conduct assessment for water production facility installation with PDRD (or potential contractor) technician and local authority
- Activities 2.1.2: Discuss with the community people and authority on key perquisites such as local operator selection (women), setting water price, finding key whole sellers.
- Activities 2.1.3: Contract with PDRD (or potential contractor) for facility installation and monitoring
- Activities 2.1.4: select operators (women) and provide training on operation and maintenance of the water production facility
- Activities 2.1.5: coordinate to provide technical follow up regularly during the initial phase
- Activities 2.1.6: Provide training to women operator on marketing, sale, deliver water door to door step and how to deal with whole sellers
- Activities 2.1.7: in cooperation with HCA, the women operators conduct marketing and sale to local households on regular basis, a customer list for delivery is developed and updated base on new order
- Activities 2.1.8: Provide training to women operator on social enterprise concept and management and financial management
- Activities 2.1.8: Conduct follow up to water production facility, sale, profit and behaviour change in drinking clean water

Component 3: Project Management

The project is designed to ensure that all project activities are managed in a proper way, duly planned and reported thus ensuring result-oriented approach leading to the achievement of the project objectives.

Under the third component are two expected outputs:

1. Output 3.1: Project planning, internal monitoring and evaluation (PME) and coordination are carried out in accordance with (Oxfam GB) requirements
2. Output 3.2: Project reporting is carried out in accordance with (Oxfam GB) requirements.

Key Millstones

1. Twenty community hygiene change agents (HCA) are selected, trained and deliver hygiene education to villagers and children at school
2. At least 70% of the population in the 3 communes are educated on water sanitation and body hygiene and at least 50% practicing safe water sanitation and personal hygiene
3. five water-wells and 20 latrine are built for poor families mainly women headed households with contribution from recipients
4. At least 500 students at secondary school are educated on body hygiene and hand washing
5. One water production and supply enterprise, managed by women, is constructed and put into operation for drinking water production to about 1000 family in year 1 and keep increasing about 20% annually

M&E

CTO has a built in policy on project monitoring and Evaluation (M&E) under its project management strategy. Based from CTO experiences on CF works, CTO would apply beneficiary monitoring & evaluation system (BME) which requires that all beneficiaries are well informed at early stage. CTO will inform and involve the beneficiaries and stakeholder such as PDRD, DOH, DOEY on the objective and output of the project and invite them to participate in the project activity and also to monitor and evaluate the result. Within this project frame work, CTO has following M&E schedule and approach:

Type of M&E	Schedule	Approach	Indicator
Activity Monitoring	Weekly / Monthly	<ul style="list-style-type: none"> - Checking field activity record/minutes -Interview commune council -Budget monitoring 	<ul style="list-style-type: none"> -All planned activities are implemented on time with approved budget -All stakeholder participated
Output Monitoring	Monthly	-field visit to measure output against implemented activity	-% of implemented activity is equal to % of planned output
Outcome Evaluation	Quarterly	-interview / observe beneficiary applied trained subject / using outputs	<ul style="list-style-type: none"> -Villagers practicing proper water and sanitation -Villagers are purchasing clean drinking water from the water production enterprise
Gender Equality	Per activity / monthly	<ul style="list-style-type: none"> -Checking participants list to compare rate of participation of men and women -interview women on the application of watsan and hygiene & women business group of water production enterprise 	<ul style="list-style-type: none"> -At least 50 % of women participated in the project activity -At least 50% of the women applied proper watsan and hygiene and using clean drinking water
Final evaluation	at the end of the project	-OGB & CTO jointly conduct the evaluation	-One evaluation report is developed

Budget

see attached file IN EXCEL

Risk Analysis

(Section on Climate Change Adaptation/Disaster Risk Reduction)

The long term viability of the project depends on the take-up of the hygiene and sanitation methods provided by the project as well as financial sustainability of the social enterprise (water production enterprise). the key risks for the project will be how communities adopt the hygiene and sanitation practice imparted by the project and HCA. the success of the HCA in educating villagers and children on sanitation and hygiene will impact the strength of the drinking water production enterprise in selling drinking water to villagers. the project will overcome this challenges by capacitating HCA and long term involvement in educating villagers on general sanitation and important of clean drinking water for their health including women and children.

The HCAs will continue after the project end conduct regular outreach events thereby educating people on the health and economic benefit of consuming clean water. a further risk will be ensuring the financial sustainability for the water production enterprise as this will underpin the funding for the maintenance of the water production facility to keep producing water for community people. the project will overcome this by providing intensive training to women business group who manage the water production enterprise on whole set of business skills to minimize operation cost and increase the sale.

The other risk is technical aspect of the water production facility, during the project, we will work closely with PDRD (or potential contractor) to provide basic technical capacity to women business group and water production facility staffs on operation procedure, maintenance and repairing.

We also link this water production facility to other Oxfam funded facilities in Kampong Thom to exchange technical experiences.

Conclusion

This project will provide an innovative sustainable solution for villagers to access clean drinking water through local women owned drinking water production at affordable price for about 10113 people including women and children.

At the same project will also form and capacitate hygiene change (HCA) in the communities to further volunteer educating villagers even after the project end.

Exit strategy

Annex:

1-Program Logic Model

Summary of Objectives/Activities	Objectively verifiable indicators of achievement	Sources and means of verification	Assumptions
Twenty community hygiene change agents (HCA) are selected, trained and deliver hygiene education to villagers and children at school	20 local hygiene change agents (10 women) are selected and trained on basic water sanitation and body hygiene	-list of trained HCA -report of activities of HCA	the local authority and people support HCAs activities
At least 70% of the population in the 3 communes are educated on water sanitation and body hygiene and at least 50% practicing safe water sanitation and personal hygiene	Knowledge on water sanitation and body hygiene is improved among local villagers and school children	-HCA activity report -Villagers feedback	Trained HCAs have the basic capacity to educate villagers.

<p>One water production and supply enterprise, managed by women, is constructed and put into operation for drinking water production to about 1000 family in year 1 and keep increasing about 20% annually</p>	<p>drinking water production and supply enterprise managed by local women is constructed, producing drinking water and sell to local villagers</p>	<ul style="list-style-type: none"> -site visit -construction report -Production and business activity 	<p>There is a hug market for drinking water locally. the drinking water production has hug market</p>
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