

Vision of a Healthy Village

Program Results — Bensa, Ethiopia

A study evaluating the impact of Lifewater International's Vision of a Healthy Village Program for Bensa Projects 1 and 2

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The old has passed away; behold, the new has come!

– 2 Corinthians 5:17b

From Our Staff

Dear Friend—

In 2016, our teams began multi-year projects in Bensa, Ethiopia.

The main goal was to end the water crisis in that area, taking on one household at a time and operating from Lifewater's own "Vision of a Healthy Village" (VHV) approach.

VHV seeks to put an end to the water and sanitation crisis by taking a grassroots, data-driven approach developed from lessons learned over 35+ years of experience, best practices in community development, and the collective wisdom of our program leaders in the field.

VHV is a holistic, Christ-centered approach to bringing water to the thirsty. We focused on constructing highquality water sources and reaching communities so remote and rural that they might not otherwise be served.

We are now at the end of the first VHV program in Bensa, and we have completed an endline survey that showed statistically significant improvements in WASH since baseline; these are measurements of life before and after Lifewater programs. The results are incredible! In our baseline survey, 22 percent of households in Bensa had at least one child under five with diarrhea in the week prior. At the endline survey, that number had reduced to 2 percent, **a 91 percent decrease in the prevalence of childhood diarrheal disease.**

Praise God! Many young lives are saved.

Between October 2016 and March 2021, the Vision of a Healthy Village approach was carried out in two projects encompassing five rural kebeles, serving 48,173 with safe water, sanitation, and hygiene. God works in incredible ways, and we acknowledge that these numbers are just the beginning. What will follow is generations of change for families on the margins in Ethiopia.

Thank you. You make this work possible.

Grace and Peace,



Zerihun Hailu Head of Program Implementation Lifewater International

Bensa, Ethiopia

96% of Sub-Saharan Africa lack basic access to water, sanitation, and hygiene (WASH) services. Access in rural Ethiopia is particularly inadequate, with an estimated 100% of the population lacking access to basic WASH services and facilities.*

During the baseline survey of the Bensa region in 2016, staff discovered the following information:

- 22% 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.
- Only 20% of people washed their hands with soap or ash and water at the most critical times of the day.
- 0% of households had a handwashing facility and materials (soap or ash and water) within 10 paces of the latrine.
- Similarly, 0% of households used a bathroom properly constructed with walls, a roof, a slab, a door, and a pit cover, all items critical in creating a healthy and dignified household.

In Bensa, households feel that water quality is a greater issue than water scarcity:

- 63% of respondents report that water quality was the community's greatest problem at baseline. The Bensa region is mountainous and many families gathered water from natural springs with no protection against harmful pathogens.
- Rates of diarrhea (the third leading cause of death for children under five years old) were quite high. This indicated not only a great need for improved water sources in the area, but the need for a longterm investment in health education to reduce life-threatening illness.
- Between October 2016 and March 2021, Lifewater served 48,173 people with safe water, sanitation, and hygiene.



*Based on 2011 Demographic and Health Survey data, which reported that, in Ethiopia, 100% of the population lacked at least basic access to water, at least basic access to sanitation, and at least basic access to hygiene.

Key Results

Preventing the death of children is perhaps the world's most urgent and united mission. Diarrheal diseases, caused primarily by unsafe water and poor sanitation, are responsible for more deaths of children under five years old than malaria, AIDS, and measles combined.

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

Under-5 Diarrhea

An estimated 525,000 children under the age of five die each year due to diarrheal disease, a disease largely prevented with simple sanitation and hygiene practices and safe water access.

In 2017, Lifewater staff trained community health promoters in Bensa, Ethiopia to walk alongside their neighbors and help them adopt healthy habits. These habits include hand washing, using a drying rack to keep dishes off the ground, and constructing a toilet to keep feces separate from children.

These simple practices and increased access to safe water resulted in a significant reduction in household prevalence of childhood diarrhea in the area. Before Lifewater programs, 22% of the population had a child with diarrhea; after, only 2% reported the same.

Prevalence of Childhood Diarrhea*



Before 22% After 2%

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

We have received holistic health and spiritual rest since many communicable diseases like diarrhea and abdominal discomforts have gone away...our family love increased because anxiety for money and illnesses have gone."



- Community leader

66 I am proud of possessing better sanitation and hygiene facilities for my family. I will transfer my experience, gratitude and Lifewater's good name for the next generation."



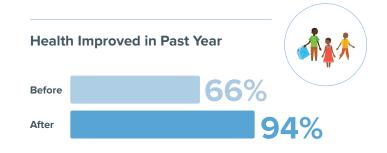
- Community member

Improved Health

Between baseline and endline, safe WASH access improved in the Bensa project 1 and 2 kebeles, with statistically significant increases in access to safe water, ownership of improved latrines, and handwashing behavior at the two most critical times. Our data suggest these changes corresponded 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 Bensa, 66% of respondents reported that their health had improved in the past year. At endline, 94% reported that their health had improved in the past 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 district, which is the third-leading cause of death for that age group globally.

Mothers with very young children, the elderly, and the disabled struggled to make the journeys to safe water sources. They often reverted to unsafe but closer sources like unprotected springs. Rates of diarrhea, which can be deadly for children, were very high. This indicated a great need for more water sources in the area as well as education on how to reduce illness.



66 Our children got knowledge on sanitation and hygiene so that they will keep demanding a safe water source and clean environment. They will never go back again once they learn about the change."



- Community member

66 I am very happy with the safe water drilled well provided by Lifewater. Through this we have got peace for our soul, health for our body and satisfaction for our spirit."



- Community member

Church Mobilization

Lifewater works alongside local churches, mobilizing believers to help their neighbors learn healthy habits. When people know they are loved by God and are equipped for success, it transforms an entire community in a deep, lasting way.

In Bensa, the predominant religion is Christianity, with 93% of the population reporting affiliation with protestantism.

Church leaders were trained through Lifewater's partnership with the Ethiopian Evangelical Church of Mekane Yesus (EECMY). The "Healthy Churches" curriculum teaches about God's care of the poor and marginalized and equips church leaders to tangibly care for their neighbors through WASH.

Churches were encouraged to build latrines through the Healthy Churches curriculum. At the time of the endline, 54% of the churches had met all the Healthy Church criteria. Additionally, church attendance increased by 14% between baseline and endline.

At baseline and endline, nearly every respondent said that they believed God cares very much about them, their children, and their health. At endline, when asked who has an impact on the health of their family, respondents most commonly said God (84%).

We are very happy with Lifewater staff. They are Christians so in every meeting they told us all to pray and serve our Almighty God. They are really good people and committed to our community."



- Community member



51

14%

Attendance

Healthy Churches

Increase in Church

Trained in God's care for the vulnerable and oppressed



C The money saved from medical expenses will increase our offering/tithes to our churches and we will help more vulnerable people and eventually our churches will plan for development projects."



– Business leader

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 clean water, using a drying rack, storing water safely, and keeping the home free of additional garbage are all important messages that are shared through Lifewater's Vision of a Healthy Village program.



Before 6% After 63%

* Households with no feces or rubbish on compound observed by enumerators. Comparison before and after VHV.

Before 0% After 22%

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

66 My confidence increased. When we met with some people [before the project], we were not happy to talk near each other. This is a special benefit from the overall practice of sanitation and hygiene."



Community member

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.

Improved health and reduced medical expenditures was a prominent theme that emerged from the qualitative data. Participants talked about how the health of community members had improved since Lifewater started working in their communities.

As a result of decreased illness, participants said they had far fewer medical expenditures. When asked how they might use the money they had saved since the Lifewater intervention, one business leader said they would reinvest it in their communities.

The household data suggest that this also resulted in improvements in household economic status. For example, respondents at baseline and endline reported a median income shortage of 3 and 0 months respectively in the year prior to the survey. Respondents also reported the median medical expenditures at endline were \$0 in the four weeks prior to the survey. Median Income Shortage
Before 3 Months
After 0 Months

* Comparison before and after VHV.

66 Some women who were engaged in small businesses have become more profitable after Lifewater gave them safe water...this safe water has saved them time and money, and enabled them to have more satisfied customers."

– Business leader

C Lifewater initiated us to help each other. They harmonized us to support vulnerable households to make them the same as with our family's status."



55 Since we become healthy after having safe water and a clean environment, our interest for work and searching for new business ideas has increased."



– Business leader

- Community Leader

VHV in School

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

In Bensa, Lifewater completed programs in five primary schools. That's 11 water points and 16 new bathrooms. Children in these schools spend more time learning, playing, and living healthy lives.

School Enrollment

A lack of bathrooms and safe water at schools are significant factors in students dropping out as they progress through primary school.

At the time of the endline, all five of the schools in Bensa project 1 had been registered as Healthy Schools, meaning the school had an improved water source on its compound, had appropriate latrines available for students, had handwashing facilities with soap/ash and water, had an operation and maintenance plan, had a compound clean of feces or rubbish, and had an active WASH club for students.

Due to the COVID-19 pandemic and subsequent school closures, data on school dropouts and enrollment were not collected at endline. However, qualitative data were collected from interviews and focus group discussions with teachers and a focus group discussion with female students in grades six to eight regarding Lifewater's impact in schools. Participants from the qualitative data collection stated they believed that Lifewater's work in schools resulted in increased student knowledge about WASH. In addition to improved knowledge about WASH, participants believed that student attendance and engagement had improved since Lifewater started working in their communities.



66 Before Lifewater came to our school, students didn't know about water, sanitation, and hygiene except little information in regular curriculum courses. But after Lifewater started working in our school, our teachers are incorporating WASH lessons in regular classes."

– A teacher



66 Our female student's confidence to come to school and their enrollment for this year increased following the improved sanitation facility at school. Female students in general love staying, studying

and playing at the school compound since sanitation

– A teacher

improved in our school."





We are Christians committed to ending the global water crisis, one village at a time.

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