

# Vision of a Healthy Village

# Program Results — Kokosa, Ethiopia

A study evaluating the impact of Lifewater International's Vision of a Healthy Village Program for Kokosa Project 3

October 2022

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And my God will meet all your needs, according to the riches of his glory in Christ Jesus.

- Philippians 4:19

## From Our Staff

### **Ethiopia Country Director Kinfe Diriba**

### **Dear Friends—**

We are committed to accomplishing our mission: providing access to safe water and improved sanitation and hygiene in the Kokosa District of Ethiopia, one village at a time. To this end, we have been implementing multi-year projects since 2016. Our objective is to reduce WASH (water, sanitation, and hygiene) related diseases and improve the health and wellbeing of children and families.

We use a globally unique approach called Vision of a Healthy Village (VHV). Just as Mark 6:6 says that Jesus went from village to village, teaching and discipling, our approach is similarly focused on the village and household level. With comprehensive messaging and systematic education, we equip rural communities with the sanitation and hygiene training they need to thrive.

This approach has brought significant transformation in people's WASH knowledge and practices. VHV has also supplied sustainable, safe water to hard-to-reach areas in Ethiopia.

We have recently completed our third VHV project in Kokosa. Its scope extended to 62 villages and 1,676 households, home to 11,732 people total.

The results from the project endline study show remarkable improvement in WASH since the start of the project. According to the endline study, 79% of households use an improved water source during the dry season, compared to 26% at the baseline. Diarrhea, one of the leading causes of death for children under five, declined significantly from 21% at the baseline to 1.7% the endline. More and more households have started using improved latrines. Households with improved latrines rose to 94%, which is well above Ethiopia's national average and the baseline (29%). At endline, 95% of parents reported that the wellbeing of their children in terms of general health had improved in the last year, compared to only 24% at baseline. We love to celebrate these improvements!

I would like to extend my utmost gratitude for the WASH facilitators, program staff, and headquarters team who have participated in this incredible effort to achieve such transformation.

I will never have the words to thank you, our donors, for your continuous support.

Thank you,



**Kinfe Diriba**Ethiopia Country Director
Lifewater International

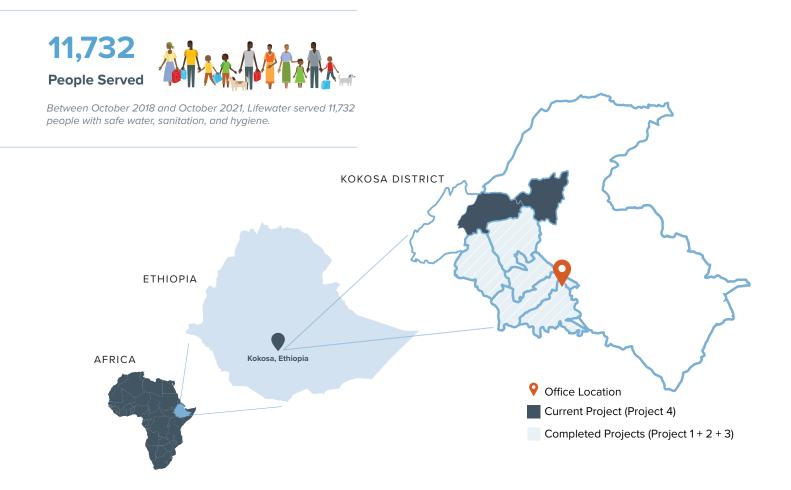
# Kokosa, Ethiopia

Globally, 1.7 billion people lack access to basic sanitation, 2.3 billion lack access to basic hygiene, and 771 million lack basic access to water. In Ethiopia specifically, 91% of the population lacks access to basic sanitation, 92% lack access to basic hygiene, and 50% lack basic access to water.

During the baseline survey of Kokosa project 3 in 2018, staff discovered the following:

- 21% of households with children younger than
  five years old had at least one child with diarrheal
  disease within the last week, a dangerous illness
  that can be fatal for young children. This indicates
  not only a great need for improved water sources in
  the area, but the need for a long-term investment in
  health education to reduce life-threatening illnesses.
- Only 1.6% of people washed their hands with soap or ash and water before eating and after using the bathroom in the previous 24 hours.

- 0% of households used a drying rack for their dishes.
- Just 1.5% of households used a latrine with walls, a roof, a slab, a door, and a pit cover, all items critical in creating a healthy and dignified environment.
- 87% of respondents reported that water scarcity was the community's greatest problem at baseline.



# **Key Results**

Preventing the death of children is one of the most urgent missions we face as a global society. Diarrheal diseases, caused primarily by unsafe water and poor sanitation and hygiene, are responsible for <u>more deaths</u> of children under five years old than malaria, AIDS, and measles combined.

Safe water and sanitation practices can significantly reduce diarrheal disease and save countless of the world's youngest lives in the process.

### **Under 5 Diarrhea**

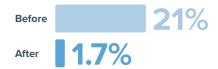
An estimated **500,000 children globally** under the age of five die each year from diarrheal disease. We focus on reducing diarrheal disease in Lifewater programs because such diseases are largely preventable with simple sanitation and hygiene practices and access to safe water.

Beginning in 2018, Lifewater staff trained WASH facilitators in Kokosa, Ethiopia to walk alongside their neighbors and educate them about healthy habits. These habits include handwashing, using a drying rack to keep clean dishes off the ground, and constructing a toilet.

These practices and increased access to safe water resulted in a significant reduction in household prevalence of childhood diarrhea in the area. Before Lifewater programs, 21% of households had at least one child with diarrhea within the last week; after, only 1.7% reported this.

# Prevalence of Childhood Diarrhea\*





\* Households with at least one child with diarrhea in seven days prior to survey. Comparison before and after VHV.

66 Before Lifewater started working in my village, waterborne diseases, like diarrhea, were common in the children, but currently this situation became history."

- Community member

### **Key Results Continued**

### **Improved Health**

Between baseline and endline, safe WASH access improved in Kokosa with statistically significant increases in access to safe water, ownership of improved latrines, and handwashing behavior before eating and after going to the bathroom. Our data suggest these changes correspond to meaningful health improvements.

At endline, respondents to the household survey overwhelmingly reported their health and the health of their children had improved over the course of the previous year. When Lifewater began working in Kokosa, only 22% of respondents reported that their health had improved in the last year. At endline, 89% reported that their health had improved in the last year. According to the household survey data, health facility data, and qualitative data, this corresponded with reductions in diarrhea in children under five throughout the project area, which is the third leading cause of death for that age group globally.

Mothers with young children, students, the elderly, and the disabled struggle to make the journey to safe water sources. Women and girls are the most affected by long walks for water, collectively spending **200 million hours** every day gathering water. If the walk to a safe water source is too long, they often revert to unsafe but closer sources like unprotected springs. The household endline survey in Kokosa shows that 79% of respondents used an improved water source\* as their primary source in the dry season, compared to 26% at baseline.

\*Improved water sources include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

### Improvement in childhood health\*





\*Percentage of respondents reporting that child health has improved in the year prior to the baseline and endline surveys. Comparison before and after VHV.

Me and my family's current health status is very good, no disease-causing agent and disease are in the area... there is a big change"

- Community member

# House-by-House Data

By surveying households before programs begin and monitoring their progress, we track important data about village transformation.

### Sanitation & Hygiene

Washing hands with soap and water, using a drying rack, storing water safely, using a dignifying bathroom, and keeping the home environment safe and clean are all important messages that are shared through Lifewater's Vision of a Healthy Village.

### Washing with Soap or Ash\*



Homes Using a Drying Rack\*



Before 1.6%

After

45%

\*Respondents who washed hands with water and soap or ash in the past 24 hours at the most critical times. Comparison before and after VHV.

0 /

**Before** 

After

**56**%

\*A drying rack is a homemade device to keep clean dishes off the ground. Comparison before and after VHV.

### Homes with a Clean Compound\*



Before 0.6%

After 389

\*Households with no observed feces or rubbish in the compound. Comparison before and after VHV.

### Homes Using Latrines that are Improved with Dignity\*



Before 1.5%

After

\* "Improved with Dignity" means the latrine has a slab, walls, roof, a pit cover, and a door. Comparison before and after VHV.

# **Community Characteristics**

Safe water has a domino effect in villages. It allows children to go to school and parents to go to work, increasing both income and education.

Greater socioeconomic stability emerged as a theme from endline respondents. 82% of respondents felt that their wealth had increased in the 12 months prior to the endline survey, compared to only 30% at baseline.

With access to safe water, families in the countries we serve gain time and opportunities that were previously impossible. In our work at Lifewater we see women in particular benefit, for with water nearby they have hours of extra time to spend on their families.

Perhaps most importantly, survey respondents reported exponential growth in their knowledge about how to practice good sanitation and hygiene. At baseline, 39% had never received this education and at endline we saw that rise to 100% of respondents saying they had received education. This is one of Lifewater's greatest successes, when this crucial knowledge filters into a community and becomes generational wisdom that continues to save lives.

Median Total Time Spent Fetching Water From An Improved Water Source\*



120 Minutes
After 30 minutes

\*During the dry season. Comparison before and after VHV.

### **Self-Reported Wealth Increase\***



Before 30%
After 82%

\*Self- reported based on wealth increased in the 12 months prior

The targeted community is improved and the environment is very attractive; children are very happy."

Government health worker

66 Before Lifewater Project 3 started, I and my colleagues had been trying much to improve the poor sanitation and hygiene conditions/status through implementing CLTS [community-led total sanitation] and convinced local people to construct improved latrines. However, our effort did not have successful results. But later, the integrated Lifewater approach successfully achieved the goal of a healthy village through their effective approaches."

- Government health worker

# **VHV** in School

Private bathrooms and safe water mean that more children can stay in school. Better education means less poverty and more hope for the future.

In Kokosa, Lifewater completed projects at both of the primary schools in the area. Children in these schools now spend more time learning, playing, and living healthy lives.

### School Enrollment

**Globally**, lack of bathrooms and safe water at school is a significant reason why many students miss days of school and often drop out as they progress through primary school. The demands are too time intensive, since most students have to leave school to find water or use the bathroom.

In addition, for female students, the challenges of managing menstruation at school are too difficult. Without a safe, dignifying place to take care of themselves, young women miss school during their period. For many, menstruation makes it difficult to continue pursuing an education.

In Kokosa, both schools have been registered as Healthy Schools, which means they have an improved water source, appropriate latrines for all students, and handwashing facilities. It also means they have a maintenance plan for their latrines and water point, a compound free of feces and rubbish, regularly teach

WASH to their students, and have menstrual hygiene management facilities and materials available for girls.

With these changes, every student has an opportunity to complete their education healthy and optimistic about their future!

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New School Water Sources



2

**Healthy Schools** 



The knowledge, attitude, and practice on water sanitation and hygiene has improved. Our students are getting (the) advantage of (having) facilities like safe water and improved pit latrines."

- A teacher

66 Girls' absence from school during menstrual time is eliminated since we have a separate changing room and water for cleansing."

- A teacher





We are Christians providing access to safe water, and improved sanitation and hygiene, one village at a time.

Learn more about Vision of a Healthy Village at <u>lifewater.org/our-process</u>, and partner with us for lasting change today.