ANNUAL PROGRESS REPORT, 2010

Combating Emergencies And Promoting Healthier Society For Sustainable Development



Acronyms

- SSD Society for Sustainable Development
- WASH Water sanitation and hygiene
- PHED Public health engineering department
- IPs Implementing Partners
- NAS Need Assessment Survey
- UCs Union Councils
- UNICEF United Nation Children Education Fund
- TMA Tehsil Municipal Authority
- IPC Interpersonal communication
- WSS Water Supply Scheme
- IEC Informative Educational and Communicational
- SLTS School Led Total Sanitation
- CLTS Community Led Total Sanitation
- ODF Open Defecation Free
- SEHC School Environmental Hygiene Committee
- CEHC Community Environmental Hygiene Committee
- KAP Knowledge Attitude Practices
- DEO District Education Officer
- IPs Implementing Partners
- CTC Child To Child
- AEOs Assistant Education Officers
- NRSP National Rural Support Program
- DDEO Deputy District Education Officer
- SMC School Management Committee
- UCs Union Councils

Executive Summary

Pakistan has been passing through various emergency situations since the last decade which has seriously affected the entire nation both socially and economically. Counter insurgency operations launched by the security forces against the militants has resulted in one of the world largest internal migration in which at a point more than 2 million people were displaced and were forced to live in various IDP camps. UN and other international humanitarian agencies played a vital role in the provision of basic facilities of WSAH, Health, education, food and shelter.

UN and Other humanitarian agencies were busy in the early recovery of conflict affected IDPs when the country was again hit by one of the worst floods in which at a moment 1/5th of the country was under water and more than 20 million people across the country were affected.

SSD played a vital role during all the emergency situation in the country and particularly in Khyber Pakhtunkhwa. SSD at the peak of IDPs influx provided 19 out of total 27 camps in the province with WASH facilities. Presently SSD is catering the WASH related needs of more than 50,000 conflict affected IDPs in Jalozai camp. Apart from the camps SSD also provided health and hygiene awareness to IDPs residing with host communities in Peshawar, Mardan, Charsadda, Swabi and Nowshera.

SSD also actively participated in the early recovery of water and sanitation facilities through UNICEF funded WASH project which directly benefitted 20,000(11000 female and 9000 male) and indirectly 40,000 along with the capacity building of 200 officials from PHED and TMA regarding safe drinking water and sanitation.

SSD also contributed in the Rehabilitation of WASH facilities in Flood affected districts of Nowshera and Lower Dir through its UNICEF funded Flood relief project which has benefitted 15,000 flood affected families with improved WASH facilities along with awareness on best hygiene practices.

SSD with the financial support of UNOCHA rehabilitated 20 water supply schemes along with improved sanitation, hygiene education and distribution of WASH NFIs in district Lower Dir which has benefitted more than 70,000 individual.

SSD WASH Response to conflicted affected in IDPs Camp

Looking Back to 2009

In wake of large scale operation launched by the Government security forces against the insurgents in swat and FATA since 2009 an estimated 2 million people were displaced from Bajaour, Mohmand and Malakand in which majority of the IDPs were accommodated with the host communities in the adjacent districts while 20% percent of the IDPs were accommodated in 27 IDP camps in Peshawar, Charsada, Nowshera, Swabi, Mardan and Dir Lower along with the Govt. institutions particularly schools.

Responding the need of such a huge influx of IDPs was really a big challenge for the Govt. and humanitarian partners. SSD being one of the leading WASH specialized organization joined hands with humanitarian partners like UNICEF, UNHCR, ICRC and NRC and responded to the needs of the IDPs and provided WASH related facilities to IDPs both in the camps and host communities and was one of the leading organization in the provision of WASH facilities in 19 IDP camps out of total all 27 IDP camps in the province. (Data regarding No. of IDPs provided with wash facilities)

SSD provided WASH facilities included provision of clean and safe drinking water through water tankering, Installation of water storage tanks, provision of latrines, washing and bathing places, solid waste points, distribution of hygiene kits and NFIs along with an extensive social mobilization campaign on hygiene promotion activities and regular monitoring of water quality to ensure safe and clean drinking water.

With the conclusion of a successful counter insurgency operation IDPs from Swat, buner, Dir upper, dir Lower, Shangla were safely returned back from the camps and host communities. Govt. shifted all IDPs from the Bajur, Mohmand, Oragzai and Khyber residing in different camps to Jalozai and closed all previously established camps in Mardan, Nowshera, Swabi, Charsada, Peshawar and Lower Dir.

Conflict Affected IDPs 2010

Presently 80,000 IDPs are residing in Jalozai camp. SSD being one of the leading WASH organization in the province is responsible for the provision of continued WASH facilities to IDPs residing in the camp through regular repair and maintenance of wash facilities in 6 phases of Jalozai camp.

To cater the WASH related needs of the IDPs in camps SSD is presently implementing the following project in Jalozai camp;

1. <u>WASH Emergency IDP Response, Jalozai IDP camp Khyber</u> <u>Pakhtunkhwa, WASH services to 50,000 IDPs</u>

The main objective of the project funded by UNICEF is to ensure that 50,000 IDPs (9065 men, 9435 women and 31500 children) residing in 9 phases of Jalozai camps have access to safe and clean drinking water and improved sanitation facilities through regular Repair and maintenance of wash infrastructure (latrines, Washrooms, Laundries points hand washing) facilities and awareness raising to improved hygiene practices.

Key activities of the project are;

- Repair and maintenance of the WASH facilities from Phase 1-Phase 6 and 14-16.
- Hygiene promotion from Ph.1-6 and 14-16.
- Desludging and De-watering from Ph 1-6 and 14-16.
- Chlorinated Drinking Water Supply to all IDPs of the Jalozai Camp Nowshera.
- Dressing and leveling of the sanitation line from phase 1-6 and 14-16.

The Status of WASH Facilities

Under the repair and maintenance project, SSD has given the task to bring all the WASH Facilities to useful condition. Most of the WASH Facilities especially the VIP latrines and other facilities need a massive repair. There were hundreds of latrines which were filled, most of them could not be reused and need to be replaced. Missing of tarpaulin sheets, wind pipes, doors, taps, laundry's partition etc.

Pictures below explains the condition of WASH facilities



VIP Latrine without Doors, CGI Sheet and V. Pipe



Filled Latrines pits



Filled soakage pits



Filled latrine pit

For the above Repair and maintenances initially SSD conducted the assessment of the WASH infrastructures from Ph.1 to Ph.6.and ph 14 to 17 the following table shows the damages report of the all eight phases.

"Meeting Hardware Gaps"

SSD teams launched a comprehensive repair and maintenance program. This was a four pronged campaign for meeting the gaps on as soon as possible basis. The focus was:

- 1. Repair and maintenance of the WASH Facilities
- 2. Pavement of the wash facilities
- 3. Replacement of the flood affected WASH facilities
- 4. To improve the hygienic condition of the IDPs through interpersonal communication.

As we witnessed the status of the WASH Facilities before initiating reapir and maintenance activities it was really a big challenge as most of the facilities were in very bad condition. To start with the organization completely replaced and decommissioned the VIP latrine which were filled and were an unusable and paved the sanitation line with gravels and bricks which helped in the improvement of the hygiene condition of the sanitation line. Leveling and dressing was also an issue. Leveling and dressing of the sanitation lines from phase 1-6 and from phase 14 to 17 was also completed. To ensure a protective and conducive environment for the women regarding utilization of WASH facilities all laundries and female latrine were partitioned with the tarpaulin sheets. All water tanks were cleaned and properly covered with lids. All the flood affected facilities were replaced on priorities base because it presented a very poor picture of the camp.









Dinging pit for a latrine pit

De-commissioning of latrine



Construction of Solid Waste Point



Laundry partition







Taps changing



Leveling and Dressing the sanitation lines



The below table No 2 shows the details of repair since 1st January, 2010 up to 31st Dec,2010 as

"Repair and Maintenance Project".

S.No	Activity	Achiev	vements	;										Total
	,	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
1	De- sledging of latrines	743	600	832	465	800	700	985	1085	1045	1031	352	145	8783
2	Latrine structure repair / complete replacement	1103	988	788	1243	803	923	740	867	967	1250	1028	998	11698
3	Latrine PCC repair	623	634	601	700	655	612	645	615	615	736	649	744	7829
4	Bathing place structure repair	312	455	322	404	345	360	315	417	421	509	411	587	4854
5	Bathing place PCC repair	256	299	324	287	400	398	285	413	420	519	588	734	4923
6	Bathing place soakage pit maintenance	823	797	801	843	800	826	813	945	877	650	743	938	9856
7	Storage tanks washing pads repair	467	566	587	489	600	457	433	535	635	568	618	585	6540
8	Repair of Solid Waste Points	68	79	100	198	256	120	90	114	120	160	295	170	1770
9	Repair of Laundry Points	53	98	76	55	200	76	50	160	160	250	299	150	1587
10	Soakage Pit Slab	490	574	644	700	498	704	715	590	516	459	500	456	6846
11	Taps	1200	1054	1012	956	845	1345	1500	1800	1842	900	480	510	13444
12	Bal Valve	312	267	307	401	256	276	234	475	468	314	576	550	4436
13	Union	302	298	345	290	267	201	215	645	680	215	390	375	4323
14	Chuck Nut	107	96	80	89	213	101	85	189	192	150	211	245	1758

Desludging

After handover the WASH facilities from phase 1 to phase 6 and from phase 14-17, SSD faced with two major problems in hard ware component i.e.

- (a). Most of the latrine pits were filled and
- (b). Soakage pits absorption capacity was over.

As per design the life of WASH facilities spans over 6 months and the existing facilities were used for a year. So it was necessary to empty all pits through desludging. Through a comprehensive desludging campaign all filled latrines were emptied and were ready to be reused again.





Latrine Desludging

Lime sprinkling after Dislodging

De-Watering

As mentioned above that WASH facilities have well passed expected duration so the soakage pits were completely filled and were unable to absorb waste water so it was necessary to empty all filed soakage pits and could be reused as It was very costly and difficult to replace all soakage pits because of non-availability of space and the absorption of land near by the soakage pits over. However on experimental basis in some areas new soakage pits were dug out but they were also lacking absorption capacity. Therefore it is very cost effective method to de-water the soakage pits on regular basis. An average 25 - 30 soakage pits de-watered on daily basis from phase-1 to 6 and 14-17.



Dewatering of Soakage Pit



Site of Disposed of

Hygiene Promotion:

Sensitization of a camp population on best hygiene aspects and the proper use of WASH facilities achieved through various activities. Parallel with the installation of WASH facilities, Water supply, and Repair & Maintenance, Hygiene Promotional activities are also going on daily basis with 60 skilled Hygiene Promoters. Hygiene promoters conducted sessions on hygiene indicators

(Personal hygiene, Food hygiene, water hygiene, and community hygiene, proper use of latrines and safe handling of water hand washing with soap). Hygiene promotional activities are such as:

- 1. Hygiene Education Session at community, mosques and Schools CFS.
- 2. School Hygiene Clubs (Child to Child Approach)
- 3. Community Hygiene Clubs.
- 4. Capacity building of Water Management Committees.
- 5. Practical Demonstrations.
- 6. Celebration of Specials Days/week e.g. Hygiene day, global hand washing day, MCH Week Water day etc.
- 7. Water Tanks Cleaning and Washing with the help of community
- 8. Community Mobilization for ditches filling for avoiding unhygienic condition
- 9. Cleaning of WASH infrastructure.
- 10. Weekly meeting with Watsan committees.
- 11. Identification of target audience/vulnerable group.
- 12. Special sessions regards diarrhea
- 13. Camp cleanness from waste materials
- 14. Arrange different awareness walks
 - Formation of hygiene clubs in community
 - o Identification of activist
 - Capacity building of activist
 - o Participation in different exhibition and folk festivals
 - Participation in combine sessions with different IP
 - o Broad based sessions with community
 - Conducting special sessions in Hospital
 - Daily visit of sanitation line.
 - Capacity building sessions of promoters on daily basis

Hygiene session's pictorial presentation





Hygiene sessions is conducted by Female

		Total Se	ession	5												
S. #	Hygiene Indicator	Jan	Feb	Ma r	Ap r	Ma y	Ju ne	Jul	Au g	Se p	Oc t	No v	Dec	Tota I	Benefici aries	
1	Personal Hygiene	100	96	134	103	121	122	95	87	85	104	101	125	597		
2	Proper Use of Latrines/ Open Defecation	89	90	56	105	96	103	110	117	90	97	113	101	628		
3	Environmental/ Community/ Domestic Hygiene	100	89	80	76	105	79	85	105	145	54	63	93	545	39479	
4	Safe Handling of Water	100	98	102	91	112	122	90	98	109	85	104	122	608		
5	Food Hygiene	100	96	73	70	96	120	70	90	120	99	67	112	558		
6	Hand Washing with Soap	112	131	102	93	125	102	130	145	115	78	88	97	653		
Tota	al	601	481	547	538	655	648	580	642	664	517	536	650	3589		
S							Beneficiar ies									
#	nygiene mulcator	Jan	Feb	Mar	Apr	Ma y	Jun e	Jul	Aug	Sep	Oct	No v	Dec	Total		
1	School Sessions	68	63	75	79	60	65	67	70	67	50	60	49	363		
2	CFS Sessions	45	60	71	74	70	68	75	65	60	34	67	43	344	18867	
3	Mosque Sessions	40	56	39	51	48	46	45	53	50	35	63	40	286	10001	
Tota	al	153	179	185	204	178	181	187	188	189	119	185	132	993		

Statistics of Male Hygiene sessions

Statistics of Female Hygiene sessions

c		Total Se	essions												Beneficiar
5. #	Hygiene Indicator	Jan	Feb	Ma r	Apr	May	Jun e	Jul	Aug	Sep	Oct	Nov	Dec	Total	ies
1	Personal Hygiene	100	102	204	236	200	100	101	265	234	87	92	129	908	
2	Proper Use of Latrines/ Open Defecation	132	125	100	206	98	103	99	234	289	70	111	114	917	
3	Environmental/ Community/ Domestic Hygiene	46	109	112	102	98	103	106	110	90	67	49	68	490	37560
4	Safe Handling of Water	135	89	90	106	74	78	79	87	87	45	122	122	542	
5	Food Hygiene	49	46	42	79	95	80	81	75	75	48	42	80	401	
6	Hand Washing with Soap	92	96	101	106	112	86	90	105	110	54	39	100	498	
Tot	al	554	567	649	835	677	550	556	876	885	371	455	613	3756	
S. #	Hygiene Indicator	Total Se	essions												Beneficiar ies

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	No v	Dec	Total	
1	School Sessions	93	85	43	86	79	80	90	87	87	55	36	34	389	
2	CFS Sessions	111	101	92	49	115	119	110	90	90	45	31	35	401	16590
Tot	al	204	186	135	135	194	199	200	177	177	100	67	69	790	

MCH Week Promotion Sessions Details are given as under

Dhasa	Male	Female	Mosque	Beneficia	ries	
Phase	Sessions	Session	Session	Male	Female	
1	9	18	2	195	165	
2	9	23	1	176	396	
3	11	24	3	303	406	
4	8	14	2	197	223	
5	14	36	1	185	485	
6	15	11	5	650	430	
14	5	13	1	140	180	
15	12	9	3	714	435	
16	9	7	4	335	295	
17	8	5	4	225	139	
Total	100	160	26	3120	3154	



Hygiene Promotional Walk at MCh week



Imam masjid delivering session at MCH week

Special sessions regarding diarrhea

SSD conducted special hygiene sessions on diarrhea from phase 1-6 and from phase 14 to 17. The purpose of the session were to aware the community regard diarrhea. The community was mobilized to protect themselves from diarrhea. During the diarrhea session with community hygiene promoters trained the community regarding preparation of Oral Rehydration method /solution. The community was also sensitizes to use safe drinking water, wear neat and clean cloth take bathing and hand washing regularly with soap and proper use of latrines. Total 63 special sessions on diarrhea were conducted from phase 1-6 and from phase 14-17.

NFIs distribution from phase 1 to 6 and 14 to 17

Along with wash infrastructure and hygiene education to the community through Hygiene Promoters it was necessary to provide the community with materials for water collection and storage and hygiene and hand washing materials including hand washing/bathing soap, laundry soap, and personal hygiene kit' as per UNICEF standard. SSD also provided the returning families from Jalozai camp with WASH NFIs. Details of NFIs to returnee's families are as under in the following table.

S. #	Description	Quantity
1	Laundry Soap	7434
2	Hand Washing Soap (Life boy)	96540
3	Buckets with lid	8300
4	Personal Hygiene Kit	
5	Aqua Tabs	2000
6	Purification sachet	



An aged man looking Hygiene Kit after Receiving



IDPs Carrying their NFIs after Receiving

NFIs distribution to repatriated families

SSD also distributed WASH NFIs among the overall repatriated families of Jalozai camp. The details are given in the following table

S. #	Description	Quantity
1	Laundry Soap	17681
2	Hand Washing Soap (Life buoy)	17913
3	Buckets with lid	2009
4	Personal Hygiene Kit	1674
5	Aqua Tabs	154860
6	Purification sachet	98940

Safe Drinking Water Supply

Safe water is paramount important for the survival of human beings. Contaminated water mostly by

microorganisms (pathogens) including bacteria, viruses, and parasites are considering unreliable for the human consumption.

Microorganisms that cause life-threatening waterborne diseases such as cholera, typhoid, and dysentery often find their way into water supply systems.

SSD is providing drinking water to all Families in the whole camp according to the quality and quantity as per standard.



Initially SSD were responsible for 1500 families' water provision but later on it's extended to the whole camp except Kacha Gahari families.SSD provided chlorinated water through networking which were directly connected with tube wells from phase 1-6.Besides these phases chlorinated water is supplied through water trucking on daily basis. The details of water supply in quantity are as under from January to May 2010.The main sources for water supply are tube wells, the water tanks are filled twice a day from 1 to 6 phases through net working from their respective tube wells. SSD is not only supplying water from UNICEF developed water .source but also from various private tube wells

Sources of water collecting points

Tube wells which are directly connected with water tanks

- Phase 1 tube well
- Phase 3 tube well
- Phase 4 tube well
- Phase 6 tube well

Tube Wells from where water is supplied through water trucking

- Muhajir bazaar
- Badar tube well
- Phase 8 tube well
- Phase 10 tube well
- Phase 13 tube well
- Anar shah tube well
- Manzoor Baba tube well
- Gul Mohamma

Water Quality Monitoring

Water quality monitoring is a regular feature of SSD WASH interventions. For the said purpose SSD has established a water quality testing lab in the camp and a team of water quality testing and analysis are available to ensure the supply of safe and clean drinking water to the IDPs in the camp. The water quality analysts monitor the drinking water supply from source to users point to ensure supply of safe and clean drinking water on daily basis.





Water Quality Analyst collecting Sample Bacteriological Test



Details of water supply and water quality testes from Jan, up to Dec 2010

S.#	Project Activity	Components	July	Aug	Sep	Oct	Nov	Dec	Total
		Water Tank Trips							
1	Water Supply	Through Tube							
		Well	10886	8252	7888				
2	Water Quality Te	est	43	35	35	28	35		176

Drinking Water Disinfection

Safe water is paramount important for the survival of human beings. Contaminated water mostly by microorganisms (pathogens) including bacteria, viruses, and parasites are considering unreliable for the human consumption.

Microorganisms that cause life-threatening waterborne diseases such as cholera, typhoid, and dysentery often find their way into water supply systems.

Methods of Disinfection

a. Boiling:

Vigorous boiling for one minute will kill any disease-causing microorganisms present in water. The flat taste of boiled water can be improved by pouring it back and forth from one container to another (called aeration), by allowing it to stand for a few hours, or by adding a small pinch of salt for each quart of water boiled.

b. Chemical Treatment:

Chemical treatment: When boiling is not practical, chemical disinfection should be used. The two chemicals commonly used are chlorine and iodine.

Biological test

Using delagua kit: The delagua kit is used in the laboratory for the bacteriological tests.

Figure 1Strorage tanks being filled in IDP camp Jalozai, Nowshera, KPK

The following consumables are used in the bacteriological test.

- o Membrane filters and absorbent pads
- Pad dispenser

- Culture medium 38.1g tub for 500ml of growth medium (sufficient for 200 tests)
- Petri dishes
- Filtration apparatus
- o Sample cup
- Vacuum cup
- Sample cable
- Vacuum pump
- o Tweezers
- Spares box
- o Lighter

Modes of Water Supply

SSD is providing water in two modes i.e. Water Tankering and Networking of Storage tanks with tube wells.

Water Tankering:

Where the storage tanks are not connected directly to tube wells are filled by Tanker Twice a day. **Networking**

As we have 9 collection points in which 4 collection points are rented and the remaining were developed by UNICEF. 3 collection points are functional and directly connected with storage tanks while the remaining 2 points are under construction. Table No.3 shows the details of connected phases/ storage tanks as below:

S. No	Phase	Connected Water Tanks	Remarks
1	1	106	Networking completed by SSD
2	2	115	Networking completed by SSD
3	3	102	Phase 3 is entirely connected
4	4	88	Phase 4 is entirely connected
5	5	134	Networking completed by SSD
6	6	182	Networking completed by SSD

2. WASH Intervention at IDPs camp Wali kandow Dir Lower

Wali Kandow is situated at a distance of 8 KM from district head quarter Timergara. It lies in the jurisdiction of TMA Samarbagh on Munda Bajur Road. In the beginning of summer 2009 when military operation was launched in Bajur Agency many people were displaced from their aboriginal areas. These IDPs were adjusted in different tent villages and Govt buildings. These buildings were declared as registered camps.



Most of these buildings were educational institutes, such as Govt College Timergara for boys & Govt degree college Timergara for girls. Govt Commerce college Walai Kandow and other high middle and primary schools. Later on when the summer vacation ended in august District Govt had to evacuate these educational institutes from IDPs. So far this purpose a land was hired by district Govt in Wali kandow. It was also the first intervention of UNHCR at camp level in District Dir lower through its IP PAK CDP. District Govt requested SSD/ UNICEF for WASH Intervention.

SSD started its WASH Intervention in August 2009. For three months we provided WASH facilities to IDPs from Maidan. In October Maidan IDPs returned to their homes but in meanwhile a fresh operation was launched against Taliban fighters in Bajour Agency. So soon after the departure of Maidan IDPs this camp was re-accommodated by Bajour IDPs. Due to security concern in February 2010 forces asked to evacuate IDPs camp Munda and accommodate them somewhere else. For this purpose District Govt



hired adjacent land to Wali Kandow camp. A new tent village was established here by PAK CDP/ UNHCR and SSD was made responsible for WASH facilities to the new camp. This new camp was named camp No.2 SSD provided WASH facilities with the support of UNICEF to 547 families in camp No. 1 and 421 families in camp No.2 up to July 2010

Provision of WATSAN Facilities

IDPs camp Wali Kandaow lies in hilly area. The nature of soil is hard and rocky. Provision of WATSAN facilities in such a remote and hardly accessible area was a challenge, as it was difficult to dig for latrine pits in rocky mountainous region, unavailability of nearby water source. Provision of WASH facilities in such a challenging area required additional resources (both manpower and money) and a lot of devotion and dedication, the challenge was well accepted by SSD and delivered up to the excellence. Water tankers were used to ensure the supply of safe and clean drinking water from safe drinking water source in Timergara.

The following WASH facilities were provided, to IDP camp 1 and IDP camp 2;

WATSAN Facilities/ activities table at IDPs Camp No.1 Dir Lower

S.No	Items	Details
1	VIP latrines	400
2	Bathing places/ WASH Rooms	100
3	Water bladders 30,000 lit capacity/20,000 lit capacity	2 Nos 30,000 liters, 2 Nos 20,000 liters

4	Washing pad (with 6 taps)	36
6	Laundry points	12
7	Solid waste points Kacha	70
8	Solid waste points Pacca	14
9	Single Tap Stand	20

WATSAN Facilities/ activities table at IDPs Camp No.2 Dir Lower

S. No	Items	Details
1	VIP latrines	201
2	Bathing places/ Wash rooms	66
3	Water bladders 30,000 lit capacity.	2 Nos 30,000 liters,
4	Washing pad (with 6 taps)	25
6	Single Tap Stands	05
7	Solid waste points kacha	75
8	Solid waste points Pacca	10

Installation of VIP latrines and Bathing Places

As per site condition 400 VIP latrines and 100 bathing places were installed in camp No1 and 201 VIP latrines and 66 bathing places were installed in camp No2. Because of the topography of the camp it was not possible to follow sphere standards for the installation







of latrines and bathing places.

Provision of safe drinking water:

Wali Kandaow camp lies on the top of a hill. There was no nearby source available with enough water yield to fulfill the demand of the camp community. When IDPs camp Wali Kandaow established it was almost the middle of summer and water demand of camp community was at peak and there was no other nearby source available for alternate use of IDPs. Water provision to this camp was only possible through water trucking. SSD arranged water tanks and water supply started to the camp community from a safe and tested source in district head quarter Timergara (at a distance of 10km from the camp).Despite the long distance SSD field teams regularly supplied sufficient amount of water(50 liters/day) and met the water related needs of the IDPs residing in these two camps.

Chlorination: Not only water quantity but water quality was also assured. Water was properly chlorinated and residual chlorine was checked and monitored on regular basis. WHO acknowledged the quality of water supplied to the IDPs in IDPs camp Wali Kandow. As a result of tireless efforts of the field teams not a single epidemic outbreak was recorded during entire intervention.

Water storage bladders installation:

For the storage of safe drinking water SSD installed 06Nos UNICEF provided bladders in both camps (04

Nos at Camp No.1 (2 with 30000 liters capacity and 2 with 20000 liters) 2 bladders with 30000 liters capacity were installed at camp No2.) All bladders were installed at high points of the camps and a proper distribution network of HDP pipe was laid by SSD through which water was supplied on gravity flow to the installed washing pads and laundries/ Single tape stand.



Washing Pads/tap stands

It's very difficult to provide water at the doorstep of every household, but for convenient access of

water, washing pads have been constructed at a convenient distance at each block. Around each stand proper-cemented washing pad have been constructed for water pitching, hand washing and body cleaning purposes. As per site conditions so far 36 Nos such hand washing pads have been constructed with distribution taps stands in camp No1 and



25 Nos in camp No2. 20 Nos single tape stand have also been installed for the convenience of IDPs in camp No1 and 5 Nos in camp No2.

Laundry points

Besides hand washing places separate Laundry points have been constructed for washing of domestic

laundry. For this purpose 12Nos laundries have been constructed with adequate tapping arrangement for female population of the camp. These washing places are the gathering points of female community of the camp, where they share their happiness and pairs, share jokes of the day and exchange traditional melodies. It's just a kind of rendezvous place for the camp female.



Solid waste Management

It is impossible to achieve a clean and clear environment without proper disposal of solid waste, to keep the camp environment clean 14 Nos pacca solid waste disposal points have been constructed at available and convenient locations of the camp. Similarly 70 kacha disposal points have also been dug in the ground, which upon being filled with solid waste will be covered with nearby soil in camp No1. 10 Nos pacca & 75 Nos kacha Solid waste disposal points have also been dug in the ground in camp No2. From pacca solid waste point's disposal is made through vehicles to an area, which is quite at a distance from the town and population.



Figure 3 Pacca solid waste point at IDP camp Wali Kandow



Figure 2 Kacha Solid waste point at IDP Distributions: camp Wali Kandow

NFI

For maintaining a hygienic and sanitary environment at the camp hygiene kits, buckets and
jerry cans, bathing and laundry soap have been distributed. Every family has received a
hygiene kits, water bucket, and a jerry can for storing clean water and bathing and laundry
soap. So far 1682 hygiene kits, 1100 jerry cans, 24000 bathing soap, 11400 laundry soap and
1150 buckets have been distributed among IDPs at both camps. Details are given below.

S.No	Items	Quantity
1	Hygiene kits	1682
2	Plastic buckets	1150

3	Jerry cans	1100
4	Bathing Soap	24000
5	Laundry soap	11400

Hygiene Education:

Mere provision of water and sanitation facilities to the camp community is not enough to prevent various water borne and hygiene related diseases. They must be aware regarding proper use of these WATSAN facilities and materials and also about their own risky practices and knowledge which put their lives on risks. It is a fact that if communities are to benefit from the infrastructure designed to improve their health; people have to understand the basics of hygiene and its role in disease



Key Hygiene Message was delivered i.e.

- 1. Proper use of latrine.
- 2. Washing hands on critical times
- 3. Covering of food
- 4. Using clean utensils
- 5. Use of separate pots of storage of drinking water



S.No	# Male	Beneficiaries	# Female	Beneficiaries	# Children	Beneficiaries
	Session	(Attendance)	Session	(Attendance)	Session	(Attendance)
1	2500	31000	1400	14200	2266	27000

FORMATION OF WASH COMMITTEES:





Formation of WASH committees was one of the activities for operation & maintenance of provided

WATSAN facilities at IDPs camp: SSD Social Mobilization team formed 6 committees of male in both camps with coordination of CERD. Roles and responsibility were defined to these committees and they are actively participating in those activities.

MOTHER CHILD HEALTH WEEK (M.C.H.)

SSD celebrated MCH weak in the camp with coordination of camp management and other organization, i.e UNHCR, CERD, WHO, Hayat foundation with zeal and enthusiasm. The active participation of these organization as well as elite persons the event was proved much productive in dissemination of mother child health related messages. Mr. Hussain Ahmad (Administrator) of the camp was the chief guest of the event. Speaking on the occasion he threw light on this topic from different angles. The basic theme of the event was to realize people the importance of mother and child health.



Walk was also organized on this occasion all participants walked from camp No1 to camp No2 raising different banners with related messages. Camp community also participated in this programme and speeches were delivered from their community elders.



School children also participated in this event different competitions were organized among school children. Later on prizes were

distributed among the participants by chief guest. Mr. Hussain Ahmad Administrator of the camp appreciated the efforts of SSD team and congratulated them by organizing such a remarkable event.

SSD, IDP Response Host communities

As mentioned earlier that 80% of the IDPs were residing with the host communities in Peshawar, Nowshera, Mardan, Swabi and Charsadda. SSD in partnership with NRC (Norwegian Refugee Council)launched hygiene promotion activities in 10 UCs of the 5 most affected districts i.e. Peshawar, Charsada, Nowshera, Mardan and Swabi. Total number of direct beneficiaries in the selected Union Councils were 500 IDP families. The idea behind the small target group was to train and equip the pre-identified key participants with knowledge regarding health and hygiene and further they trickle down these hygiene massages at households and as well as at community level.

Before project implementation, SSD conducted an extensive KAP survey and found that Knowledge and practices pattern regarding some variables was very poor in almost all UCs. For example, most of the children defecate openly and the mothers' knowledge about the faeces safe disposal was very low which needs to improve. Similarly, most of the people did not wash hand with soap after defecation. In the light of these facts those selected Union Councils can be categorized as the highest priority for continuation of the hygiene education project.

The ratio of diarrhea existence was found very much high and especially under-five years of age group were suffering more i.e. 76%. It was observed that the understanding among the target population regarding the causes of diarrhea was very low. In all the ten union councils there was an instant need for latrine installation because most of the target population defecates in open fields nearby their dwellings. The overall situation of hygiene in the target area irrespective of urban and rural is appalling but some area can be classified as most vulnerable.

Project Objective

To mobilize the 500 individuals for behavioral change on WASH practices. The WASH interventions will focus to reduce and arrest the incidence of water and sanitation related diseases through awareness rising on safe drinking water, importance of and proper usage of latrines and safe hygiene practices directly to 500 individuals & indirectly to their families in Peshawar, Charsadda, Mardan, Swabi, and Nowshera district.

Target Area				
S.No	Name of District	Name of Union Council		
1	Mardan	Mady Baba		
2 Charceadda		Ghunda karkana		
2	Charssauda	Mohamand Narry		
2 Dechevyor	Khalisa-2			
5	Pesnawar	Hazar Khwani		
		Yaqoobi		
4 Swabi		Sudher		
		Sara Cheena		
E	Nowshora	Akbar Pura		
J	NOWSHEIA	Rashaky		

Hygiene Education/ Promotion Campaign

Hygiene promotion campaign activities launched on 20[°] May, 2010 from Union Council Mohmand Narry, and Sudher, District Charsadds and Swabi respectively. The hygiene promotion sessions carried out in three (3) drives/Phases. And 2 hygiene indicators discussed in each session.

4 hygiene promoter and 2 social organizers formed two teams (2 hp and 1 SO in each team) for implementing the hygiene promotional activities in two clusters namely Cluster 1 (Peshawar, Charsadda and Nowshera) and Cluster-2 (Mardan & Swabi). Each team conducted hygiene education session equally, which is mentioned below in the table.

Hygiene Education Sessions							
Phase wise Sessions Details							
Phase #	No. of Male Sessions	Male Participants	No. Female Session	No. Female Participants	Total Session	Total Participants	

1	21	310	22	268	43	578
2	16	231	20	310	36	541
3	18	233	21	341	39	574
Total Ma	Total Male Sessions 55					
Total Female Sessions		63				
Total No. of Session 118			118			

Each hygiene session comprised 10-15 target/ identified individuals and each individual attended minimum 3 such sessions during the course of project duration.

The hygiene education/ promotion sessions were given to the pre-identified target audience in three phases, the phase wise details are mentioned above in the table. Sessions were conducted in following topics; 1) Hand washing with soap, and personal hygiene, 2) Safe disposal excreta and domestic hygiene, 3) safe water handling and environmental hygiene.





There were many tools that could be used for the improvement of hygiene behavior, but the one that was simple and more appropriate and introduced by UNICEF called Hygiene Improvement Framework was applied for SSD-WASH IDPs emergency response in the target area.



Hygiene Promotion

The hygiene improvement framework is a holistic approach to water and sanitation efforts that combines increased access to facilities and the promotion of behavior change and is supportive to sustainable improvements in hygiene behavior. Water, sanitation and hygiene facilities are not sufficient on their own to improve health, although they are critical components in a comprehensive hygiene improvement programme.

Hygiene improvement framework lays emphasis on three things:

- Hygiene promotion
- Improved access to the water and sanitation facilities
- An enabling environment

Facilities like, access to the hardware have been provided by NRC and hygiene promotion by SSD in the target area. For making an enabling environment, consecutive sessions were held with different community elders to introduce those measures that helped in promoting sustainable hygiene improvement environment.

To achieve the project objectives, the PHAST (Participatory Hygiene and Sanitation Transformation) methodology was adopted to prevent diseases caused by unhygienic practices.

The Use of IEC material helped us a lot in streamlining community hygiene promotion. Under PHAST methodology the following IEC material were used to achieve project objectives.

Hygiene and Sanitation Day

Hygiene/ Sanitation Day was composite of various activities like, door to door campaign, wall chalking, hygiene walk, motivational speeches, lime sprinkling, streets cleaning, hygiene competition at HH level, banners and play card display etc. According to the project plan, SSD have to conduct four (4) Hygiene

and Sanitation days in the target UCs. The purpose of the Hygiene and Sanitation day was to sensitize and mobilize the target community at larger level, to convey them key hygiene messages and practically involve them in hygiene promotional activities. It was an activity which was arranged on both male and female sides. Two days prior preparations were being made for each hygiene day to make it more participatory, effective, timely conducted and result oriented.



Key community stakeholders like health practitioners, teachers, elected representatives, school students, religious leader farmers, and mainly DPs were informed from various villages of the UC and their participation was ensured in the hygiene day. Agenda and objectives of the activity were shared with key stakeholders and activists.

Objectives of the activity:

- To stimulate the community on environmental, domestic and other hygiene indicators for promotion
- To mobilize, sensitize and practically involve the community in the Hygiene & Sanitation Day and
- To disseminate the key hygiene messages among the general masses.

Door to door Campaign:

A door to door campaign was carried out by female Hygiene promoter a day prior and as well as on hygiene day. At the campaign, hygiene messages were given, and the hygiene day was declared formally. And appeal was made to take an active part in the event and make it a habit.

Wall-Chalking:

Keeping the advantages of wall-chalking in view and in order to get maximum results from our project and disseminate our key hygiene messages walls were chalked with key messages in various streets and villages of the target area. More than fifteen messages were written all around the target area.

Motivational Speeches:

Motivational speeches were delivered by various stakeholders like, religious leader, health professional, school teachers, IDP's, and community elders in hygiene and sanitation day. The mentioned stakeholders participated in the event actively and efficiently. And they have further own responsibility for disseminating key hygiene messages in their respective areas.

Hygiene promotional walk:

Hygiene promotion walk carried in all "Hygiene and Sanitation Day" celebration, in which various banners, and play cards were displayed with Key hygiene massages. The mentioned day was celebrated

in a very effective and organized manner, all key stakeholders like, local influential, school teachers, students, health professional, religious leader, CBOs, IDPs, and host community participated in the event actively.

Hygiene Competitions at Household level

A Household level competition took place in each hygiene and

sanitation day. During competition hygiene indicators were observed among the 50 households by a neutral judge along with Hygiene Promoters and Social Mobilizer and judgment were made for winner. The top ten households regarding best hygienic condition awarded with soap. And at end of the activity certificates best activists and volunteers were awarded certification of appreciation.

3.4.1 Broadcasting,

The hygiene promotional messages were developed and broadcasted on a private radio channel named Radio Dilbar, keeping the trend of listeners, frequency, and coverage area in view. The 8 hygiene promotional promos were broadcasted for fifteen days continuously on FM radio Dilbar, the frequency of delivering each message was 19 time from 08:00 to 11:00 am.

Details of broadcasting:

Details of Broadcasting	Remarks
	Details of Broadcasting





1	Name of Channel	FM Radio Dilbar	Covering all targeted area
2	Frequency	FM 93.00	
3	No. of Hygiene Messages broadcasted	8	
4	Duration/length of 8 Promos	08 min and 40 Second	
5	Duration of broadcasting	260 Minutes	Each promo broadcasted 30 times
6	Rang/ Coverage Area,	Peshawar Valley	100 % coverage

Key Achievements of the project

The Project has contributed successfully to the followings achievements;

- 118 Hygiene Sessions were conducted and 578 Key individual/persons were given training on hygiene.
- 94% of the target beneficiaries (500) were made aware on safe drinking water.
- 500 individuals were sensitized and educated on proper messages on the risks associated with drinking contaminated water and unsafe hygiene practices through interpersonal communication and interactive group discussions.



- 31 NRC (Norwegian Refugee Council) staff trained on hygiene education and Child-to-Child learning approach (CtC)
- Knowledge about hand washing with soap at critical times has greatly improved.
- The target group was sensitized to greater extent regarding hygiene messages i.e. Hand washing with soap, Personal Hygiene, Safe Disposal of excreta, and Domestic and environmental Hygiene. (the change can be observed in the post KAP Survey report)
 - The target group have recognized that hygiene knowledge is one of their main problem, and they started giving importance to the issue
 - Given awareness for Solid waste proper disposal at village level
 - 8 Hygiene promotional Promos were developed and broadcasted in all target area on FM Radio promos

In conclusion it is stated that the level of Knowledge and practices pattern regarding some variables is very poor in almost all UCs. For example, most of the children defecate openly and the mothers' knowledge about the faeces safe disposal is very low which needs to improve. Similarly, most of the people do not wash hand with soap after defecation. In the light of these facts that those selected Union Councils can be categorized as the highest priority for continuation of the hygiene education project.

In the targeted UCs the same level of knowledge and practices patterns indicating the need for equal attention during the hygiene education intervention. For example, in both the rural and urban UCs, nearly same percentage of knowledge exists.

The ratio of diarrhea existence is very much high and specially under-five years of age group are more suffering i.e. 76%. There is very low level of understanding among the target population regarding the causes of diarrhea as only 17% of the target population responded positively towards the prevention of diarrhea.

Only 23% respondents, reply positively towards preparation of home made ORS. But 85% responses were incorrect about the proportion of ORS ingredients.

In all ten union councils there is an instant need for latrine installation, promotion of proper usage and maintenance of latrines as 52% of the target group defecates in open fields nearby their dwellings. Areas of personal hygiene and the general environment outside the households are main areas of concern. Besides a large number of people do not consider it necessary to wash their hands with soap, especially before eating and after defecation.

In conclusion it can be safely stated that overall situation of hygiene in the target area irrespective of urban and rural is appalling but some area can be classified as most vulnerable where situation can easily be termed as EMERGENCY.

Post- KAP Survey

After the completion of project activities, a detailed survey was carried out in the target area. The Knowledge Attitude and Practice Survey was carried out by Society for Sustainable Development (SSD) earlier in may,2010 in District Mardan, Peshawar, Charsadda, Nowshera, and Swabi. The KAP survey (both pre-KAP and post-KAP) is aimed at establishing the comparison of Knowledge, Attitude and Practices of the target group before and after intervention, in the selected Union Councils i.e. 1) Khalisa-2; 2) Khazar Khwani; 3) Akbar Pura; 4) Rashaky, 5) Mady Baba, 6) Ghunda Karkana, 7) Mohmand Narry, 8)Yaqoobi, 9) Sudher and 10) Sara China located in District Peshawar, Nowshehra, Mardan, Charsadda and Swabi. The study sample was 500 House Holds. The study covers a period of one week.

In the pre-KAP survey the report results showed relatively less satisfactory condition of sanitation with poor hygiene behavior among the target group. In the post-KAP survey results found are very healthy and show very positive change as compare to the earlier Pre-KAP survey findings.

It can be easily stated that the level of Knowledge and practices pattern regarding some variables get improved in almost all UCs. For example,

- 1. 31% of the households were using hands for pouring drinking water in the pre-KAP survey. While that area has tremendously improved, it decreases up-to 2%.
- 2. Earlier 57% of the target group washes their water storage container with plane water, while now the practice of washing storage container with soap has observed up-to 68%.
- 3. 52% households were observed placing their water storage container on ground before the intervention, which has decreases up-to 13% and 70% households are now using table for placing the drinking water container to minimize the risk of contamination.
- 4. In pre-KAP it was observed that only 9% households treat the water for drinking while in Post-KAP it is quite encouraging to see that 39% households are now treating water, in which 29% using cloth filtering method, 4% boiling and 6% sun rays.

- 5. Knowledge about hand-washing with soap at critical times has greatly improved, after defecation 89% to 99%, before eating 19% to 89%, after cleaning baby's excreta 18% to 49%, before feeding 0% to 5%, and before preparing food 47% to 51%.
- 6. As it was observed during pre-KAP survey that only 36% people wash their hands with soap, this is greatly improved up-to 87% after intervention.
- 7. 48% of the target group responded that they use latrine in the pre-KAP survey, now this has improved to 62%.
- 8. Only 33% children under five years of age group were using latrine for defecation in pre-KAP Survey which has improved to 43% after intervention.
- 9. After the intervention the excreta dispose-off practices by mothers have improved to some extent, like excreta drop into latrine from 25% to 38%, rinsed/washed away from 13% to 21%, somewhere in the yard percentage decreased from 30% to 13%.
- 10. The knowledge about water wash/born diseases have really been improved, diarrhea from 42% to 85%, Eyes infection from 1% to 22%, Worms from 17% to 22% and skin from 17% to 26%.
- 11. It is observed that the percentage of diarrhea prevailing situation in the last three months decreases from 80% to 70% and the knowledge about diarrhea prevention has greatly enhanced from 17% to 70%. As per as the home made ORS preparation is concerned, now 97% of the target group can prepare home-made ORS while earlier it was 23%.
- 12. As the knowledge of the target group about malaria prevention has enhanced, the percentage of malarial patient's decreases from 60% to 49%.

As most of the hygiene indicators improved to some degrees or largely but still the target area needs an extensive efforts and time in the area of hygiene promotion. And project like this could be more effective and productive in term of behavior change, if the duration of the project extended.

It can be safely stated that overall situation of hygiene in the target area irrespective of urban and rural have improved but still some areas can be classified as most vulnerable.

WASH EARLY RECOVERY OF CONFLICT AFFECTED AREAS

As a result of successful military operations and upon approval of IDP return from the security forces, IDPs from Malakand were safely returned to their area of origin. WASH facilities in the area were badly affected during the military operation and there was a dire need of hygiene education in the area

Keeping in view the prevailing situation related to WASH SSD in partnership with UNICEF initiated WASH early recovery project to ensure that the water supply schemes are more sustainable and the water quality is safer for drinking purposes. in District Upper and Lower Dir.

WASH emergency IDPs response project was.

SSD adopted two pronged strategy to achieve the objective;

1) The strengthening of PHED & TMAs operational staff

2) Hygiene promotion

The strengthening of PHED, TMAs operational staff included training in different aspects so that they can contribute effectively. The training included the following sessions.

- 1. Hygiene Promotion
- 2. Sanitary inspection and water quality monitoring and water testing
- 3. Water source protection
- 4. Demonstration & use of tool kits

Hygiene promotion activity includes the following:

- 1. Hygiene days/ walks in the target areas/villages
- 2. Hygiene sessions with community members
- 3. Hygiene awareness campaign on FM radio

SSD targeted a total of 19 UCs of Distt. Lower Dir and 21 UCs of Distt. Upper Dir respectively and capacity building of 200 PHED and TMA staff through 8 trainings.

Project Total beneficiaries were 20,000 while indirect beneficiaries are 40,000.

Base Line survey

A comprehensive baseline survey was conducted in all targeted areas. A simple questionnaire with

understandable format was employed to carry out the survey. Questionnaire contained all the basic informed needed in all the documented activities of the project.

16 different teams of Hygiene Promoters were employed in 40 targeted Union Councils of Distt. Lower & Upper Dir and data collected was shared regularly in weekly review meeting among the staff members.



Technical training of the line departments

Technical training is one of the important training which was delivered in both the districts. It was departmental based training and audiences of this training were the Valve men, Plumbers, operational staff and masons of PHED & TMAs. In these trainings tool kits were practically



demonstrated by the resource persons who were highly qualified and experience in his field. Hygiene promotion sessions were taken by the Master trainer SSD which was highly appreciated by the participants of the trainings.

Statistics of the technical trainings of the line deptt

Total No. Of	Activities Completed	Beneficiaries	neficiaries		
Activity		Male	Female	Total	
08	08	200	Nill	200	

Hygiene Promotion training of Activists

Hygiene promotion is one of the important training which is delivered to the community. It was community based training and audience of this trainings were the Activists and teachers. The participants were told about the risk associated practices which cause different kind of diseases.

Participants of the training were also mobilized to disseminate these messages in their localities.

Statistics of Hygiene Promotion Training

Total No. Of	Activities Completed	Beneficiaries				
Activity		Male	Female	Total		
20	20	100	Nill	100		

Hygiene Promotion trainings of Women Volunteers

This training was also a community based training, women volunteers were identified in different villages and they have properly oriented on the project goal. Different kind of channels were used to give access to the community particularly women and children, but this channel was

very fruitful, because different kind of success stories were received during the follow up visits.

Statistics of Hygiene Promotion Training







Total No. Of Activity	f Activities Completed	Beneficiaries			
		Male	Female	Total	
20	20	Nill	100	100	

Hygiene Promotion trainings of other Organization

Some other organizations were also identified who were working on the relevant fields. More than twenty staff members were trained of five organizations in both the districts. These organizations has also been disseminated our messages during their field visits.

Statistics of Hygiene Promotion Training

Total No. Of Activity	Activities Completed	Beneficiaries			
, letting		Male	Female	Total	
5	5	10	15	25	

Promotional Activities

Promotional activities are the backup support for any kind of project to meet their goals. This project also carried out some promotional activities i.e.

• Hygiene days/ walks

To aware people with the importance of health and hygiene SSD organized 30 hygiene days/ walk in our targeted villages / UCs / Distt.

Statistics of the hygiene week

Total No. Of Activity	Activities Completed	Beneficiaries			
,,		Male	Female	Total	
30	30	12,000	Nill	12,000	

• Material Distribution

To promote and aware the people Informative Educational and Communicational (IEC) materials were distributed in targeted areas in form of posters, but also distribute one

lac thirteen thousand soaps and eighty three thousand Tooth brushes



during the hygiene sessions among the people which was highly appreciated by the participants.

• Hygiene Sessions

To improve the hygienic conditions of the people it was necessary to aware them about all health hygiene related matters. In this aspect SSD conducted a large number of hygiene sessions in the community with both male & female with the help of hygiene related posters. To achieve the target of direct beneficiaries, hygiene sessions were focused



in this project and the messages were well conveyed through Interpersonal Communication to the communities.

Statistics of the Hygiene Sessions

Total No. Of Activity	Activities Completed	Beneficiaries			
,,		Male	Female	Total	
2400	2680	51250	18900	70150	

• Hygiene Promotion through FM radio

SSD has hired the services of FM 105 Mardan to on air hygiene related slogans, because local FM radios were blocked in time of extremism. Five messages were selected and highlighted in different times of the day. All the hygiene related messages were conveyed through FM radio in both the district of Dir.

Human interest story/ Case study

Children are in action for the behavioral change on safe hygiene and sanitation practices.

A head mistress of Govt Primary School Miss. sumbal of UC bebyawar Says

The was very happy and told the gathering that the children of the day are very clever and intelligent

and the time has come that the children will teach their parents about sanitation because we are the people of stone age and didn't know about the cry of the day

the ratio of deaths occurring due to unsafe water which is two lac and fifty thousand per annum in Pakistan only in case of diarrhea. The hygiene promoters told the participants that the best way of purification of water is to keep transparent water filled bottle in the sun light. The harmful germs will get die and only those germs will remain



safe in water that are beneficial for health. During the session a girl safina was also sitting in a corner, in the follow up visits it came to know that safina gets up early in the morning and fill the transparent bottles with water and keep it in sun light for eight hours and this is the routine activity of safina, One day she was late for school because she was filling the bottles, when she reached the school Miss sumbal asked the reason for getting late, she replied that a few days back when I was attending a hygiene session which was conducted by SSD UNICEF, I got up the way of purification of water and keep the water filled bottle in sunlight daily before leaving for school, but today I got late when doing the same process. She was punished on coming late to school. When the headmistress thought about the process of purification of water she was convinced and feels shame over this act. She summoned the whole school and shared the story of safina. The headmistress gave a detail lecture on health and hygiene and purification of water. Safina was awarded with soft and gentle words in front of all the school fellows. The whole school was educated on health and hygiene due to a small girl safina.

Initial Impact of This Project

Before the intervention of this project, people were not aware about the basic things like water purification, harmfulness of open defecation, importance of hand washing at critical times etc. But now, by the intervention of this project there are following impacts of this project.

- Now, people are fully aware how to purify water and they are using different methods to purify water.
- Open defecation issues been reducing, it is not fully over but people are willing to work on it.
- There is another great impact of this project that, now people are used to wash their hands at most critical times.
- Now they have come to know that these WSS are for their welfare, so they take interest in the maintenance and repair of these pipe lines.

UNICEF Assisted School WASH Project Lower Dir

District Dir Lower is situated in extreme crises zone the ongoing war against terrorism badly affected the area. The displaced people from Bajaur Agency, Maidan valley and Swat valley temporarily resided in different schools of district Lower Dir before shifting to various IDP camps. During their stay water and sanitation facilities in these educational institutions were badly damaged. As WASH facilities are an integral part of schools and absence of basic WASH facilities is one of the key reason of low enrolment in schools. So rehabilitation of these facilities along with hygiene education was one of the basic objective

of the project. SSD in partnership with UNICEF launched WASH project targeting 30 woesrt affected schools of the district.

Project targets were divided into three main activities.

(a) Soft Activities (b) NFI Distribution (c) Hardware Activities

The overall activities and achievements are visible from below table;

	Overall School WASH Project Target Activities and Achievements						
S.No	Activity	Project	Achievements				
		Targets	Achieved	Beneficiaries			
Α.	Soft Activities						
1	Hygiene Sessions with School Children	360	378	7264			
2	Sessions at Boys Schools		154	3281			
3	Sessions at Girls Schools		224	3983			
4	Teacher Training on SSHE	1	1	30			
5	Care taker Training	1	1	60			
В.	NFI Distribution	L					
	•	ſ	Γ	ſ			
1	Total Received Kits (Family)	4500	4000	4000	500 kits were		
					distributed		
					in Dir upper		
2	Total Received Kits (Student)	4500	4000	4000	500 kits		
					distributed		
					in Dir upper		
3	School hygiene box/	30	30	6200			
	Communication material						
4	School Hygiene book lets	30	30	5000			
С	Hard Activities						
1	Drilling of Bore Holes for Hand	30	30	9826			
2	pump installation	40	40	10550			
2				10000			
	BINS						
3	Installation of Water Storage	30	21	8525	Nine Water		
	Tanks				tanks have		
		1	1	1	JUCH		

						damaged by flood water in our ware house which was reported to UNICEF
4	Construction/ Rehabili Latrines	tation of	60	56+7=63	8520	56 Latrines have been newly constructed and seven latrines were rehabilitated

Hygiene promotion Activities

Achieving goals in WASH program is impossible with mere subsidiary approach. It is possible only if the

target beneficiaries are aware of the benefits of using appropriate water and sanitation facilities in proper way. This awareness is also important for the sustainability of the program. Children are considered as best changing agents, so change of behavior in them means change of behavior in the whole family and also in the entire community. Children spend long hours in schools. The school environment will partly determine these children's health and well-being by providing a healthy or unhealthy environment. Compared to adults, children are often more



receptive to new ideas and can more easily change their behavior and/or develop new long-term behaviors as a result of increased knowledge and facilitated practice.

Project targets were 360 sessions and our team achieved 375. Out of them 154 were male and 224 female. Boys participants were 3281 and girl's participants were 3983.

Details of School wise Male Sessions

Total Male Sessions	=	154	
Total Participants		=	3281

S.No	Name of School	Session	Total Sessions	Beneficiaries	Total		
1	G.H.S.S Badwan	13	13	361	361		
2	G.H.S.S Chakdara	32	45	722	1084		
3	G.H.S. Ramora	21	66	332	1416		
4	G.M.S Sesada	8	74	139	1555		
5	G.P.S Sesada	12	86	261	1816		
5	G.H.S.S Ouch	30	116	668	2484		
6	G.H.S Shamshi Khan	23	139	516	3000		
	7	G.P.S Rani	15	154	281	3281	
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Details of School wise Female Sessions

Total Female Sessions	=	224	
Total Participants		=	3983

S.No	Name of School	Sessions	Total Sessions	Beneficiaries	Total
1.	G.P.S. Badwan	16	16	389	389
2.	G.G.H.S Badwan	18	34	342	731
3.	G.G.H.S Ouch	34	68	697	1428
4.	G.G.C.M.S Ouch	15	83	277	1705
5.	G.G.P. S Ouch	11	94	216	1921
6.	G.G.PS Ouch Maina	16	110	244	2165
7.	G.G.M.S Shahi Khel	16	126	256	2421
8.	G.G.P.C.M.S Seasada	23	149	343	2764
9.	G.G.C.M.H Timergara	77	224	1219	3983

TEACHERS TRAINING

As per project target one teacher training was conducted in the GHS Chakdara in which 30 teaches from different schools participated. The participants threw light on the role of teachers in the guidance of students and achieving an enabling environment through their dedicated efforts. The participants of the training were briefed that achieving such an environment and sustainability is not possible without a participatory approach of teachers and students.

Teachers can build responsible citizen of a nation.



CARE TAKER TRAINING



Keeping in view the above concerns "care taker training "was arranged in GGCMS Sesada 60 parents/

caretaker participated in this training. In this training the role of parents in respect to the guidance of their children and behavior change in them was discussed from different angles.



NFI DISTRIBUTION

NFI Distribution contained family and student hygiene kits. Family hygiene kits were distributed in girls schools and students kits were distributed in boys schools – 4000 girls and 4000 boys were the beneficiaries' of this distribution.

Beneficiaries from IEC material distribution is 5040 the packing contained 9900 Mena note books distributed in 25 primary schools, lodes and different posters with key hygiene massages. A detail is given in table D, E.



Details of Female NFI List

S.No	Name of School	Distributed Kits	Total Distributed Kits
1.	G.G.P.S Badwan	404	404
2.	G.G.H.S Badwan	381	785
3.	G.G.H.S.S Ouch	971	1756
4.	G.G.P.S Qila Ouch	240	2281
5.	G.G.P.S Maina Ouch	254	2535
6.	G.G.P.C.M.S Saisada	343	2878
7.	G.G.M.S Shamshi Khan	256	3134
8.	G.G.C.M.H.S.S Timergara	866	4000

Details of Male NFI List

S.No	Name of School	Distributed Kits	Total Distributed Kits
1.	G.H.S.S Badwan	420	420
2.	G.P.S Seasada	264	684
3.	G.H.S.S Chakdara	772	1456
4.	G.H.S.S Ramora	388	1844
5.	G.M.S.Seasada	152	1996
6.	G.H.S.S Ouch	880	2876
7.	G.H.S.S Shamshi Khan	584	3460
8.	G.P.S. Rani	540	4000

Provision of Water and sanitation facilities

Water and sanitation situations can determine whether or not a child goes to school. For instance, many

families rely on children to fetch water – a chore that takes hours. Diarrhea, worm infestation and other water-borne diseases take a huge toll on children's health, making them too ill to attend school and impairing their development. Many Schools in District Dir lower are still lacking these basic needs of humanity. The sanitation part of this project contained construction of latrines, installation



of hand pumps, installation of garbage disposal bins and installation of water storage tanks .Total beneficiaries from the mentioned hard activities are 14595.



S.No	Activity	Target	Achieves	Beneficiaries.
1	Installation of water	30	21	8525
2	Latrines Construction	60	60	8520
3	Solid waste Bins	40	40	10550
4	Hand pumps	30	30	9826

LIST OF SCHOOLS WITH WASH FACILITIES

S.No	Name of School	Strength	Garbage Disposal Bins	Storag	Latrines	Hand	Teachers Training	Care Taker
			Disposal Dills	Tanks		rump	Training	Training
1	GHS Ouch	880	1	1	4	1		
2	GGPS Ouch	254	1	1	2			
3	GHS Adam Dehrai	370	1	1	4			
4	GHS Chakdara	750	2	1	2	1	1	
5	GGHSS Chakdara	480	1	1	2	1		
6	GGPS Sesada	343	1	1	2	1		1
7	GHS Ramora	470	1	1	2+3	1		
8	GGMS Ramora	230	1			1		
9	GPS No1 Badwan	90	1			1		
10	GPS No2 Badwan	200	1			1		
11	GHS Badwan	420	1	1	4	1		
12	GGHS Badwan	381	1	1	4	1		
13	GGPS Badwan	404	1			1		
14	GGPS Barikao	230	1	1	2	1		
15	BPS Marwando	190				1		
16	GGPS Mandesh	200	1	1	2			
17	GHS Rabat	400	1	1	4			
18	GHS Rani	500	1	1	4			
19	GPS Rani	250	1	1	2			
20	GGHS Timergara	715	2	1	4			
21	GGMS Bandagai	182	1	1	2	1		

22	GMS Banda	gai	190	1			1		
23	GHS Shamsl	hi Khan	576	1	1	2	1		
24	GGHS Sham	shi Khan	540				1		
25	GGMS	Shamshi	250	1			1		
	Khan								
26	GGPS Sarai		140	1	1	2			
27	GGHS Ouch		880	1			1		
28	GGPS Ouch		240	1			1		
29	GGCM Ouch	า	285	1			1		
30	GPS Ouch		235				1		
31	GPS Gharga	y Payen	170				1		
32	GHS Mian B	rangola	300	1	1	4			
33	GHSS Mian	Bangola	230	1	1	2	1		
34	GPS Nigram		180	1	1				
35	GGPS Nigra	m	200	1			1		
36	GGPS Teron	а	210	1			1		
37	GGHS Khall		450	1	1	4	1		
38	GPS Shamsh	ni Khan	200	1					
39	GPS Swato I	Banda	180				1		
40	GHHS Nagri	Payen	450	1					
41	GGPS Mata		220	1					
42	GPS Chakda	ra No1	180	1					
43	GGMS Sesa	da	350	1					
Grand	l Total		14595	40	21	63	30	1	1

SSD FLOOD RESPONSE

The 2010 Pakistan flood begins in July following heavy monsoon rain in the KPK, Balochistan, Sindh and Punjab. Present estimate indicate that over 2000 people died and over a million homes have been

destroyed since the flooding begin. The UN estimate that more than 21 million people are injured or homeless as a result of the flooding, acceding the combine total of individual effected by the 2004 Indian oceans tsunami, 2005 Kashmir Earthquake and 2010 Haiti earthquake. At one point, approximately 1/5 of Pakistan total land area was under water due to flooding.

As a result a large segment of the population is forced to move towards safer places. Majority of the flood affectees crossed over to the neighboring villages, districts or other safer parts of the locality, while a significant number had also taken refuge in government buildings. To take refuge and get survive is not the end of story, but the people are compromising on available resources whether in camps, government buildings, or host families.

As the flood settled down the people started movement towards their homes and were faced with lots of problems like, unavailability of clean drinking water, poor sanitation, lack of health facilities, health and hygiene, food, etc.

The local water and sanitation facilities in the district before the flood were not adequate for the local people. The government of KPK reports that only 47% of households in the region have a tap water connection and 60% have perceived access to sewerage and sanitation. According the 2008 national statistics, 71% of the population of KPK has access to improved water sources; however this does not mean that the water is safe for drinking. Only 38% of all water in the province is estimated to be safe for drinking. Meanwhile, the flood hit 1/5 part of the country including KPK. As per the geographical situation of District Nowshera, most of its area is located on the bank of the river Indus. the infrastructures including WASH have been seriously damaged by flood. The target area were already lacking WASH facilities while the flood made the situation very worst.

To enhance the water, sanitation and hygiene condition in the target area of district Nowshera by repairing water sources for clean drinking water, repairing the existing latrine facilities, construction of drains and solid wastes points along with hygiene promotion to improve sanitation condition.

In response to the above mentioned existing situation regarding WASH, Society for Sustainable Development, started its intervention with financial assistance of UNICEF for the rehabilitation of WASH facilities and hygiene promotion.

SSD Initial Immediate Response to Flood Affectees

1 UNICEF funded WASH Emergency Relief project

In wake of devastating flood on July 30th a large number of flood affected population have sought shelter in Govt. facilities particularly in schools. WASH facilities in those schools were inadequate to respond to the need of such a huge number of people who have hardly saved their lives. The flood affectees were in dire need of access to clean drinking water and proper sanitation facilities to avoid the risk various diseases especially water borne diseases and unhygienic environment and practices which in such devastation is very likely.

SSD in partnership with UNICEF urgently provided WASH facilities to 322 families residing in 15 different schools of the district. SSD WASH response included;

- Installation of water tanks
- Provision of water supply through water tankering
- Chlorination of water supplied
- Distribution of bucket and jerry cans
- Distribution and orientation hh water treatment
- Installation maintenance repair and cleaning of temp latrines
- Promotion of safe hygiene practices
- Establishment and management of removal of solid waste

SSD was successful in the provision of all 322 flood affected families residing 15 school sites with continuous supply of monitored safe and clean drinking water through installation of water tanks and water tankering to ensure that the flood affected families have access to clean and safe drinking water facilities along with latrine and sanitation facilities.

Apart from the provision of WASH facilities SSD field teams conducted regular health and hygiene sessions with the affected families to ensure proper hygienic practices and safe disposal of the solid waste through establishment of solid waste points and regular disposal of waste from school sites to avoid the risk of any breakout from the solid waste and un hygienic practices.

2. WASH Flood Emergency Response Project, district Nowshera and Lower Dir, UNICEF

As soon as the water descended and mobility was possible SSD conducted a comprehensive base line survey of 15,000 in 8 UCs (Kabul River, Nawan Kaly, Chowki Town, Kheshgi Bala, Kheshgi Payan, Akora Khattak, Aman Gahr, and Dagai) of Nowshera and 2 UCs (Timergara and Khall)of district Lower Dir. Some of the major findings of the baseline survey are as under;

1). Above 80 % local water sources were contaminated or damaged due to flood, in which 26% were physically damaged and required rehabilitation while remaining 54% was contaminated and was not potable;

2)53% latrine facilities were either completely or partially damaged and could not be used and community was compelled for open defecation in fields or house compound

3) Drainage system was also affected 40% affected and 60% blocked with silts and mud,

4) Water storage facilities were either completely or partially damaged or needed to be replaced;

5) There was no proper waste disposal mechanism and people have thrown all solid waste, debris and animal carcasses openly in streets.

6)Hygienic condition of the community was very bad as the people were observing unhygienic practices which could have resulted in spreading various diseases pertaining to water handling, unhygienic practices.

On the basis of base line survey a comprehensive WASH emergency relief project was launched in partnership with UNICEF in 10 worst flood affected UCs of district Nowshera and Lower Dir.

The overall purpose of the project was;

To ensure the flood affected population 15,000 house hold (105000, 66,150 children) have access to safe drinking water, sanitation facilities, improved hygiene practices to avoid risk associated with drinking contaminated water and unsafe hygiene practices;

through

Provision of clean drinking water, restoration/ rehabilitation/cleaning and disinfection of water sources, water supply system **and** sanitation facilities, de-sludging cleaning of drains, solid waste management; awareness session on safe hygiene practices and distribution of WASH NFIs.

The key activities included;

- 1. Provision of chlorinated drinking water , installation of temporary water storage tanks, dewatering, restoration, rehabilitation, cleaning and disinfection of damaged water sources, distribution of wash related NFIs, orientation and training on the usage of HH level water treatment supplies including water purification tablets and PURE sachets.
- 2. Provision of adequate sanitation facilities through reconstruction, rehabilitation of latrine and hand washing facilities in communities, house hold level, school and public places.
- 3. Establishment of solid waste management/clearing mechanism (clearing of accumulated solid waste, blocked drainage system, animal carcasses) with proper collection and disposal mechanism.
- 4. Restoration of damaged drainage system/sanitation facilities
- 5. Promotion of safe hygiene practices at HH/community/school level including dissemination of messages on safe hygiene practices through inter personal communication and interactive group sessions and provision of hygiene kits to the families
- 6. Water quality monitoring and chlorination of water provided to the affected population.

The project was implemented in two phases initial immediate, medium and long term phase. The initial period of three months was focused on critically life saving activities to minimize the risk of any diseases outbreak which included provision of clean and safe drinking water and proper sanitation and waste facilities along with the distribution of WASH NFIs and extensive hygiene promotion.

While medium and long term activities included expansion for restoration of damaged water and sanitation facilities along with the maintenance of services already provided.

PROJECT OBJECTIVES

- 1. To provide safe drinking water facility target population through water trucking and rehabilitation of contaminated/damaged water sources(15000 HHs) in the target area.
- 2. To improve sanitation facilities in the target area through rehabilitation of latrines, sanitation drains and solid waste management.
- 3. Promotion of safe hygiene practices at HH/community/school level including dissemination of messages on safe hygiene practices through inter personal communication and interactive group sessions and provision of hygiene kits to the families

For the achievements of the above set objectives SSD went through the following activities.

Provide safe drinking water facility target population through water trucking and rehabilitation of contaminated/damaged water sources;

- i. Provision of chlorinated water for drinking through trucking
- ii. Rehab/repair of water sources i.e. hand-pumps and wells
- iii. Provision of water tanks/storage tanks
- iv. Aqua tabs or pure sachet distribution with demonstration of proper use
- v. Regular Water Quality monitoring test

Improve sanitation facilities in the target area through rehabilitation of latrines, sanitation drains and solid waste management.

- a) Construction of solid waste disposal points
- b) Rehab of latrine facility
- c) Rehab/ repair of drainage
- d) Cleaning of Drainage
- e) Streets cleaning
- f) Collection of solid waste
- g) NFIs distribution

Promotion of safe hygiene practices at HH/community/school level including dissemination of messages on safe hygiene practices through inter personal communication and interactive group sessions and provision of hygiene kits to the families;

- A. Hygiene Education session with male and female on regular basis
- B. Celebration of Hygiene Days
- C. Celebration of International Days
- D. Formation of health and hygiene committees
- E. Supporting distribution for affective hygiene promotion (hygiene kits, jerry cans and soap)

4. IMPLEMENTATION STRATEGY

For the achievements of the above set objective the following implementation strategy were followed.

Responsibility





ACTIVITIES FOR ACHIEVMENT OF OBJECTIVE NO.1

1. To provide safe drinking water facility target population through water trucking and rehabilitation of contaminated/damaged water sources(15000 HHs) in the target area.

Drinking Water Supply



Clean and safe drinking water availability was the main problem of the flood affected area. All the available sources were either contaminated or de-functionalized owing damaged by flood. All the water sources fill with flood water. The SSD started its drinking water supply promptly after the flood had settled and access roads had opened. The details of water supply according to its location and covering population given below. A total number of 9760000 liters of chlorinated water was supplied to the flood affectees in targeted UCs of Charsadda, Nowshera and Lower dir.

Distribution of Pure Sachets and Aqua tabs

To ensure the availability of safe drinking water at house hold level 110885 Nos . aqua tabs and water purification tablets were distributed. These sachets and tablets kill micro-organisms in water to prevent cholera, typhoid, dysentery and other water borne diseases.

Water Quality Monitoring

To ensure safe drinking water supply from the rehabilitated sources regular water quality monitoring was conducted and preventive measure were taken to treat the water. Water quality assessment and analysis is relevant to many aspects during flood. As the entire water source filled with flood water and get highly contaminated. The safe storage capacity at household level either washed away or got damage. SSD has extensive experience in all aspects of water quality assessment within the flooded or emergency context.

The water quality analysts regularly monitor drinking water supply, water sources, and user points for chlorination and other contamination randomly.

The following parameters are used for the water quality testing, Physical tests:

Temperature: temperature is find out on the same point of the sampling & is measured by the thermometer.

Colour & odor: Colour and odor is finding out on the sampling point in the field.

Smell: smell can be also finding out at the same point.

Turbidity: turbidity meter is used to find the turbidity of the water.

Conductivity: conductivity is measured by the conductivity meter.

Total dissolved solid: total dissolved solids in the water is measured through TDS meter **Chemical test:**

Chlorination:

Chlorine is often the best choice for drinking water disinfections because it is cost-effective, reliable, relatively simple, and measurable and provides residual. This residual helps protect

water from microbial contamination all the way to the tap, providing an indicator of contamination in the distribution system. According to the World Health Organization "disinfection by chlorine is still the best guarantee of microbiologically safe water."

Disinfectant residuals:

When chlorine is added to drinking water, some is used to inactivate micro-organisms and some in reactions with organic and inorganic substances in water. In most causes a small amount of un-reacted chlorine is left in the water to act as a safeguard against contamination entering the supply during distribution. This is called the free chlorine residuals and this should be routinely monitored. Chlorine residual that may be monitored is the total chlorine level, this concentration of chlorine that was dosed.

The normal range of free chlorine residuals are 0.2 to 0.5 mg/lit.

Drinking Water Disinfection:

Safe water is paramount important for the survival of human beings. Contaminated water mostly by microorganisms (pathogens) including bacteria, viruses, and parasites are considering unreliable for the human consumption. Microorganisms that cause life-threatening waterborne diseases such as cholera, typhoid, and dysentery often find their way into water supply systems.

Methods of Disinfection: a. Boiling: Vigorous boiling for one minute will kill any disease-causing microorganisms present in water. The flat taste of boiled water can be improved by pouring it back and forth from one container to another (called aeration), by allowing it to stand for a few hours, or by adding a small pinch of salt for each quart of water boiled.

b. Chemical Treatment: Chemical treatment: When boiling is not practical, chemical disinfection should be used. The two chemicals commonly used are chlorine and iodine.

<u>3) Biological test</u>: Using delagua kit: The delagua kit is used in the laboratory for the bacteriological tests.

The following consumables are used in the bacteriological test.

- Membrane filters and absorbent pads
- ✓ Pad dispenser
- ✓ Culture medium 38.1g tub for 500ml of growth medium (sufficient for 200 tests)
- ✓ Petri dishes
- ✓ Filtration apparatus
- ✓ Sample cup
- ✓ Vacuum cup
- ✓ Sample cable
- ✓ Vacuum pump
- ✓ Tweezers
- ✓ Spares box
- ✓ Lighter

Pictorial view of the Water quality tests





	Location			N.O of		Bacteriological	
S#	Union Council	Mohallah	Testing Methodology	Samples Collected	Type of Souces	Infected (# only)	
			Sampal Collection and				
1	Aman Garh	Khalil Abad	Analysis	2	Dug Wells	1	
2	Aman Garh	Ziaudin Korona	do	4	Dug Wells	1	
3	Aman Garh	Ahmad Abad	do	5	Other	3	
4	Aman Garh	Baba Korona	do	3	Other	3	
5	Aman Garh	Gulshan Abad	do	5	Other	5	
6	Dagi	Garhi Zardad	do	3	Hand	3	

					pumps	
					Hand	
7	Dagi	Kanday Bala	do	3	pumps	1
					Hand	
8	Dagi	Kanday Myana	do	1	pumps	0
	Deel	Aish Dash	4	2	Hand	2
9	Dagi	Ajab Bagn	00	3	pumps Hand	3
10	Dagi	Shaheed Abad	do	4	pumps	3
					Hand	
11	Dagi	Nazir Abad	do	3	pumps	1
					Hand	
12	Dagi	Rahim Abad	do	3	pumps	0
10	Deel	Caulai Alaskulia lil	4	2	Hand	
13	Dagi	Garni Abduljalli	do	2	pumps	0
14	Akora Khattak	Qazi Abad	do	4	Dug Wells	1
15	Akora Khattak	Kaki Zai	do	4	Dug Wells	1
16	Akora Khattak	Sheikhan	do	2	Dug Wells	1
17	Akora Khattak	Querishi	do	2	Dug Wells	1
18	Akora Khattak	New Sheikh Colony	do	4	Dug Wells	4
19	Akora Khattak	Farid Khan	do	4	Dug Wells	4
20	Akora Khattak	Malayan	do	1	Dug Wells	1
21	Akora Khattak	Shah Khail Abad	do	1	Dug Wells	1
22	Akora Khattak	Ajmal Khan	do	1	Dug Wells	1
23	Akora Khattak	Babu Abdulmanan	do	1	Dug Wells	1
24	Akora Khattak	Baghban Pura	do	1	Dug Wells	1
25	Akora Khattak	Akordin Baba	do	3	Dug Wells	3
26	Akora Khattak	Majeed Gul	do	1	Dug Wells	1
27	Akora Khattak	Hassan Khail	do	1	Dug Wells	1
28	Akora Khattak	Rehmanuddin	do	2	Dug Wells	1
29	Akora Khattak	New Farid Khan	do	1	Dug Wells	1
30	Akora Khattak	Qazyan	do	1	Dug Wells	0
31	Kheshgi Bala	Baba Kanday	do	4	Other	3
32	Kheshgi Bala	Lali Khail	do	7	Dug Wells	6
33	Kheshgi Bala	Akhon Khail	do	1	Other	0
34	Kheshgi Bala	M. Haleem	do	2	Other	2
35	Kheshgi Bala	Hindki	do	1		1
36	Kheshoi Rala	Nakhezi	do	1	Other	1
37	Kheshgi Dava	Aha khail	do	7	Other	6
20	Khoshqi Dava	Khattak	do	2	Other	2
20	Khochai Dava	Pabyan	do	2	Other	2
22	Kheak = D	Dauyan	do	5 1	Other	2
40	kheshgi Paya	Peran	do	2	Other	U

		Sheikh Shehzad				
41	Kheshgi Paya	Baba	do	3	Other	2
42	Kheshgi Paya	Arat Korona	do	4	Other	0
43	Kheshgi Paya	Akhon Khail	do	2	Other	2
44	Kheshgi Paya	Nokhyan	do	3	Other	2
45	Kheshgi Paya	Khaira Khail	do	2	Other	1
46	Kheshgi Paya	Habesh Khail	do	1	Other	1
47	Kheshgi Paya	Umerzai	do	3	Other	1
48	Nawa Kalay	New Khato Khail	do	1	Other	0
49	Nawa Kalay	Nawa Kalay City	do	4	Other	2
50	Nawa Kalay	Aba khail	do	2	Other	0
51	Nawa Kalay	New Aba Khail	do	9	Other	7
52	Nawa Kalay	Malik Abad	do	3	Other	2
53	Nawa Kalay	Sess Mandi	do	1	Other	0
54	Nawa Kalay	Misal Abad	do	6	Other	4
55	Nawa Kalay	Shaheed Abad	do	3	Other	3
56	Nawa Kalay	Johar Abad	do	3	Other	2
57	Nawa Kalay	Samandar Garhi	do	1	Other	1
58	Nawa Kalay	Nawa Kalay	do	2	Other	0
59	Kabul River	Zaidi Colony	do	1	Other	1
60	Kabul River	National Colony	do	3	Other	2
61	Kabul River	Muslim Abad	do	3	Other	2
62	Kabul River	Durani Street	do	2	Other	0
63	Kabul River	Rehman Abad	do	1	Other	1
64	Kabul River	Kashkol Abad	do	3	Other	2
65	Kabul River	Gujar Kass	do	3	Other	1
66	Kabul River	Tehsil Road	do	2	Other	2
67	Kabul River	Ourid Colony	do	3	Other	3
68	Kabul River	Qazi Abad	do	4	Other	4
69	Kabul River	New Aba Khail	do	4	Other	4
70	Kabul River	Wapda Colony	do	1	Other	1
71	Chowki Town	Sheikh Abad	do	4	Other	2
72	Chowki Town	Bara Khail	do	4	Other	3
73	Chowki Town	Gujraan	do	2	Other	2
74	Chowki Town	Shah Hussaini	do	1	Other	0
75	Chowki Town	Qassaban	do	5	Other	3
76	Chowki Town	Aba khail	do	1	Other	1
77	Chowki Town	Hassan Abad	do	3	Other	2
78	Chowki Town	Afimyan	do	2	Other	1
79	Chowki Town	Hoti Khail	do	2	Other	2

80	Chowki Town	Meta Khail	do	1	Other	0
81	Chowki Town	Fankaran	do	1	Other	1

5.4. Open Well rehab

Water sources rehabilitation in the targeted area is the first priority of SSD-UNICEF. The water sources either contaminated or get non-functional owing silt and sludge in the bore hole. SSD deployed technical staff to restore the open wells and hand-pump to service. As per Base line survey the SSD concerned hardware manager assisted by technical staff (hand pum ps technician, plumbers, and Borehole specialist) go through the survey findings and they are repairing/functionalizing the assessed water sources as per requirement.

Rehabilitation of Well involves the following mention steps.

1. Removing all polluted water and debris from the well using either buckets or pumps.

2. Repair/reline the well walls to reduce sub-surface contamination.

3. Clean the well lining using a brush and chlorinated water.

5. Measure the turbidity and pH levels to check whether chlorination will be effective. If yes then we go for further procedure as below.

6. Calculate the Volume of water using the formula (V = π D2 h/4)

7. Calculating HTE quantity for disinfection according to the volume of water existed in the source.

8. Diluting the calculated quantity of HTE solution in the source, and remain it for 12 hours

9. After 12 hours the whole water drains out from the source with water pump.

10. The water quality analyst than test the water for contamination and recommend further guidelines for use.

Tools, chemical and other resources used in this process

- 1. Chlorine/HTE
- 2. Brush
- 3. Bucket
- 4. Roof
- 5. Calculator
- 6. Measurement tap
- 7. Water Pump
- 8. Water Quality analyst
- 9. Turbidity meter
- 10. Del Aqua Kit and other related tools

5.4. Hand-pump/Borehole Rehab

Millions of people rely on open wells and simple hand pumps for their families' daily drinking water supply. However, in almost all flood affected area these hand-pumps have been damaged handle assembly, worn piston leather seal, broken pump rod, foundation, or filled with flooded water and mud.

Where hand pumps have already been drilled, hand pump repair is the most cost-effective means to providing a community with clean and safe drinking water.

Boreholes are resistant to many forms of natural and manmade disasters. Although the components above ground may be damaged, the narrow opening at the top of the borehole often prevents contamination of the water supply or damage to the pump components below ground.

5.4.1. Process of hand pumps Repair

Step 1: Assess the damage

Before launching the project a baseline survey was conducted related to rehab of WASH infrastructure. Damaged septic tanks, and fractured sewers, etc., may cause contaminated liquids to seep into the ground. In the survey all hand-pump related information obtained from the community. Whether it needs, handle repair, sanitary seal/ leather seal replacement, removing silt and sludge, plunger replacement, foundation repair, replacement of complete assembly, or steel rode.

Step 2: Technical staff deployment

In the 2nd step the technical staff deployed to field as per initial baseline survey for repairing hand-pumps. They removed the hand-pump and riser pipe from the borehole to enquire: 1). Check for damage or blockage with silt 2). Check the water level in the borehole 3).Check for damage to the borehole casing and screen. Examine the pump riser pipe as it is extracted. If it was found difficult to remove or has obvious signs of damage it is likely that the lining has been damaged. Borehole lining repair is very difficult. The technical staffs were advised to stop the assessment and investigate and move to the other source.



If the borehole found filled with silt, a specialized staff and equipments were used for removing silt from the borehole. Which is mentioned in the below figure:

The hand-pump Re-assembled with needed repair and reinstalled the borehole components. Check that the pump is working, the water produced is clear of silt and the flow rate is acceptable. If the water still contains silt, the water flushes out in the borehole again. If, after two flushes, the borehole is still producing silty water, the borehole filter is probably damaged and no further attempt at repair should be made. The drainage apron repaired around the borehole to prevent surface contamination of the groundwater.

Step 3: Disinfection and re-commission of the borehole and hand-pump

In the 3rd step following rehabilitation, the borehole and all components must be disinfected to ensure a clean water supply. The hand-pump operated for about an hour to remove any groundwater contamination caused by the flood. The most common method of disinfection is chlorination. The

chlorine compound most commonly used is High Strength Calcium Hypochlorite (HSCH) in powder or granule form as it contains 60 to 80% available chlorine.

As per required and standard calculation by water quality analyst, the chlorine liquid poured into the borehole. The water allowed standing in the borehole for 12 to 24 hours then pump operated until all the chlorinated liquid has been removed. The chlorine concentration in the water tested with chlorine kit by water quality analyst. Alternatively, pump out the water until you can no longer smell chlorine in the water.

ACTIVITIES FOR ACHIEVMENT OF OBJECTIVE NO.2

2. To improve sanitation facilities in the target area through rehabilitation of latrines, sanitation drains and solid waste management.

Latrine Repair

As the flood wash away all infrastructure including WASH facilities like latrine, wash room, drainage system, water supply schemes, water sources and so on. As per the UNICEF strategy is to rehab the existing WASH facilities (latrines, hand-pump, open well, drains, storage tanks) as soon as possible.

The criterion for Rehab of latrine facility is the partially affected household, where an individual can live, survive and reside safely. As per baseline survey most of the latrine facilities damaged, non-functional and people use open fields for defecation. The super structure, roof, Latrine commode, septic tanks, and other blockage needs main repair. As per baseline survey the main repair in latrine was 1). Septic tank repair 2). Commode repair 3). Removal of silt and sludge from septic tanks.

SSD with financial support from UNICEF have taken the responsibility of 1000 latrine's rehab as per agreed criteria

Assessment/identification of HHs Latrine for repair

As the assessment have already been done during base line survey. In which all required information regarding latrine repair had taken. After the data entry process, UC wise list of HHs with their location/address were prepared and given the concerned hard-ware manager.

Deployment of technical Staff

A hard-ware manager assisting with technical and sanitary staff, handed over the list of HH's latrines, to be repaired in their concerned area. They visited the listed facility, checked for repair work, and worked accordingly.

6.2. Solid Waste Disposal Points construction

As the flood damage all infrastructures including WASH, most of the solid points have been damaged by flood. SSD intends to construct 200 solid waste points at various locations in the project targeted area.

Process: SSD with the help and coordination of TMA, the TMA supervisors have allocated a site for construction of solid waste points. SSD, kept involve TMA and the local community in the process of selection a site. The details regarding progress mentioned below.

ACTIVITIES FOR ACHIEVMENT OF OBJECTIVE NO. 3

3.Promotion of safe hygiene practices at HH/community/school level including dissemination of messages on safe hygiene practices through inter personal communication and interactive group sessions and provision of hygiene kits to the families

For effective hygiene promotion campaign, distribution of supporting material is very necessary i.e. Hygiene Kit, jerry cans, Bucket, hand-washing soap and laundry soap. For this purpose the following the described distribution procedure, NFIs distributed among the target population.

Distribution of NFI

After preparing lists, registration and printing of tokens, SSD began distribution of the Non-Food Items (NFIs) received from UNICEF. A distribution mechanism was designed jointly by Project Manager and other field to facilitate the flood affectees in District Nowshera. The process of NFI distribution is given below:

Registration

- Registration and data collection occurred along with base line survey.
- Community Organizations and local elders were fully involved in the process

Data Punching

- A database was developed and all data entered
- All data was filtered in order to prevent duplication

Token Printing: Tokens were generated and printed

Distribution Points

- Distribution points were identified by SSD's field staff with the coordination of local activists.
- Issues of accessibility were a main priority in the selection of distribution points

Token Distribution

Printed tokens were distributed by field staff. During the distribution of tokens, field teams
informed families of the distribution dates and locations

NFI Distribution

 On the allocated day, families with tokens were facilitated following verification of details against the database

The Union council wise details of the NFI distribution are given below:





Hygiene promotion Campaign

Hygiene Education Session

The hygiene promotion campaign started in September, 2010 after the completion of baseline survey in the target area. Each hygiene session comprised on 10 HHs and each individual will attend minimum 8 such sessions during the course of project duration.

The hygiene education/ promotion sessions were given to the target audience. Sessions were conducted in following topics; 1) Hand washing with soap, and personal hygiene, 2) Safe disposal of excreta and domestic hygiene, 3) safe water handling and environmental hygiene.

There were many tools that could be used for the improvement of hygiene behavior, but the one that was simple and more appropriate and introduced by UNICEF called Hygiene Improvement Framework was applied for SSD-WASH flood emergency response in the target area.



The hygiene improvement framework is a holistic approach to water and sanitation efforts that combines increased access to facilities and the promotion of behavior change and is supportive to sustainable improvements in hygiene behavior. Water, sanitation and hygiene facilities are not sufficient on their own to improve health, although they are critical components in a comprehensive hygiene improvement programme.

Hygiene improvement framework lays emphasis on three things:

Hygiene promotion

- Improved access to the water and sanitation facilities
- An enabling environment

Some of the facilities like, access to the hardware have been rehabilitated and hygiene promotion campaign is in progress in the target area. For making an enabling environment, consecutive sessions were held with different community elders to introduce those measures that helped in promoting sustainable hygiene improvement environment.

To achieve the project objectives, the PHAST (Participatory Hygiene and Sanitation Transformation) methodology was adopted to prevent diseases caused by unhygienic practices.

The Use of IEC material helped us a lot in streamlining community hygiene promotion. Under PHAST methodology the following IEC material were used to achieve project objectives.

7.3. Three-Pile Sorting cards and Messages on Charts A set of twelve to sixteen cards showing sanitation and water related hygiene activities were used. The cards used for promotion were somewhat close to the local settings and practices.

Participants were given a set of drawings showing situations related to defecation, protection of water sources, water use and personal hygiene, food hygiene, corralling domestic animals and so on.

Participants were then asked to dices each drawing as a group and to arrive at a consensus as to whether it was good, bad, or in-between. On the basis of findings of discussion the more relevant situation in the pictures was identified by the community. SSD focused more on the promotion of the proper use of latrine, hand-washing with soap, and water handling along with other indicators.



A female HP is using charts in Hygiene Session



Procedure

The facilitator/ hygiene promoter was trained to adopt the follow the mentioned points to conduct a session.

- 1. Introduce yourself and indicate why the meeting is taking place
- 2. Speak clearly, using the local language
- 3. Ask participants whether the pictures showed familiar scenes and whether the practices shown are good or bad and why.

- 4. If it is useful (e.g. to enable participants to talk more freely, or to get opinions of different sections of the study population) divide participants in to smaller groups, e.g. according to gender or age.
- 5. Hand out the cards and ask participants to pass them around, taking time to look at them closely, and then discuss each card.
- 6. Listen and learn
- 7. Ask he group to decide which category each card fits into: good, bad, or in-between. Remind them that they can use the in-between option if the pictures are unclear, or it the group has not agreed whether the practice is good or bad.
- 8. Take notes on what people say (including the final decision, and how many people attended), but do not interfere with the discussion.

The following F-diagram was shared with community for their knowledge of diseases



Hands are the body's feeders and cleaners, helping our children to eat and keep their bodies clean. There are many good reasons for ensuring your child washes their hands with soap. It can prevent diseases that kill millions of children every year. In fact, hand washing with soap is one of the world's most cost-effective preventative health interventions. Global Hand-Washing Day is a campaign to motivate and mobilize millions around the world to wash their hands with soap.

Hand washing with soap is the single most effective and inexpensive way to prevent diarrhea, acute respiratory infections (ARI), skin infection and eye infection.

SSD in collaboration with UNICEF and coordination with District education department celebrated Global Hand-Washing Day in Nowshera in order to raise awareness regarding hand-washing with soap.

Mainly the following activities were carried out for achieving the above set objectives.

- 1. Schools level functions
- 2. Promotional Walk at community
- 3. Wall-chalking in all around the target area
- 4. IEC material display
- 5. Soap distribution
- 6. Radio advertisements
- 7. Hygiene competition at HHs level



7.6. Hygiene Days Celebration:

Introduction

As a matter of fact the celebration of Hygiene day is a serious effort in order to control communicable fatal diseases like diarrhea and pneumonia. Hands are the body's feeders and cleaners, helping our children to eat and keep their bodies clean. The objective of establishing and celebration of Hygiene day is to create awareness amongst people specially kids. There are many food reasons for ensuring your child washes their hands with soap. It can prevent diseases that kill millions of children every year. In fact, hand washing with soap is one of the world's most cost-effective preventative health interventions.

SSD with financial support of UNICEF and with the coordination of district education department organized Hygiene day at district Nowshera. The event was celebrated keeping the focus on children (5-12 years) in view. The campaign for Hygiene day had launched a week ago through expert, trained and skilled hygiene promoters, keeping and following SOPs of hand-washing. The key target audiences were mainly children and female, as they are ideally positioned as agents of change.

Activities Carried Out

Mainly the following activities were carried out for achieving the above set objectives.





1. Wall-chalking in all around the target area 2. IEC material display 3. Schools level function. 4. Hygiene competition at schools' level 5. Promotional Walk .6 Soap distribution

The following activities were performed by school children;

- 1. Poems
- 2. Skits (Competition)
- 3. Art (Competition)
- 4. Speech (Competition)
- 5. Quiz competition) regarding hand-washing
- 6. Speeches
- 7. Taking promise from children for hand-washing with soap by fixing hand impression on chart with name.
- 8. Motivational speeches by teachers, community elders, parents and others.
- 9. Soap distribution
- 10. Prize distribution ceremony
- 11. Refreshment

School's WASH facilities Rehab

The flood hit most of the UCs at district Nowshera, and thousands of families got homeless as a result. Ultimately most of the flood affected families got shelter either in government buildings (schools) or with their relatives. The Government schools not damaged by floods were mostly used for shelter purpose. The rehab of schools' WASH facilities before the re-opening of schools after summer vacation, were remained the focus point for UNICEF. SSD with the financial support of UNICEF, rehab the WASH facilities of the below mentioned schools so far. These schools either damaged by flood or flood affectees were residing over there.

The following table	Target Achieved	Target of Mosques / Community Center/Schools	UC	S.No
indicate	165	200	8	1
our so far			•	

achievements on Schools, Mosques And Community Center Based Achievements;

3. EMERGENCY WASH PROJECT UNOCHA FUNDED ERF, PROJECT LOWER DIR, Flood Affected Districts, Khyber Pakhtunkhwa.

Located between Swat District and FATA on the west side of KPK Province, lower Dir has been heavily affected in 2008-2009 by the conflict resulting in massive displacement of population and other infrastructure damages. The rehabilitation work was not completed yet after post conflict scenario that Dir was again badly hit by recent flood .Beside physical damages the whole population was seriously threatened by various health hazards due to destroyed water and sanitation facilities.



More or less 90% of the water supply schemes run by PHED/TMA or other private owners received serious damages. It's an undeniable fact that survival without water is impossible .The major priority in emergency was to restore water supply to the community for their survival.

Beside damaging civil infrastructure the floods also seriously affected the population economically by damaging agricultural lands which were the key sources of livelihood, thus leaving people with less options to spend on health and hygiene related items. Thus Distribution of health and hygiene related NFI's and health hygiene promotion was one of the urgent need of the population with focus on the most vulnerable especially women and children.

Keeping in view the ground realities and urgent need of the population the following three areas were prioritized i.e. Rehabilitation of 20 PHED flood hit DWSS in district Dir lower, Installation of 50 solid waste bins in Munjai Union council, Distribution of hygiene kits and hygiene promotion in one of the district worst affected UC Munjai.

SSD in coordination with UNOCHA launched Emrergency WASH project to ensure access of safe and clean drinking water facilities through rehabilitatation of water supply schemes and improve sanitation facilities and launch mass awareness campaign on hygiene promotion.

OBJECTIVES AND ACTIVITIES OF THE PROJECT:

- 1. Provision of Clean drinking water facility to flood affected people of district Lower Dir through rehabilitation of 20 PHED Water supply schemes
- 2. Health and Hygiene awareness raising in UC Munjai
- 3. Provision of hygiene kits and WASH NFI's to flood affected people of Uc Munjai
- 4. Provision of Solid waste Bins in UC Munjai

1. <u>PROVISION OF CLEAN DRINKING WATER FACILITY TO FLOOD AFFECTED PEOPLE OF DISTRICT</u> LOWER DIR THROUGH REHABILITATION OF 20 PHED WATER SUPPLY SCHEMES

Water is essential to human existence. The issue of water quality and its guaranteed availability to all

people regardless of income or social status is one of the most pressing challenges facing the world community today. Every year, some 3.4 million people, mostly children, die from diseases associated with inadequate water supply, sanitation and hygiene.



DWSS Khosh Muqam Tank after

PHED water supply schemes provides clean drinking water facilities to approximately 70% of the population in the district which were badly damaged in the recent floods and were unable to deliver hence depriving most of the population from clean drinking water facility.

To address the issue a several coordination and planning meetings were held with PHED in which the department identified the most affected 20 water supply schemes and requested SSD to rehabilitate the identified schemes. All the identified schemes were properly rehabilitated in close coordination with PHED and Districts Government Lower Dir. All the schemes were tested for water quality to ensure the provision of clean and safe drinking water and additional preventive measure in shape of chlorination were taken as per requirement. A total number of 20 water supply schemes were



Installation of Regulator at DWSS Rani

rehabilitated/restored which provides clean and safe drinking water to 70,000 individuals comprising of approximately, 33,000 male and 37,000 female individuals.

SNO	Name of Scheme	Union council	Population
1.	DWSS Nigaram	Khadagzai	3000
2.	DWSS Khadagzai	Khadagzai	4000
3.	DWSS Kalo Miani	Kotigram	3000
4.	DWSS Khush Muqam	Chakdara	4500
5.	DWSS Sharab Koye	Chakdara	4500
6.	DWSS Dolai Shah	Chakdara	3000
7.	DWSS Taso	Odigram	3000
8.	DWSS Gadar Adam Dharai	Badwan	3500
9.	DWSS Barori	Badwan	3500
10.	DWSS Gull Abad	Tazagram	3000
11.	DWSS Kotigram	Kotigram	3000
12.	DWSS Nimaz Kot	Zaimdara	4000
13.	DWSS Rani	Munjai	3000
14.	DWSS Shehzadi	Koto	3500
15.	DWSS Khall Ph-iii	Khall	3500

Detail of the rehabilitated water supply schemes, Lower Dir

2. HEALTH AND HYGIENE AWARENESS RAISING IN UC MUNJAI			
20.	DWSS Osakai	Ouch	3000
19.	DWSS Dagan	Khadagzai	3000
18.	DWSS Luqman Banda	Shalpalam	4500
17.	DWSS Shalfalam	Shalpalam	4000
16.	DWSS Khall Colony	Khall	4000

Health and Hygiene Promotion:

Flood Hit People observe best Hygiene Practices: Achieving goals in WASH program is impossible with mere subsidiary approach. It is possible only if the target beneficiaries are aware of the benefits of using appropriate water and sanitation facilities in proper way. This awareness is also important for the sustainability of the program. Children are considered as best changing agents, so change of behavior in them means change of behavior in the whole family and also in the entire community. Simply providing sufficient water and sanitation facilities will not, on its own, ensure their optimal use or

impact on public health. In order to achieve the maximum benefit from a response, it is imperative to ensure that disaster-affected people have the necessary information, knowledge and understanding to prevent water- and sanitation-related disease, and to mobilize their involvement in the design and

maintenance of those facilities. Compared to adults, children are often more receptive to new ideas and can more easily change their behavior and/or develop new long-term behaviors as a result of increased knowledge and facilitated practice. Natural disasters like flood can put people routine practices at risk in such situations extra ordinary care is required to prevent life from different life threatening diseases such as diarrhea. Hygiene promotion was one of the important component of this project for achieving a diseases

free and an enabling environment in our intervention area .Key focus of these activities were on children and female of the community as they needed extra care and awareness on regarding their behaviors and practices and secondly they are more open to risks in such disasters. People affected by disasters are generally much more susceptible to illness and death from disease, which are related to a large extent to inadequate sanitation, inadequate water supplies and poor hygiene. The most significant of

these diseases are diarrheal diseases and infectious diseases transmitted by the faeco-oral route. Other water- and sanitationrelated diseases include those carried by vectors associated with solid waste and water.







To avoid any such epidemic conditions soon after flood SSD trained staff of hygiene promoters who carried out hygiene education activities in our intervention area. As per project plan special focus of these activities was on children and women though male were not ignored in these important activities. These activities included house visits, group training sessions and peer outreach, such as child-to-child and mother-to-mother. A total number of 26,500 individual benefited from hygiene promotion activities.

Special corner meetings and sessions were conducted with male, female and children of flood hit community of UC Munjai. Special Hygiene group sessions were conducted with female on menstrual diseases of flood hit community of union council Munjai.



BREAK UP OF HYGIENE SESSIONS AND THEIR BENEFICIARIES

S.NO	Activity	Project Planned Targets			
Α.	Soft Activities		Achieved	Beneficiaries	Intervention Area
1	Hygiene Sessions	1050	1360	26500	UC Munjai
2	Male children	350	470	9200	UC Munjai
3	Children sessions	350	450	8500	UC Munjai
4	Female sessions	350	440	8800	UC Munjai

3. PROVISION OF HYGIENE KITS AND WASH NFI'S TO FLOOD AFFECTED PEOPLE OF UC MUNJAI

Hygiene kits and NFI Distribution:

Zero diarrheal Cases: Aim of the project soft activities was to establish a diarrheal disease free

environment in flood hit community of UC Munjai through the promotion of hygiene massages and also with the distribution of related hygiene NFI. Role of the distribution of emergency NFI in post disaster project is to prevent any epidemic situation and availability of the required items at domestic level with special focus on vulnerable segment of the community.

In this regard SSD teams made a base line survey for identification of most vulnerable cases. In every village of UC Munjai special committees were formed who provided us lists of most needed



people after proper coordination and consultation with each other. Later on our teams personally visited those identified HHs and marked their houses. Prior to distribution date a special token was

issued to them with all the details of the receiving person and after the distribution committee members

of each village gave us in written that every vulnerable and needy HHs is treated in this distribution.

Total of 3000, buckets, Jerry cans 9000 Hygiene kits 1500 Special hygiene kits for female 150000 bathing soap and 60000 washing soap was distributed in union council Munjai. The above mentioned NFI was distributed in Villages i.e. Rani, Baron, Munjai, Manzarai Tangai, and Odigram of UC Munjai.



S.No	NFI DISTRIBUTION	Target	Distributed	Beneficiaries	UC
1	Buckets	3000	3000	3000 Families	UC Munjai
2	Jerry cans	3000	3000	3000 families	UC Munjai
3	Hygiene kits	9000	9000	3000 Families	UC Munjai
4	Special Hygiene kits for	1500	1500	500 families	UC Munjai
	female				
5	Bathing soap	150000	150000	30000 families	UC Munjai
6	Laundry soap	60000	60000	30000 families	UC Munjai

Statistical detail of WASH NFI Distributed

4. PROVISION OF SOLID WASTE BINS IN UC MUNJAI

Floods, being a natural phenomenon are a part of the earth's biophysical processes but these turn devastating when the effects are exacerbated by human activity such as clearing of vegetation, deforestation, intervention in natural drainage lines and permanent occupancy of wetlands in the buffer zones of riverbank ecosystem are not checked. In response to the flood damages, emergency rescue and rehabilitation, many of us only focused on



human losses, damages to livelihoods, properties, and infrastructures. There are no, or very few, who showed concerns for assessment of the environmental impacts of the floods on the affected community. Solid waste Management is a vital issue which has been ignored in Distt Dir lower in many relief interventions and recent flood increased this demand as flood water brought a huge volume of silt/sand debris and other solid waste and it became a health threatening issues in the flood hit areas. Vector control was also one of the objectives of this important intervention.



Keeping in view the above mentioned facts a total number of 50 solid waste Bins were installed in one of the worst flood hit UC of Dir lower Munjai. UC Munjai comprises of five main villages i.e.Rani, Baroon,

Munjai, Manzara Tangai and Odigram the proposed 50 No solid waste bins were installed in these five Villages With the consultation of TMA Timergara and local community of the area.TMA is not responsible for the disposable of solid waste from UC Munjai so we had to sign a simple MOU with the local community for future operation and maintenance.

Detail of Solid waste Bins installed in various villages of UC Munjai

S.NO	Name of Village	UC	NO of solid waste bins installed
1	Rani	Munjai	8
2	Baroon	Munjai	10
3	Munjai	Munjai	21
4	Manzara Tangai	Munjai	6
5	Odigram	Munjai	5

UNICEF funded, School Led Total Sanitation Project, Muzafarabad AJK

SSD's APPROACH:

SSD, a national level non-governmental organization, has rich experience in school sanitation and hygiene education. SSD is pioneer of employing the Child-to-Child (CtC) approach in earthquake-affected areas1 and has experienced staff highly skilled in this approach2.

In contrast to most practitioners of CtC in AJK, SSD actually works through all six steps of the CtC approach. This in essence means that children not only improve their immediate school environment and change their behaviors but also take messages and catalyze change at the household and community levels. Since SSD key associates successfully introduced Community Led Total Sanitation (CLTS)3_ in Pakistan earlier it was very natural for SSD to experiment with a newer approach which allows not only realization of immediate goals (of a UNCIEF-funded CTC-SSHE project) but which may also result in greater impact at the community level. The resultant approach, as explained below, was called School Led Total Sanitation, or SLTS approach.

4. SCHOOL LED TOTAL SANITATION APPROACH:

As explained above, the SLTS approach, in contrast to typical CLTS approach, fundamentally builds upon an SSHE approach with key additional features from CLTS. As it unfolded in SSD's implementation process.

5. OUTCOMES OF SCHOOL LED TOTAL SANITATION APPROACH:

The ourtcomes of the SSD approach were at both school and community level as descired below:

5.1 At the Community Level

While the above-mentioned outcomes were planned and expected, the theory of CTC approach, however, also anticipates actions beyond schools, in the households and at the community level too. To assess if the approach worked beyond schools, a large number of target shools and communties were visited. Almost everywhere the "beyond the school" outcomes are visible as households were mobilized to construct latrines and bring an end to open defecation. The constructed latrines are reported to have been constructed for little or no cost as construction materials used for these latrines was mostly recycled. As these latrines are constructed after self-realization of the need, their effective use by all members of the household is reportedly high as well.

5.2 At the School Level

Almost in its ninth month of operations targeting 211 primary schools in Muzzafarabad district, the SSD's CTC approach proved extremely successful in terms of improving the confidence of the children to assess, analyze and act on any issue. Outcomes include:

- Children's personal hygiene level has improved and children are now more used to hand washing with soap at critical times4.
- School children from SSD target schools now avoid open defecation in and around the school. This is evident from the school monitoring checklist scores, which is charts, and therefore, risks of waterborne diseases have been considerably reduced8.
- Children exhibit keener interest in the beautification of their school. One such example from a number of schools is rising of flowerbeds and tree plantation in the school premises.

6. METHODOLOGY:

To know the current level of knowledge, attitude and practices in union council chatter domel, SSD selected 27 villages out of total 27 villages. The selection of these villages was according to the principle of survey as 10% of the total house hold of the village. I along with SSD team visited the target villages and I was also part of the team during KAP survey. We collected data with the help of questioner. In the second step we visited the schools in the target areas and start discussions with teachers about the current situation regarding sanitation. With the help of schoolteachers and students we enter in the community.

7. ROLE OF TEACHERS and SMC MEMBERS AS 'BARE FOOTED CONSULTANTS:

The bare footed consultants are mostly the teachers and in rare cases the SMCs members. This became a consideration as teachers were also trained in behavior change, facilitation skills, basic sanitation and hygiene; have good linkages with most in the community, have regular contact with force of a large number of children, are held in high esteem in these communities where most often schools may be the only formal institution. Therefore a simple MoU was signed with respective teachers to not only make things happen at the school level but to actually go beyond and convert their villages into open defecation free (ODF) villages.

8. SCALLING UP:

In the first phase in 2008 the activities were only limited to school's catchment areas but now the focuss was also on the surrounding areas with schools.

Inisiaylly avrage 50 to 60 HH per village were coverd but after scaling it up now it covers almost 250 to 300 HH per village.

9. SUSTAINABILITY OF SELF BUILT LATRINES:

The basic aim of the latrine is safe disposal of human excreta, so as to break the link between the fly and human excreta. In the total sanitation approach, children removed parent's and elder's misconception that latrine construction requires heavy investment, as is typically thought.

After understanding the concept of latrine the people built latrines according to thier own affordability, in most houses pour flush latrines has been built while in some houses the people dug a pit of six to seven feet deep and normally use a plank of wood with a hole to serve as a squatting slab. The hole is covered by a wooden piece after squatting. The superstructure is mostly made of plastic sheets or discarded sacks or any other material. As a result, these latrines, made of local material, are cheaper and within the range of most rural poor constituting large part of the population. Since the first priority for filed implentors is to materilaise a shift in community's beahvior from open defecation to the use of a toilet, however simplestic it is, thereofre non complaince with invogue technical consideartions are secondary priority. Once behaviour change is affected it is beleieved that, benefitiing from the rich local wisdom, community's will thesmeeves seek better latrine options which are more sturdy and good looking. This graduation from simple to better latrie options will not be difficult as:

Existing built latrines can easily be upgraded if so desired;

Existing latinres superstructure and pan can be easily relcoated if needed when a pit fills up;

- 11. Activities
- Pre KAP Survey
- •Staff Orientation
- •Visibility Boards
- •Formation Of District Level Committee for Declaration Of ODF Villages
- •Signing Of Contracts With BFCs
- •Post KAP Survey
- Hygiene Promotion Sessions By Hygiene Promoters
- Visits By Hygiene Promoters To All Targeted Schools
- •Activation & Strengthening Of School Environment Committee

PROCESS

- 1. School intervention
- 2. Discussion
- 3. Identifying issue through school children

4. Intervention in community through children's & school teachers

SLTS APPROACH INCLUDES

- 1. Social mapping
- 2. Defecation area transit walk or walk of shame
- 3. Visual demonstration and shock
- 4. Shit calculation
- 5. Transition routes
- 6. Medical expense calculation
- 7. Emerge of natural leaders





The Details of the activities are given below.

1) STAFF ORIENTATION:

All the staff who were recruited for this project were given a one day orientation and all the activities of the project were discussed. A plan was soart out to implement the project in best possible manner.

1.1) ALLIANCE BUILDING WORKSHOP:

Alliance building is one of the important activities to achieve the goals of any project. One day Alliance building workshop was arranged by SSD, which was held in the month of June 17th 2010. Different stake holders coordinated together and a bridge of understanding developed. Director General Local government and Rural Development Department (DGLG&RDD) Mr. Mustafa Qureshi was the chief guest. Miss Toheed was representative from UNICEF. Raja Imdad, Babar Minhas, Mustafa Abbasi also participated. Unfortunately nobody could participate from education department one of the most important stake holder.

THREE DAYS TEACHERS TRAINING:

During the month of June, it was not feasible to arrange training for all relevant teachers at once as all expected beneficiaries were from different areas and it was not possible to gather them at on venue, that's why we divided our expected beneficiaries into two clusters.

One cluster was already trained in the month of June, 14, 15, and 16, 2010.

Total number of training beneficiaries in 2nd training was 35. Over all environment of the training was quite good. Participants were active.

At the end of training Mr. Khushal awan AEO male and Miss Nusraya AEO female visited the training venue and discussed with teachers about their expectation about training and results and in their final remarks he was very thankful to SSD's staff for showing their keen interest in providing / sharing useful sessions with education department.

3) TRIGGERING EXERCISE:

Triggering exercise completed in 27 villages out of a total of 27 villages.

SSD field staff conducted participatory sessions in the target areas using following tools:

- "Transect Walk / Walk of shame" a transect walk with special focus on areas used for open defecation. The embarrassment experienced by community members when outsiders walk around their village inspecting faeces proves to be the most important motivating tool.
- "Social / Sanitation mapping" Social map method which locates all latrines and sites used for open defecation – both regular and emergency defecation
- "Shit (Faeces) calculation" the community work out how many baskets/trucks of faeces they produce each day/month year. Communities are horrified about the amount of faeces they produce and begin to wonder where it all goes. This may be linked to ecosan latrine, which gives importance of separating faeces and urines and utilization.
- "Flow diagrams" are used to trace transmission routes communities understand that a proportion of the faeces they produce actually reaches their mouths and is ingested. This exercise can be linked to the faeces calculation and communities work out how many grams of faeces they eat each year.
- "Planning for Solution"

4) HYGIENE SESSIONS:

85 Hygiene sessions were conducted with male, female and children's. 70 sessions in schools were conducted in schools.

Almost everywhere the "beyond the school" outcomes are visible as households head (male) were mobilized to construct latrines and bring an end to open defecation. The constructed latrines are reported to have been constructed for little or no cost as construction materials used for these latrines was mostly recycled. As these latrines are constructed after



self-realization of the need, their effective use by all members of the household is reportedly high as well. Keeping focus on hand washing practices our field staff sensitize mothers to wash their children hands especially on 4 critical times.

5) HYGIENE WEEK:

The hygiene week was celebrated in the month of September. Drawing competition, speech competition and hygiene walk was conducted in UC Muzaffarabad in which 678 students from schools participated. 413 male and 524 female also participated.

6) GLOBEL HAND WASHING DAY:

This activity was observed on 15th October 2010. The students of 15 schools took part. The grand program was arranged in primary school Dabban and BPS Jul Banda, in which debate competition and drawing competition were held in these schools respectively. Besides this demo hand washing were observed in all the 15 schools.







