



SRSP
SARHAD RURAL SUPPORT
PROGRAMME

5 YEARS
Journey of
SRSP - UNICEF
Partnership Contributing
TOWARDS WASH
MDG'S & SDG'S

SRSP
SARHAD RURAL SUPPORT
PROGRAMME

SARHAD RURAL SUPPORT
PROGRAMME (SRSP)
109, St. 2B, Deffence Colony, Khyber Road,
Peshawar, KP Pakistan
Tele: +92 91 5254540, 5285389, 5285390
Fax: +92 91 5276734
Web: www.srsp.org.pk

unicef 

Produced by:
Sarhad Rural Support Programme

Content developed by:
Zarqa Khan
Programme Officer Operations

Content Reviewed by:
Masood ul Mulk
Chief Executive Officer, SRSP,
Syed Aftab Ahmed
Programme Manager Operations
and Humanitarian Programs,
Nadia Shah
(Programme Manager:
Sp. Projects, SS & G)

Photographs by:
Tauseef Ahmed
Audio/Visual Officer

Design and Print by:
Dot Advertising

Copywrites:
© SRSP 2018



CONTENTS

FOREWORD: CEO, SRSP	6	Provision of WASH services in Areas of Return District South Waziristan	59
ABOUT Sarhad Rural Support Programme (SRSP)	7	Provision of WASH services in Areas of Return - district North Waziristan	63
Partnerships UNICEF-SRSP	12	Provision of WASH services in Areas of Return – DISTRICT Khyber	75
Sanitation Programme At Scale In Pakistan	13	SANITATION PROGRAM AT SCALE IN PAKISTAN (SPSP RURAL PHASE 2), DISTRICT, BUNNER - KP	81
SRSP-UNICEF WASH PROGRAMME	21	Provision of WASH Facilities to TDPs at embarkation points	88
Component 1: Capacity Development of Duty Bearers	22	SRSP Contribution Towards SDG 6	90
Component 2: Demand Creation for Sanitation	23	Celebration Of Special Events Global Hand Washing Day	91
Component 3: Sustaining the created demand by supply side Interventions	24	World Water Day	95
Component 4: Participatory Health and Hygiene Promotion	25	World Toilet Day	99
Component 5: Support for Attaining Total Sanitation	26	World MHM Day	103
Component 6: Knowledge Management and Accountability	27	Hygiene and Sanitation Campaigns	107
SRSP-UNICEF WASH Achievements KP	28	Sanitation Festivals	111
SRSP-UNICEF WASH Achievements FATA	29	UNICEF Deputy Country Representative Visit to Bannu	114
Description of Activities KP & Fata	30	UNICEF Regional Director Visit to Buner WASH Project	116
Upscaling rural sanitation through pats in district Tank - KP	35	UNICEF WASH SPECIALIST VISIT TO BUNER	118
Upscaling Rural Sanitation through PATs in DISTRICT KURRAM	41	UNICEF Country Representative Visit to North Waziristan Agency	120
DISTRICT Bannu WASH Emergency Response to NWA TDPs (Bannu & Adjoining Districts)	45	Training for Elected Local Government Council members	122
SRSP DISTRICT Bannu WASH Project	47	Workshops Learning from field Experiences	124
		Workshops End Project Evaluation Workshop WASH Emergency SPSP-PATS Project Bannu	125
		Wash Gallery	126



FOREWORD: CEO, SRSP

"The UN General Assembly recognizes water and sanitation as a human right, providing political impetus to achieving universal access to water, sanitation and hygiene (WASH) services." Pakistan is among the world's 36 most water-stressed countries. 16 million people in Pakistan have no choice but to collect unsafe water from unsafe sources.

In 2016, Pakistan became one of the first countries in the world whose National Assembly passed a unanimous resolution adopting the Sustainable Development Goals (SDGs) Agenda as its own National Development Agenda. To initiate the implementation of SDG 6 and its sub-goals/targets related to drinking water and sanitation, a National consultative meeting was held, under the auspices of Ministry of Climate Change in collaboration with Provincial Governments and Sector Partners. The meeting was helpful in defining the current level of coverage and access to different aspects of SDG 6 sub goals related to drinking water and sanitation. It was decided that Provincial Governments must be held accountable to ensure that all Pakistanis have access to clean drinking water and sanitation by 2030.

Response to WASH in any humanitarian emergency forms part of life saving interventions and, due to the dynamic nature of the KP and FATA emergency, WASH interventions have always been priority. 2010 floods caused widespread destruction in Khyber Pakhtunkhwa Province followed by the Operation against militants in Newly Merged Tribal Districts (Former FATA). The unprecedented level of flood waters left villages and agricultural lands near river completely underwater, thereby causing widespread destruction of homes and loss of livelihoods, WASH etc.

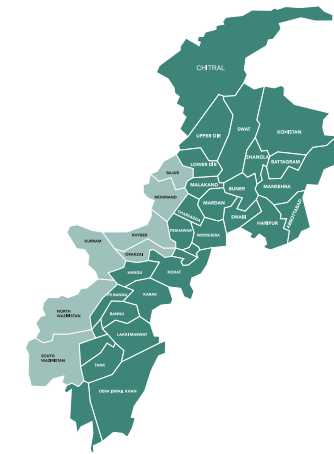
SRSP in partnership with UNICEF initiated WASH programme in year 2013 to facilitate beneficiaries with series of WASH interventions that include water supply and sanitation schemes, health and hygiene trainings and awareness raising sessions etc.

This publication provides the most comprehensive picture of SRSP-UNICEF partnership in achieving WASH targets in KP and Newly Merged Tribal District (Former FATA), thus contributing to Sustainable Development Goals.

SRSP Plays the Role of a Catalyst Organization which is Flexible, Responsive, People-Centered, Learning, and Adaptive & Accountable. While we are making progress in WASH sector, much remains to be done. We believe that enhancing accountability and the related transparency and participation aspects in WASH programming will systematically improve the sustainability of water and sanitation service delivery to those who need it the most.

Yours Sincerely,
Masood Ul Mulk
Chief Executive Officer
Sarhad Rural Support Programme

ABOUT SARHAD RURAL SUPPORT PROGRAMME (SRSP)



SRSP presence in KP districts & FATA Agencies

- Districts with SRSP presence
- Agencies/ Tribal Areas with SRSP presence

Sarhad Rural Support Programme (SRSP) is the largest non-government, non-profit organization operational in Khyber Pakhtunkhwa and Federally Administered Tribal Areas. It is one of the 11 Rural Support Programmes established to reduce rural poverty and ensure sustainable means of livelihoods in urban and, especially, rural areas of Khyber Pakhtunkhwa province of Pakistan. SRSP enjoys a reputation based on its innovative initiatives undertaken as per needs of poor and marginalized members of the society. SRSP, since its inception in 1989, has been able to support development of over 35,887 community based organizations covering over 5.8 million population. The investment of SRSP in shape of programmatic, financial, technical, strategic and capacity building initiatives, on one hand, has led to development of three tiers (community, village and union councils) level local institutions, while on the other hand it has significantly contributed to social, economic and political development of rural areas and communities through various development packages.

SINCE ITS
ESTABLISHMENT
IN 1989, **SRSP**
HAS EXPANDED
ITS PROGRAMME
FROM **2 TO 25**
DISTRICTS AND
ALL 13 TRIBAL
AREAS

VISION AND MISSION

SRSP's vision of development is 'to create a society, where poverty is reduced and sustainable means of livelihood are ensured, while the mission is 'to build social capital through mobilizing communities for poverty reduction in Khyber Pakhtunkhwa and Federally Administered Tribal Areas.

DEVELOPMENT LANDSCAPE

Sarhad Rural Support Programme beyond any doubt is the largest organization with an extensive presence in all 25 districts of Khyber Pakhtunkhwa and 13 tribal areas. Since its establishment in 1989, SRSP has expanded its programme from 2 to 25 districts and all 13 tribal areas (as shown on development landscape below). Extensive coverage in mentioned districts, strong presence at local level and network of established offices are few comparative advantages of SRSP to facilitate partners in development to initiate projects and programmes as per needs of local communities.

ORGANIZATIONAL STRUCTURE

SRSP has three tier organizational structure including Head Office, Regional/District Offices and Field Units. In addition, separate project management units/offices are also established to manage different projects/programmes. The Head Office based at Peshawar provides technical and intellectual backstopping support to field offices, besides maintaining highest quality standards to deliver quality services, mobilizing needs/areas based resources for programme expansion/coverage, donor liaison, knowledge sharing, and overall guidance and supervision of the programme. At field level, the programme is run and managed by numerous Regional Units based in Peshawar, Kohat, Abbottabad, Mansehra, Swat, Dir, and Chitral. Each regional unit manages/supervises number of districts within defined boundaries/proximity for attaining economic of scale and maintaining a close contact with partner communities (organizational structure below).

BOARD OF DIRECTORS

The seventeen members Board of Directors is responsible for setting strategic direction, review and approves business plans and developing guiding policies for SRSP. Day to day management of the SRSP's affairs and implementation of its strategy and policy initiatives are delegated to the Chief Executive Officer appointed by the Board. The Board is a balance mix of representatives from public and private institutions, press/intelligentsia, academia, agriculture and industries. The Board meets on quarterly basis to review physical and financial progress

besides guiding implementation teams on enhancing programme efficiency and effectiveness.

Two streams of programme comprise:

Development & Humanitarian PROGRAMME COMPONENTS

Over the years, SRSP has been able to develop a wide range of programme components, which include physical infrastructure, renewable energy schemes, microfinance and community investment funds, enterprise and value chains development, technical and vocational skills, social sectors, gender and development, access to justice and governance, WASH, etc. These components build around social mobilisation and community institution building. SRSP takes a bottom up community-driven local development approach where communities are organised and facilitated in addressing their critical needs. The components form the basis of development and humanitarian initiatives, which SRSP delivers across the region.

Some key highlights in the past few years include;

1. **SRSP has organized over 43,279 men and women community institutions covering 1,031,307 households, representing 7.7 million population.** 32% of the organisations are women organisations. The community institutions exist at three levels- the Community Organizations at the household level; these are federated into Village Organizations at the village level, which are finally clustered to be represented at the apex level by Local Support Organizations. Around 2,736 VOs and LSOs have emerged from the

federation of smaller level CBOs. It has invested in their capacities to resolve conflicts, manage and plan resources and implement development work.

2. **SRSP has trained 343,867 community activists (40% women) in basic and advance community management and leadership courses.** A trained cadre of 2,934 Community Resource Persons (38% women) has also been created, which facilitates CBOs in expanding their social capital network, and in delivering their functions such as linkages with the government, and maintaining important records.

3. **Around 10,595 community physical infrastructure schemes (CPIs) have been established with an investment of PKR 10.157 billion.** These schemes benefit around 2.23 million populations across KP and FATA.

4. **SRSP's Human Resource Development Center has trained 135,774 people (59% women) in technical and vocational skills training.** The course also includes basics of business/enterprise management. The center offers certified courses in about 40 trades. The trained youth is facilitated with employment opportunities in local markets. Out of the above, **around 22,625 people (64% women) have attended NRM-based training courses** and are serving their communities as certified extension works of livestock, agriculture, and poultry-farming.

5. Under its Community Investment Fund component, SRSP has, so far, facilitated 327 Village Organizations to deliver CIF in their communities. **These serve around 48,054 women beneficiaries. About PKR 531 million has been disbursed.**

The CIF component is delivered by, for, and to women only. **The Microcredit scheme reaches to 68,715 women with a disbursement of PKR 793 million.**

6. SRSP has trained around **26,000 men and women councillors** in various districts of KP under **LGO 2001**. Under **LGO 2013**, SRSP has conducted orientation sessions on the Act for 5,197 elected representatives from Malakand Division. In addition, 3,748 elected representatives have been trained in grass roots development, strategic planning and participatory planning and

monitoring in the Division. **Another 500 men and women government officials at the district level have been part of training courses/exposure visits** on various subjects such as participatory development, monitoring and evaluation systems.

7. **SRSP is setting-up Micro Hydro power plants in KP and FATA with the power generation capacity of 30 MWs. The hydropower units range in production capacity from 25 KW to 2 MW.** SRSP's work in this regard has been acknowledged at the international level. **It has received the prestigious**

Ashden Award for its work on women's access to energy. Recently, SRSP also received the **Global Energy Award and the UK Energy Initiative** for its work on renewable energy.

8. The organisation has implemented one of the largest community-driven housing reconstruction projects in the earthquake-affected districts of KP. **64,000 houses were reconstructed.**

9. **SRSP has facilitated over 0.6 million displaced people in registration, and deregistration process, and access to non-food items.**

PROGRAMME COMPONENTS

SRSP has organized over

43,279

Men and Women community institutions covering

1,031,307

households, representing

7.7 MILLION

Population.

SRSP has trained

343,867

community activists

40%

women in basic and advance community management and leadership courses.

Around

10,595

community physical infrastructure schemes (CPIs) have been established with an investment of

PKR 10.157

BILLION.

SRSP's Human Resource Development Center has trained

135,774

people

59%

women.

Around

22,625

people

64%

Women have attended NRM-based training courses.

Under CIF SRSP has disbursed 531 Million to serve around

48,054

women beneficiaries in

327

VOs.

68,715

women were disbursed with PKR

793 MILLION.

for microcredit schemes.

SRSP has received the prestigious

ASHDEN

AWARD

for its work on women's access to energy. Recently, SRSP also received the

GLOBAL

ENERGY

AWARD

and the

UK ENERGY

INITIATIVE

for its work on renewable energy.

26,000

Men and Women councillors has been trained under

LGO 2001.

SRSP is setting-up Micro Hydro power plants in KP and FATA with the power generation capacity of

30MWS.

The hydropower units range in production capacity from

25 KW TO

2 MW

64,000

houses were reconstructed in earthquake affected districts of KP

SRSP has facilitated over

0.6MILLION

displaced people in registration, and deregistration process, and access to non-food items.

MAJOR STRENGTHS

SRSP key strengths include a highly skilled and motivated core team that brings long years of national and international experience. The team, adhering to professional integrity and excellence, is placed at three levels including field, districts/regions and head office has an inherent capacity to respond to challenges related to rural development in fragile environments. SRSP operations are supported through closely affiliated Head, Regional, District, Project and Agency Offices based in all parts of KP and selected areas of FATA. At field level, SRSP biggest asset remains a very strong network of partners communities including men and women organizations spread across the province.

SRSP's profile comprise public and private sector agencies, civil society organizations and a large number of donor institutions engaged in development. In last few years, SRSP has worked with various international donors including European Union, AusAID, CIDA, DFID, GIZ, KfW, Coffey International, SDC, UNDP, UNHCR, UNICEF, WFP, FAO, OSI, ICCO, CAFOD, ICMC, The World Bank, PPAF, Government of Khyber Pakhtunkhwa and the Federal Government. The long term relationship with donors, partner and communities is definitive indicator of SRSP performance, transparency and accountability. In addition, SRSP asset-base includes adequate/appropriate equipments (vehicles), a large IT infrastructure to support SRSP's computing, printing, networking, copying,



audio/video and conferencing needs, established training and vocational skills centers and a sizeable library.

In terms of systems and procedures, SRSP relies on well established Standard Operating Procedures (SOPs) that have been tested, audited and further developed as a result of SRSP's extensive engagement with various donors and public sector projects/programmes. SRSP policy manuals are documented while SOPs for all major areas of operations are available and are upgraded on regular basis. As a compliance protocol for contracts and agreements, renowned agencies and organization e.g. GIZ, UNICEF, UNHCR, PCP, USAID and KPMG have reviewed and certified SRSP's systems for management and internal controls. As a regulatory/legal requirement, SRSP's financial records are also independently audited through

renowned chartered accountant firms on an annual basis, while a robust system for internal quality assurance (QA) further ensures that SRSP adheres to highest standards for project/programme management, administration, procurements, accounting/book keeping, internal audits, monitoring and evaluation, recruitments/appraisals, gender polices etc. An in-house capacity is also available to support the full project cycle ranging from identification to monitoring/evaluation and impact assessments. SRSP brings significant experience in design and delivery of large capacity building and training programs; policy, research and institutional analysis. SRSP projects/programmes portfolio includes a wide range of development projects/programmes focusing on livelihood improvement and strengthening initiatives

contributing to socio-economic development of rural areas. On human resource front, the current payroll exceeds 1000 staff members working at various levels at head office, regional, districts or field units. The core management, senior team members and professional are highly qualified bringing national/international experience with a diverse range of development projects.

The government of KP and Federal Government also recognize the role, which SRSP can play as a civil society organization in targeting poverty and thereby fight one of the main causes of extremism in the province or in tribal areas. Together, the provincial and federal governments has extended one time endowment fund of PKR 700 million to build SRSP's long-term capacity to deliver need based projects and programmes in the province and tribal areas. SRSP also recognizes government as an important partner in development though in its work with government SRSP preserves its independence and autonomy.

SRSP has been an active member of numerous national and international networks comprising Rural Support Programmes Network, Pakistan Micro Finance Network, Sarhad Micro Finance Network, Water Environment and Sanitation Network, IUCN, Pakistan Center for Philanthropist, Gender Voices, Energia Network Pakistan, Sarhad NGOs Ittehad, Education Policy Advocacy Forum, Social Mobilization Network, Gender think tank and



HRD Network. SRSP has also been represented on a number of committees, boards and forums constituted at provincial and national levels.

In its work, SRSP is aware of and sensitized to cross cutting issues, which can be seen in its initiatives at field level. From poverty to participation, women inclusion, and undertaking environment sensitive initiatives are all evidence of its conscious efforts to support and promote sustainable development in Khyber Pakhtunkhwa and Tribal areas. SRSP is also a learning and adaptable organization. Not only it has started sharing its experiences at regional level but pragmatic steps have also been taken to further enhance development effectiveness. Developing communities and smaller organizations in Afghanistan, sharing experiences of disasters in Geneva/UK/Australia, highlighting community based education achievements and revival of education system

in UK, sharing dynamics of devolution with Bangladesh and Nepal or encouraging Swiss to develop and replicate village banking are few visible efforts of SRSP for regional and international development.

With a financial outlay of over 237 Million USD, SRSP in last 10 years has partnered with almost 50 national and international donors in the past ten years. These have been multi-disciplinary projects planned and implemented to address community needs. As a result, it has gained both the outreach and public credibility and the good will of the communities and the government. What it contributes in partnership is its multi-disciplinary competencies, capacity to work on scale, knowledge of the area and public credibility. This has been enabled after years' long experience of working with communities and donors in a diverse set of challenging and complex environment.

PARTNERSHIPS UNICEF-SRSP

SRSP has been partnering with UNICEF since 2000 under different projects in different sectors such as Health, Education, Child protection and Water, Sanitation and Hygiene. The UNICEF-SRSP partnership framework is flexible, so the specific form of the partnership – both formal and informal – can change over time as dictated by evolving circumstances. UNICEF collaboration with SRSP takes many different forms, yet all aim to achieve results for children based on the UNICEF strategic priorities. Total portfolio of projects is PKR. 919.95 million

project	sector	duration	location	budget (PKR)	beneficiaries
Upscaling Rural Sanitation through PATS in KP-FATA	Water	APR 2013 FEB 2014	Kurram Agency District Tank	68.10 million	150,000
Sanitation Programme at Scale in Pakistan (SPSP Rural Phase II)	Water	JUN 2014 JUN 2015	District Buner	23.76 million	56,000
WASH Emergency & Up scaling Rural Sanitation through PATS	Water	AUG 2014 OCT 2014	District Bannu	43.15 million	
WASH Emergency & Up scaling Rural Sanitation through PATS	Water	FEB 2015 APR 2016	District Bannu	56.95 million	100,000
Sanitation Programme At Scale in Pakistan (SPSP), Rural Phase-2, District Buner	Water	JUL 2015 JUL 2016	District Buner	28.92 million	50,000
Provision of WASH services in Areas of Return –FATA	Water	NOV 2015 NOV 2016	South Waziristan Agency	36.29 million	27,000
Provision of WASH services in Areas of Return –FATA (Khyber and North Waziristan Agency)	Water	AUG 2016 OCT 2017	Khyber & North Waziristan Agency	96.55 million	30,000
Emergency WASH services in Areas of Return-FATA South Waziristan Agency (SWA)	Water	DEC 2016 AUG 2017	South Waziristan Agency	25.81 million	42,000
WASH Rural PATS Plus Project in District Buner	Water	NOV 2016 DEC 2017	District Buner	51.03 million	50,000
Provision of WASH services in Areas of Return-FATA (Northh Waziristan Agency - NWA)	Water	APRIL 2018 DEC 2018	North Waziristan Agency	31.67 million	35,000
Promoting Social Cohesion & Resilience amongst Children & Adolescents (girls & boys) in conflict affected areas of District Swat	Health	OCT 2013 SEP 2015	Matta, District Swat	33.72 million	
Support to Returnees & Their Communities in FATA	Health	APR 2017 FEB 2018	Khyber, Orakzai, North Waziristan & Kurram	334 million	45,000
Promotion of Education in KP & FATA	Education	OCT 2014 JUN 2015	District: Peshawar, Kohat, D.I.Khan, Lakki Marwat. FR: Kohat, Bannu, D.I.Khan, Tank. Agency: Kurram, South Waziristan & Orakzai Agency	59 million	32,000
Routine Expanded Programme for Immunization	Health	JUL 2013 FEB 2014	Shangla, Swat, Malakand, Upper Dir & Lower Dir	10 million	10,000
Promotion of Girl's Education	Education	JUN 2013 JAN 2014	Kohistan & Torghar	21 million	15,000
Total				PKR. 919.95 million	

SANITATION PROGRAMME AT SCALE IN PAKISTAN

The Federal Government of Pakistan approved National Sanitation Policy in 2006. The policy highlights social mobilization and behavior change as key components in addressing sanitation issues at the household level especially in rural areas. The Policy envisions creation of an open defecation free environment with safe disposal of liquid and solid waste and the promotion of health and hygiene practices in the country using various total sanitation approaches. It is provided in the policy that the "Total Sanitation Model" for the provision of

sanitation will be formalized and the procedures and regulations for its implementation will be developed. One objective of the National Sanitation Policy is to promote Community Led Total Sanitation model and other approaches for the creation of an open defecation free environment.

A CLTS core group was notified by the Government of Pakistan in August 2008 with representation from UNICEF, RSPN, WSP-SA, WaterAid, Plan Pakistan and PIEDAR. RSPN was given the responsibility to chair the core group. Objective of

the core group was to operate as a "Think Tank" to advance common understanding of the issues related to scaling up Community Led Total Sanitation in Pakistan. The CLTS core group was requested by the Ministry of Environment to propose a Pakistan specific strategy to achieve "Total Sanitation".

WASH is one of the priority sectors in the area of return in Tribal Districts. It has been identified as a basic prerequisite for improved health and reduced vulnerability of the returning population.

WASH DEPRIVATIONS IN PAKISTAN

Sanitation

25mil. people including women and children lack access to toilets and practice open defecation.

50mil. people lack improved sanitation facilities

53,000 children die annually because of diarrhoea

Water

around **68%** of households drink bacterially contaminated water | **8%** of households reportedly follow appropriate water treatment methods

only **50mil.** people have access to piped water supply

Institutional WASH

Millions of people (including children, especially girls and women) lack access to WASH facilities at health care facilities

Around **47% of boys' schools** and **37% of girls' schools** at primary level lack functional latrine/sanitation facilities.

Around **48%** of primary schools and **33%** of middle & secondary schools lack access to safe water which undermines their right to access education and healthcare

Humanitarian Intervention

Every year millions of people (including children and women) require WASH related humanitarian assistance.

INADEQUATE ACCESS TO SAFELY
MANAGED WATER SOURCES

(SOURCE PSLM 2014-15)



21%
OPEN
DEFECATION



60%
USE OF IMPROVED
SANITATION



93%
USE OF IMPROVED
DRINKING WATER SOURCES



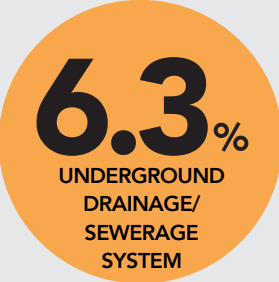
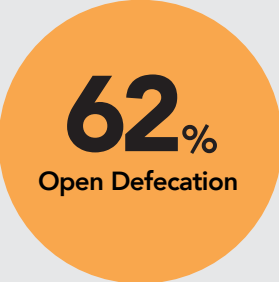
07%
WATER TREATMENT

KP SITUATION*



*(SOURCE PSLM 2014-15)

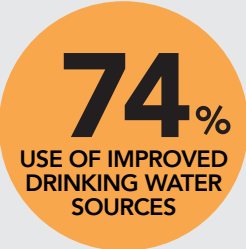
FATA SITUATION*



*(SOURCE PSLM 2012-13)

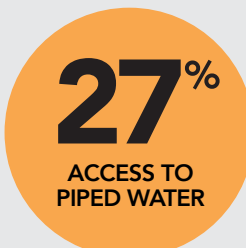
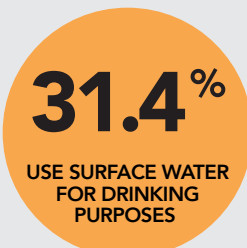
KP SITUATION*

SOURCE PSLM 2014-15



FATA SITUATION*

SOURCE PSLM 2013-14



OUT OF SCHOOL CHILDREN

SOURCE: PAKISTAN EDUCATION ATLAS 2015



OUT OF SCHOOL CHILDREN
(AGED BETWEEN 5-16 YEARS)



AVAILABILITY OF DRINKING
WATER IN PRIMARY SCHOOLS



AVAILABILITY OF LATRINES
IN PRIMARY SCHOOLS

KP SITUATION

SOURCE: PAKISTAN EDUCATION ATLAS 2015



AVAILABILITY OF WATER
IN PRIMARY SCHOOLS



AVAILABILITY OF TOILETS
IN PRIMARY SCHOOLS

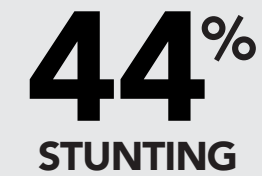
FATA SITUATION

SOURCE: PES 2015-16



OUT OF SCHOOL CHILDREN
(PRIMARY)

CHILDREN AND MOTHERS LACK ADEQUATE QUALITY OF DIET AND QUANTITY OF NUTRITIOUS FOOD



KP SITUATION

SOURCE: NNS 2011



FATA SITUATION

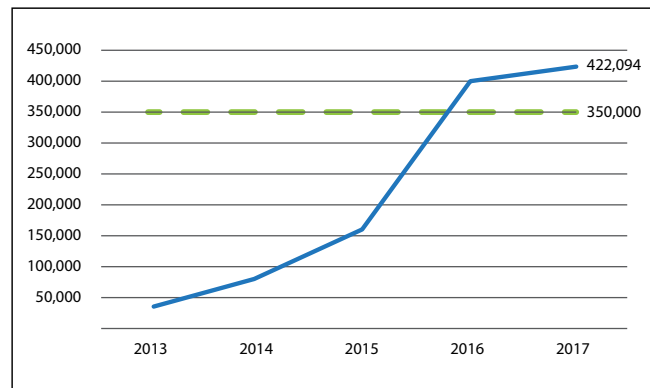
SOURCE: NNS 2011



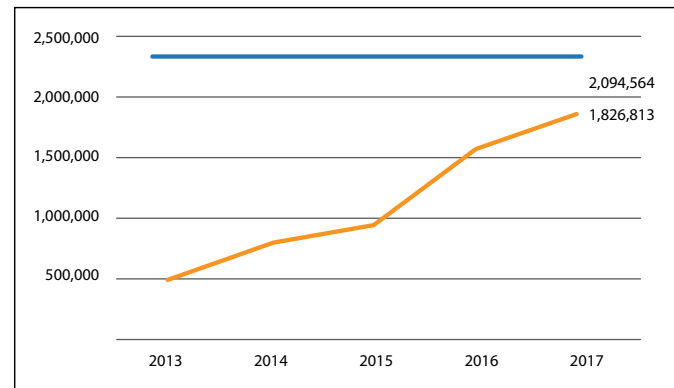
NON Emergency & Early Recovery

	(Non-Emergency adn Early Recovery)	Target	2013	2014	2015	2016	2017
KP	Sanitation	315,000	29,300	40,307	66,923	203,595	26,250
	Villages declared as ODF	775	-	76	146	92	49
	Hygiene Promotion	1,514,487	361,612	101,021	210,817	416,577	248,754
	WASH in SCHOOLS	88,001	13,950	12,290	6,860	31,841	19,757
	# of people living in ODF villages	1,083,303	-	190,380	167,326	53,320	70,025
FATA	Sanitation	35,000	5,600	7121	11,438	31,560	-
	Villages declared as ODF	190	-	32	28	21	-
	Hygiene Promotion	580,077	132,114	22,820	121,178	211,920	-
	WASH in SCHOOLS	580,077	132,114	22,820	121,178	211,920	-
	# of people living in ODF villages	362,383	-	43,000	28,600	19,890	-

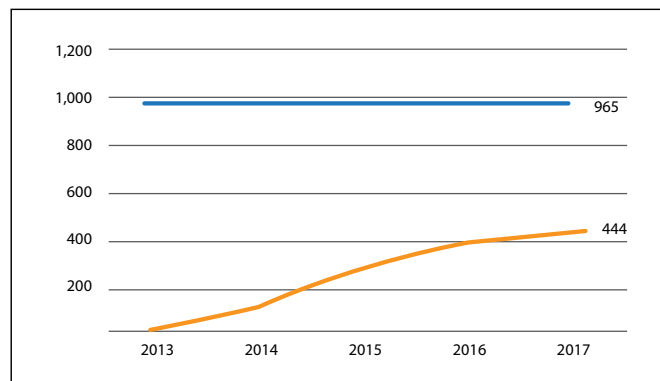
NON EMERGENCY AND EARLY RECOVERY
People reached with laterine provision



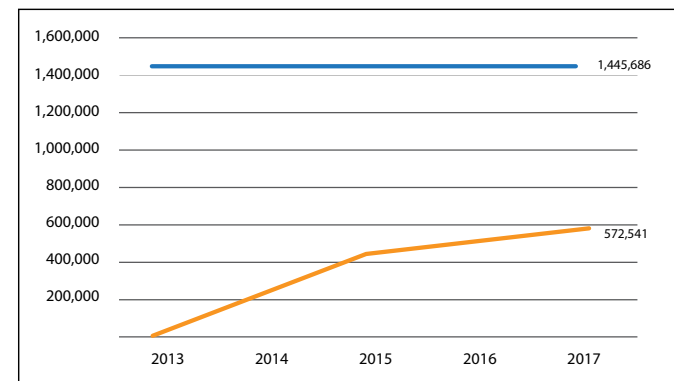
HYGIENE PROMOTION
(Non Emergency & Early Recovery)



VILLAGES DECLARED AS ODF
(Non Emergency & Early Recovery)



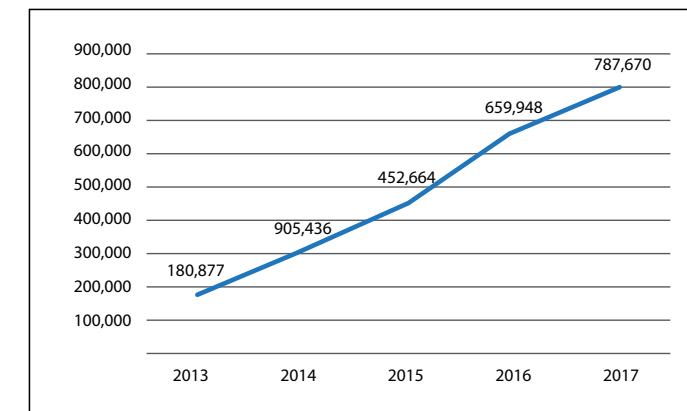
PEOPLE LIVING IN ODF VILLAGES
(Non Emergency & Early Recovery)



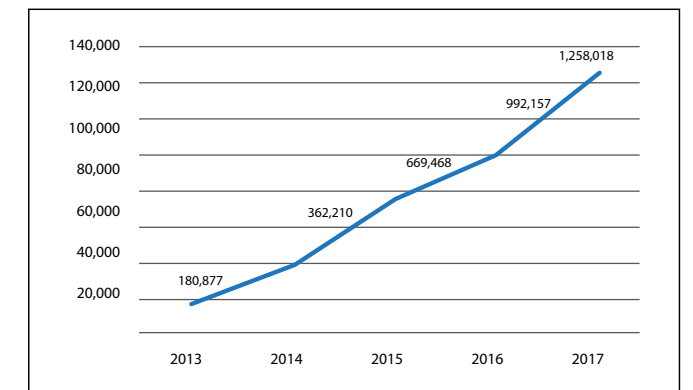
Emergencies

		2013	2014	2015	2016	2017
KP	Water Supply in Emergencies	95,207	172,067	274,396	244,559	77,870
	Sanitation in Emergencies	95,207	1119,589	142,328	172,144	31,148
	Hygiene Promotion	95,207	176,363	302,358	248,229	80,400
	WASH in SCHOOLS	9,409	17,850	35,066	17,850	4,076
FATA	Water Supply in Emergencis	85,670	4,970	4,900	72,226	148,594
	Sanitation in Emergencies	85,670	4,970	4,900	35,140	96,574
	Hygiene Promotion	85,670	4,970	4,900	74,460	185,461
	WASH in SCHOOLS	650	240	196	5,670	33,707

SANTIATION (EMERGENCIES)



HYGIENE PROMOTION
(Emergencies)





Challenges

- Governance Issues and Political/Bureaucracy interference
- Inability of Local bodies to utilize the allocated funds
- Interdepartmental coordination
- Considering FATA & KP as one unit
- Lack of skilled human resources for FATA
- GLAs HR capacity at the field level
- BCC is not institutionalized.
- Lack of Institutional Memory / Knowledge management
- MHM agenda is yet to be owned by any specific department for mainstreaming



Learning

- Political administration in FATA and political representatives in KP needs greater engagement and understanding of their prioritization
- Ensuring Availability of funds to local bodies is not sufficient, appropriate mechanism for usage is critical to achieve improvement
- FATA should be treated differently than KP owing to implementation challenges
- Government to engage BCC staff for sustainability of every interventions
- MHM can only be addressed if owned by appropriate government department / ministry



Opportunities

- Government has allocated funds for Local bodies representatives, support in utilization should be prioritized
- With greater sensitization, political government are forced to prioritize WASH, strategic advocacy in this context is required to achieve the required objective
- Government is adopting BCC approaches owing to its cost effectiveness. Our support is critical in making these approaches successful

SRSP-UNICEF WASH PROGRAMME

BACKGROUND:

The havoc and devastation caused by 2010 floods in Pakistan was evident from the destroyed housing and infrastructure facilities and disrupted social sector services. In Khyber Pakhtunkhwa (KP) alone, nearly 4.726 million people were adversely affected. Among many other things, massive destruction has necessitated large-scale rehabilitation, reconstruction and awareness raising interventions. During the same time, the Government of Pakistan launched a military operation in Tribal Districts, which resulted in the displacement of more than 300,000 families. Life was adversely affected and it needed a lot of attention to put life back to normal with improved facilities and greater awareness among the population.

Seeds of hope continue to be sown through strategic water, sanitation and hygiene promotion to reduce prevalence of diseases like cholera and diarrhoea. As humanitarian response shifts to critical early recovery phase, UNICEF WASH response ensures support for crisis-affected communities by building capacity of local implementing partners and involvement of local government stakeholders to scale-up the Pakistan Approach to Total Sanitation (PATS)- a strategic approach to reaching at-risk rural communities recovering from the flood conflict and flood.

Affected people have mostly returned to their native homes from dispersed and

remote areas, encountering large-scale water source damages, insufficient safe water, minimal sanitation coverage, and increasing risk of related diseases. The extent of inadequate pre-flood sanitation and hygiene facilities and practices is also a major challenge. Looking forward, UNICEF provides support to flood affected people in early recovery through PATS.

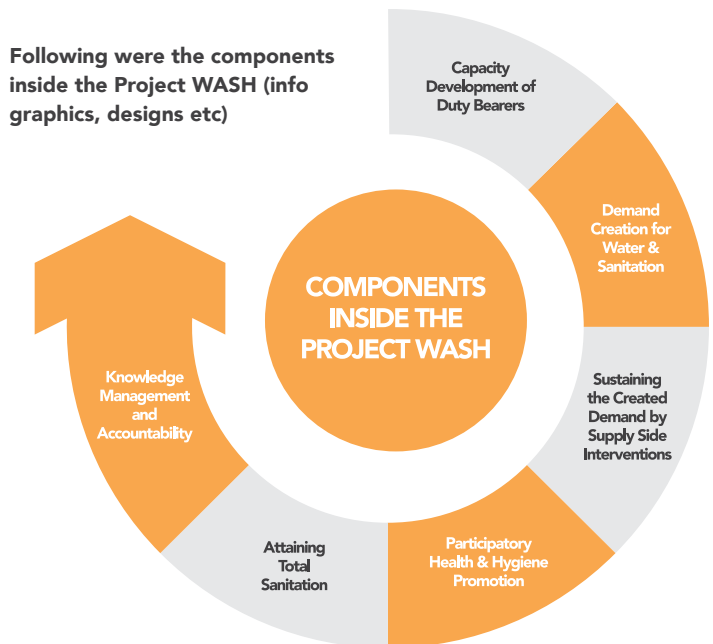
SRSP has been partnering with UNICEF in WASH Sector since 2013 in both KP and Tribal Districts, with an aim to improve health and hygiene and raise the standard of living of the crisis-affected communities. SRSP has a pool of expertise in the sector. The main objective of WASH programme is that:

“By 2017, most vulnerable and marginalized children

and women will be using safe drinking water, improved sanitation and hygiene practices.”

WASH programme endeavors to revive sanitation facilities, and improve health & hygiene conditions of the communities particularly women and children. Community have been sensitized through series of training workshops on basic health & hygiene practices. They have also been supported in rehabilitating and rebuilding infrastructure to improve health & hygiene conditions in post-disaster situation. Children needs have been focused through reactivation/reformation of Parents and Teacher Committees at school level.

Following were the components inside the Project WASH (info graphics, designs etc)



COMPONENT 1: CAPACITY DEVELOPMENT OF DUTY BEARERS

The aim of this component is to involve the government line departments at the district level and to create an enabling environment for implementation of the proposed activities through enhanced capacity. This component includes the following activities.



- Advocacy sessions for the Government Officials and Political leaders at provincial, district, agency and UC level to develop understanding about PATs.
- Capacity needs assessment for relevant public sector stakeholders and political leaders.
- Capacity development events for public sector stakeholders and political leaders.
- A detailed strategy for having a greater role of the government institutions will be prepared on the basis of following:
- Make sure the involvement of government authorities in ODF verification and certification process. Formation of project coordination and implementation committees. Joint village's selection for the project. Joint monitoring of the project. Facilitation of rewards for ODF certified communities from public funds.



COMPONENT 2: DEMAND CREATION FOR SANITATION

The component of demand creation for sanitation was carried forward at the implementation level through incorporating four Behavioral Change Communication (BCC) Campaigns launched in the target areas. The target audience selected for these campaigns were mostly the teachers, administration and pupils in the schools, religious places for example mosques, churches, temples etc. and communal places like Hujras (common place for Males gathering at the Hamlet level in Pashtun culture), inside household to ensure women's participation. Social mobilization was carried out through continuous communication with the target community to motivate people about the need for sanitation and clean drinking water. School led total sanitation and community lead total sanitation activities were part of demand creation for sanitation.

Following activities were a part of this component for achieving the desired outcomes:

- Conducting formative research to develop/ customize BCC Package.
- Developing or customizing the standard BCC package based on formative research findings and results of KAP baseline.
- Launch BCC campaigns in target communities and schools to create demand for sanitation.
- Train social mobilizers, school teachers, CRPS on facilitating PATs.
- Form and strengthen WASH clubs at schools.
- Identify existing /form new and develop capacity of VSCs.
- Develop community action plans in targeted villages.



COMPONENT 3: SUSTAINING THE CREATED DEMAND BY SUPPLY SIDE INTERVENTIONS

The demands created through BCC in the low cost sanitation solutions were facilitated in terms of its supply side by provision of technical trainings in masonry, free construction of demonstration latrines to the 3 % of the extremely vulnerable community members from the total population and providing latrine material free of cost for the 3% of the vulnerable families from the total population. This identification was done through the VSC formation in target villages to maintain downward accountability. These latrines in the villages were installed to demonstrate low-cost technical solutions for sanitation issues. The component also included linkages development for micro financing of the low-cost sanitation solutions.

The activities that were carried out under this component are:

- Conducting technical trainings for the masons in low-cost sanitation construction.
- Construction of the low-cost, environment friendly, gender appropriate and secure latrines.
- Train entrepreneurs for establishing sanitation marts and enterprises.
- Develop linkages to facilitate community in accessing micro finance for construction of sanitation facilities.
- Provide collective incentives/rewards to communities achieving ODF status.



COMPONENT 4: PARTICIPATORY HEALTH AND HYGIENE PROMOTION

There are different ways to develop and implement a hygiene promotion Programme. It is now understood that 'educating' people about health benefits is, in many cases, not sufficient to change people's behavior. Therefore, hygiene promotion activities need to instead build on drivers such as status, nurture or privacy. Generally, hygiene promotion approaches are divided into two groups:

- Participatory, community-based approaches
- Marketing approaches

Different elements of each approach can be combined to suit a particular context.

Participatory, community-based approaches to hygiene promotion allow organizations and governments to work with communities to arrive at sustainable solutions to development problems. They build self-esteem and a sense of responsibility, while placing the decision-making process at community level.

Activities that were carried out for desired outcomes are:

- Customize communication strategy for BCC standard package.
- Launch mass media BCC campaigns.
- Launch BCC campaigns on promotion of low cost, appropriate and informed sanitation solutions.



COMPONENT 5: SUPPORT FOR ATTAINING TOTAL SANITATION

The sole purpose of including this component in the project was to reach people in the targeted districts and inform them about water-borne diseases. The interventions discouraged open defecation and sensitized communities about the impacts of unhealthy environment.

The activities under support of attaining total sanitation included:

- Achieving improved sanitation facilities through community approaches to total sanitation (CATS) and participatory rural appraisals (PRA) specially customized for conflict affected population.
- School led total sanitation/ Community led total sanitation.
- Evaluation and certification criteria for ODF villages worked out and the process institutionalized for certification.
- Creating the ODF communities to eliminate the hazard of coming in direct contact with the fecal matter by the children's playing outside there residents.
- Demonstrating total sanitation through model villages.
- Advocating with the duty bearers to reward ODF certified villages.



COMPONENT 6: KNOWLEDGE MANAGEMENT AND ACCOUNTABILITY

The basic purpose behind the inclusion of this component under WASH was to identify bottlenecks and course correction for existing and future actions. Another objective that was achieved through this component was maintaining accountability. Reviews were conducted and lessons learnt workshops were organized that encouraged experience sharing among the stake holders.

Activities under this component were:

- Launch PATs Project inception workshop.
- Establish a thorough baseline against indicators in results frame work.
- Conducting monthly substantive monthly reviews with implementing partners in the field.
- Ensuring the timely reporting methods in order and on the agreed formats and quality.
- Conduct end line survey.
- Conducting internal midterm/end term review workshops/quarter meetings with IP's, field staff, CRPs and community representatives/ activists.
- Document the best practices/Lesson learned/ Challenges etc.



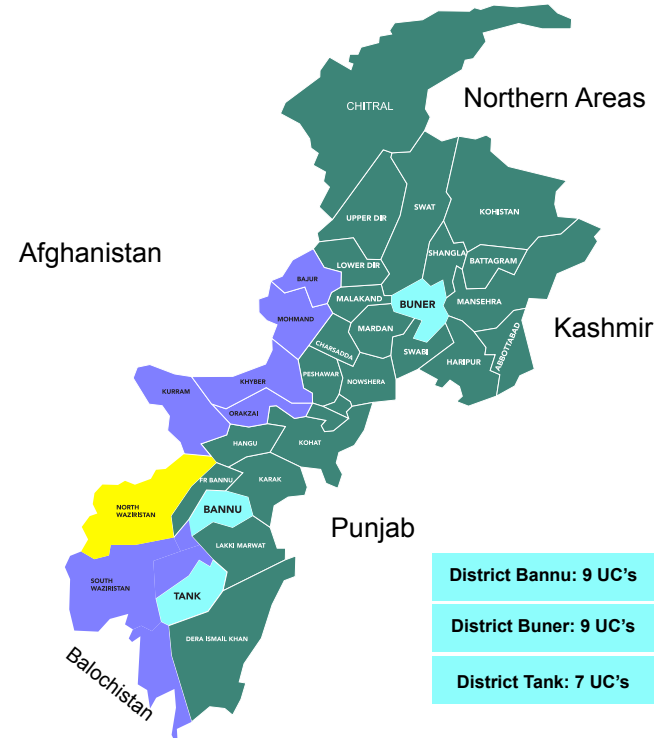
SRSP-UNICEF WASH ACHIEVEMENTS KP

Sanitation Programme at scale in Pakistan-PATs project was implemented in three districts of KP that are District Buner, Bannu and Tank with total outreach of **356,000** beneficiaries in **25** union councils and **339** villages. In Buner and Tank it was non-emergency early recovery project, whereas in Bannu it was emergency response to North Waziristan TDPs.

The main objectives of the project were as under:

- By 2017, families living in the most disadvantaged communities understand and practice safe behavior regarding safe drinking water, improved sanitation and hygiene practices.
- People (including children and women) provided access to toilets and hand washing facilities that are culturally appropriate, secure, sanitary user friendly and gender appropriate.
- Sanitation demand sustained with supply side interventions.

The project was implemented using social mobilization approach where the process was led by competent social mobilizers / hygiene promoters and capacitated community resource persons. The project included both hard and soft components.



SRSP-UNICEF WASH ACHIEVEMENTS FATA

SRSP-UNICEF WASH early recovery/non-emergency projects were implemented in three tribal districts namely Kurram, Khyber and North Waziristan whereas emergency projects were implemented in South Waziristan. These projects covered **215** villages in **9** tehsils with total outreach to **149,292** Temporary Displaced People who were provided with WASH facilities at embarkation points as well as in areas of return.

The overall objective of the project was to "prevent excess morbidity, mortality and to help reduce incidence of water, sanitation and hygiene related disease by providing WASH interventions for TDPs.

The specific objective was;

To alleviate community's Water, and sanitation Hygiene (WASH) requirements, through their capacity development and assistance in construction of structures for safe water storage and appropriate waste disposal management along with latrine construction to embed the transition at a household level.

The project was implemented using social mobilization approach where the process was led by competent social mobilizers/ hygiene promoters and capacitated community resource persons. The project included both hard and soft components.



DESCRIPTION OF ACTIVITIES KP & FATA

SOCIAL MOBILIZERS/ HYGIENE PROMOTORS TRAINING

Social mobilizers/hygiene promoters training was conducted at start of each project in which they were briefed on project objectives, output and implementation of WASH programme and prioritization of WASH related issues in particular. Detailed discussions and group work remained the focus of the training to develop clear understanding of participants on project objectives.

INCEPTION WORKSHOPS

An inception workshop was organized at start of each project with the aim to introduce key stake holders to the nature and inevitability of the WASH interventions. The main objectives of WASH (Water, Sanitation and Hygiene) was then further explained to them, also in the light of PATS (Pakistan's Approach to Total Sanitation).

PAKISTAN APPROACH TO TOTAL SANITATION (PATS)

The project was implemented using Pakistan Approach for Total Sanitation (PATS). PATS highlights social mobilization and behavior change as a key component in addressing sanitation issues at household level especially in rural areas enhancing the demand side

of sanitation. The approach endorses the use of a number of branded total sanitation models including community led total sanitation (CLTS) and school led total sanitation (SLTS), having a key role of communities;

COMMUNITY LED TOTAL SANITATION (CLTS)

CLTS is an approach in which people in rural communities are facilitated to do their own appraisal and analysis, come to their own conclusions, and take their own action. Sanitation generally refers to the provision of facilities and services for the safe disposal of human excreta. CLTS is an effective approach for triggering action to change defecation behaviors at the community level and to create demand for improved sanitation facilities. CLTS encourages sanitation, as a whole, to be taken as an entry point for greater social change and community mobilization. The Participatory Rural Appraisal (PRA) principle that 'they can do it' is fundamental to this approach.

Various PRA methods were used including participatory mapping on the ground to show where people live and where they defecate, transect walks to visit and stand in those places, calculations of quantities of human feces produced by each household. This triggering was designed to lead to a moment of ignition and a collective decision to end Open Defecation (OD) followed by action to become Open Defecation Free (ODF). After successful triggering,

people dig pit holes and built latrines. There are no standard models and construction is by self-help with or without purchase of hardware from the market. Follow up activities were undertaken by organizing and celebrating different events like world water day, world toilet day, different sports activities to engaging with communities to agree furthering action plans to achieve other sanitation outcomes including external systems, participatory monitoring and indicators setting, verifying and certifying ODF status, celebrations and the monitoring and sustaining of ODF status.

SCHOOL LED TOTAL SANITATION (SLTS)

School-Led Total Sanitation (SLTS) placed children at the center of catalyzing total sanitation in schools, homes and communities. SLTS draws on success elements from a wide range of Community Approaches to Total Sanitation (CATS) to create a complete package of sanitation and hygiene programming that begins at the school and extends through the community. Through participatory approaches, motivational tools, flexibility for innovation and building ownership at the local level, SLTS was accelerating latrine coverage and creating a social movement for communities to become open-defecation free (ODF). The main objective of SLTS was to build on children's awareness of better sanitation and hygiene practices.

PARTICIPATORY RURAL APPRAISAL BASELINE

SRSP conducted Participatory Rural Appraisal exercise in the target Districts and Tehsils, to provide information that can be used to seek the socio economic conditions of the communities and assess problems pertinent to water, sanitation and hygiene. The PRA exercise aimed "to provide representative quantitative and qualitative information on livelihoods, water, health, sanitation and hygiene etc., covering villages in the target Tehsil proposed by Political administration which was finalized with the information provided by field unit of SRSP as the mandate of SRSP was to carry WASH related activities including behavior change communication in the target villages".

The PRA survey results are a fundamental part of SRSP's evaluation strategy that includes a before-after assessment of WASH Emergency SPSP-PATS Project interventions and an analysis using results from the target villages. It provides the basis to evaluate the effectiveness and outcomes of the project and support to households particularly in terms of their water, sanitation and hygiene related needs. Findings of the project completion report are being compared with the findings of the PRA exercise as baseline for the target villages.

The methodology adopted by SRSP's development practitioners in the field was to categorize the above discussed components into four behavioral change campaigns (BCC) to accomplish the desired outcomes effectively.

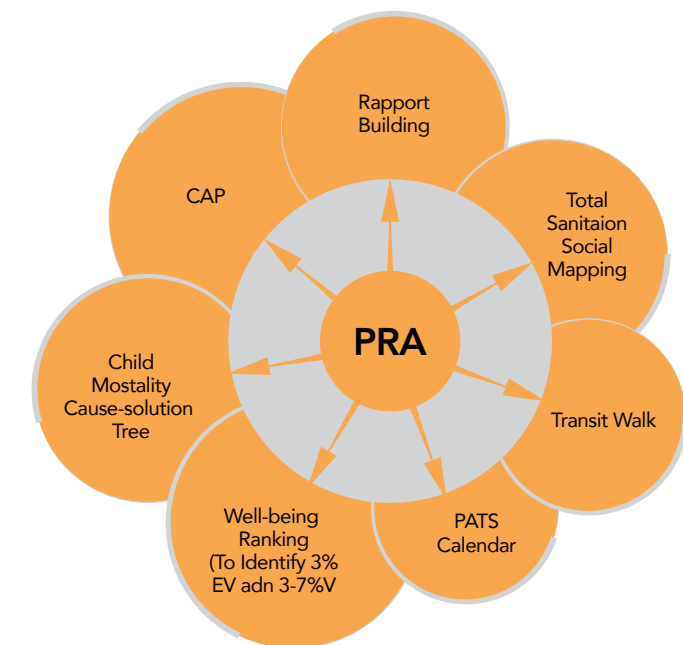
Behavioral Change Campaign 1:

The Social Organizers/hygiene promoters initially visited target villages where they identified activists in the community. Meetings were held with these selected activists to discuss the program aims and objectives. After first meeting, the activists were asked to arrange a meeting with the local community to introduce the project in detail. When communities expressed willingness to participate the project delivered the second step, which was Participatory Rural Appraisal (PRA).

Participatory Rural Appraisal/ Baseline survey:

PRA is a methodology of learning about rural life and their environment from rural people. It requires researchers / field workers to act as facilitators to help local people conduct their own analysis, plan and take action accordingly. It is based on the principle that local people are creative and capable and can do their own investigations, analysis, and planning. The basic concept of PRA was to select vulnerable and extremely vulnerable families through Participatory Rural Appraisal (PRA) and development of Community Action Plan (CAP).

PRA was carried out in 554 villages with 657 VSC's in 3 Districts of KP and 9 tehsils of Tribal Districts.



Formation of Village Sanitation Committee (VSC):

Community ownership and participation play a vital role in long-term sustainability of interventions. Hence, social mobilization was a key component of the project. In order to mobilize communities, they were organized into Village Sanitation Committees (VSC). The VSCs empowered communities at the grass

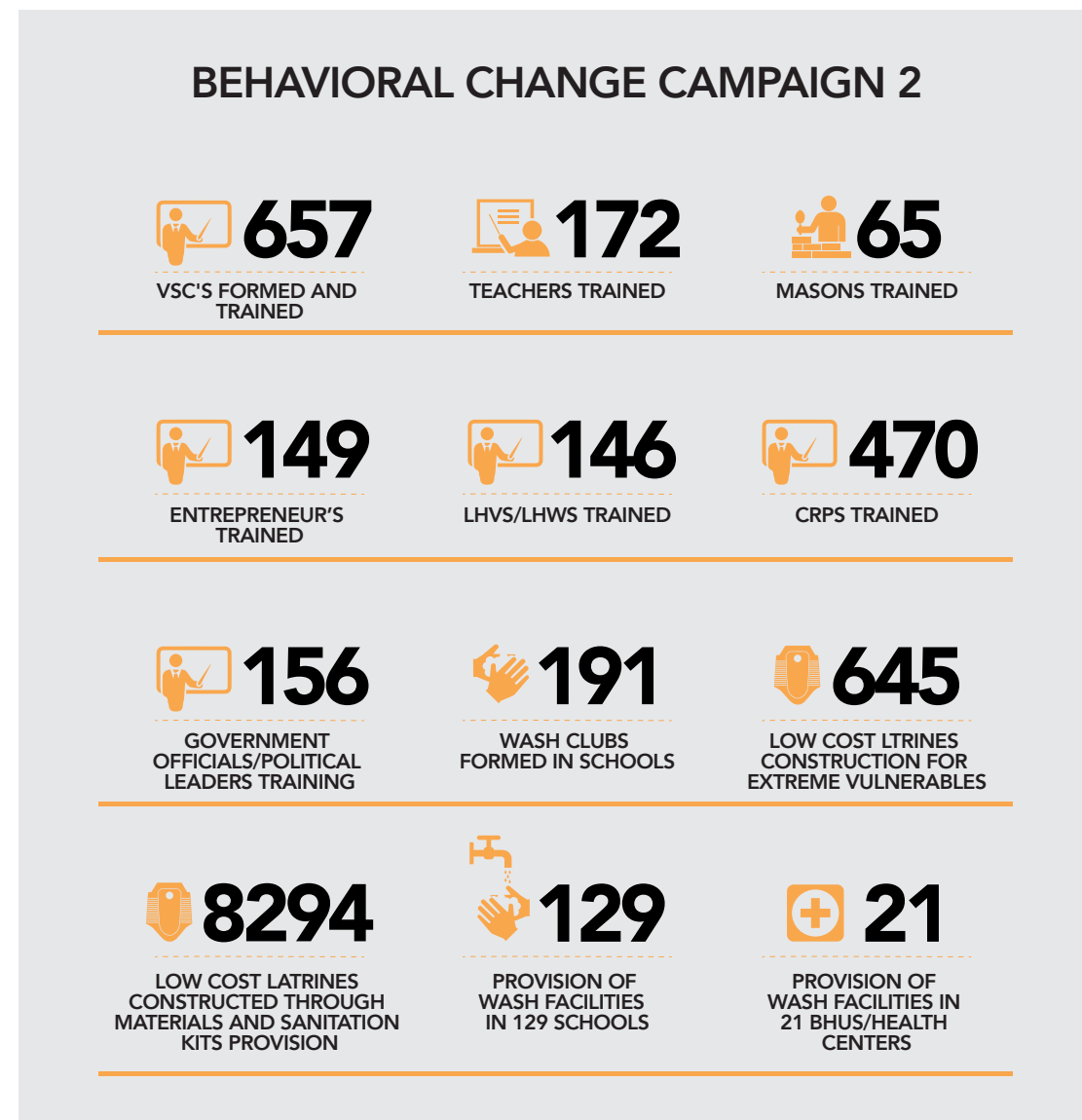
roots level and encouraged their participation in the implementation of project interventions. So far, **657** VSC's have been formed in **554** villages.

SO FAR 657 VSC'S HAVE BEEN FORMED IN 554 VILLAGES.

Behavioral Change Campaign 2:

BCC-2 included provision of technical education to both

direct and indirect beneficiaries, and technical training for government officials and relevant stake holders. Different technical trainings under BCC-2 were as follows.



Formation of Village Behavior Change Campaign 3:

The BCC 3 dealt with the promotion of personal health and hygiene through several activities with community participation and emphasized on the importance of living in hygienic condition. The awareness raising sessions were designed while keeping in view the cultural sensitivities in communities. During the session, field officers delivered sessions and used IEC material on different diseases like diarrhea, cholera, gastro, hepatitis and many other communicable diseases that spread easily as an epidemic. **726** health and hygiene campaign/sessions were conducted in KP & Tribal districts in communities and schools.

Behavior Change Campaign 4:

The BCC 4 incorporated all activities in the project that pertained to ensuring sustainability of interventions. The real essence of development lies in bringing a permanent behavioral change in community.

ODF Verification & Certification Process:

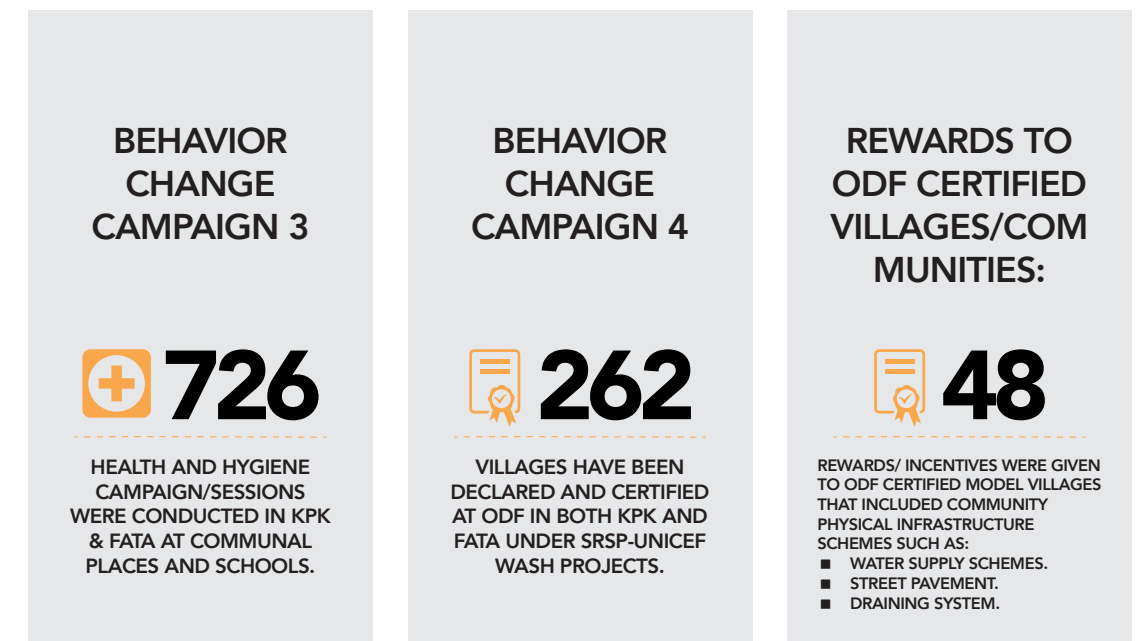
Villages attained Open Defecation Free (ODF) status through community led total sanitation (CLTS) activities. The Village Sanitation Committee (VSCs) declared it as an ODF village and drafted a resolution for SRSP to verify the village status. **262** villages were declared and certified as ODF in both KP and tribal districts under SRSP-UNICEF WASH projects.

Rewards To ODF Certified Villages/communities:

To recognize a significant behavioral change in the community, people were asked to make their villages Open Defecation Free certified. The villages that completed the requirements for an Open defecation free environment were further verified and certified in presence of the SRSP staff and officials from the Local government departments. This certification has been done through a physical inspection at continuous intervals of the village and critically analyzing the health and hygiene practices of communities.

48 Rewards/ incentives were given to ODF certified model villages that included Community physical infrastructure schemes such as:

- Water supply schemes.
- Street pavement.
- Draining system.



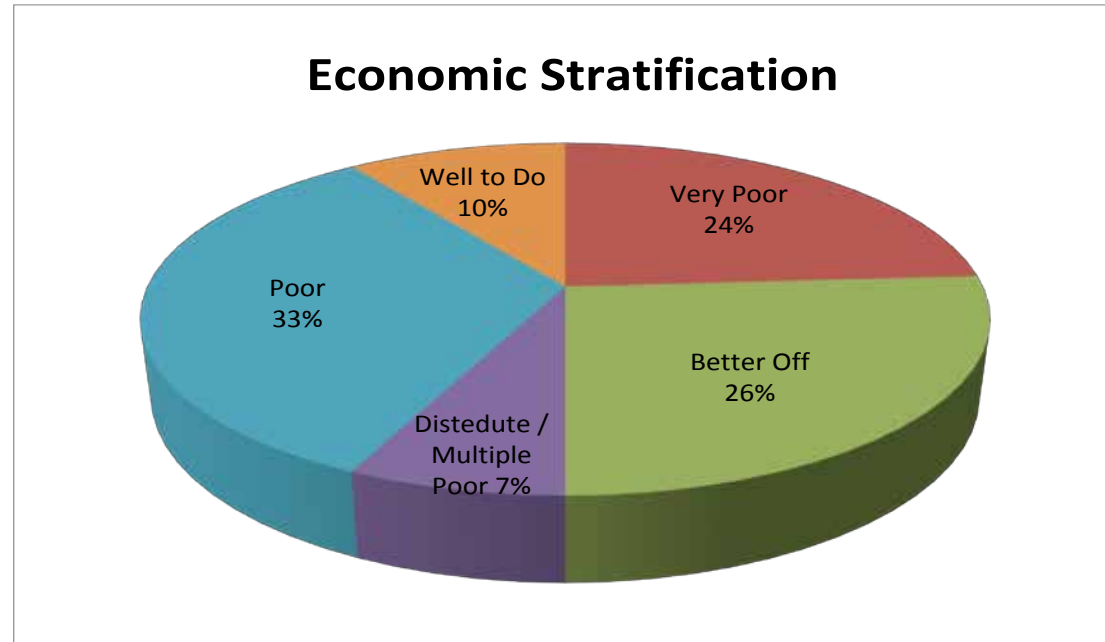


PROJECT WISE DETAIL

UPSCALLING RURAL SANITATION
**THROUGH PATS IN DISTRICT
TANK - KP**

APRIL 2013 - FEBRUARY 2014

**DISTRICT TANK BASELINE:
ECONOMIC STRATIFICATION**



TANK BASELINE:

No of Primary, Middle, High & Higher Secondary School			
Institution	Male	Female	Total
HSS	01	0	01
GHS	26	06	32
GMS	26	16	42
GPS	215	131	346

TANK BASELINE:

Total enrolled Students	Boys	Girls	Total Teachers	Male	Female
25940	18667	7273	934	650	284

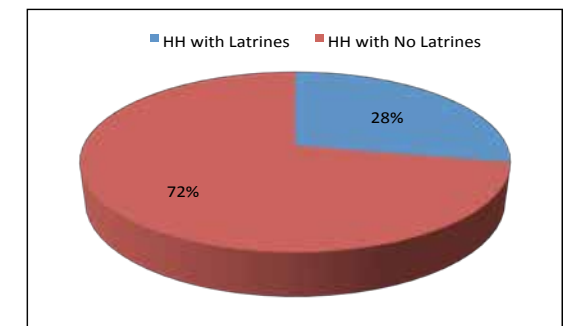
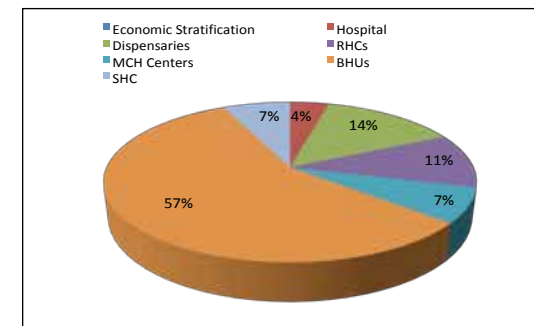
The above table shows total number of students enrolled against the total number of Teachers available.

TANK BASELINE:

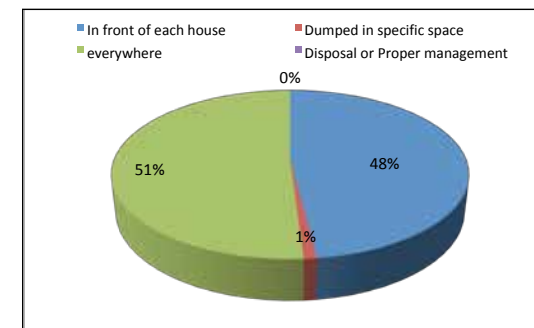
Boys Vs Male	Girls Vs Female	Overall (students Vs Teachers)	Boys Vs Girls (Students)	Male Vs Female (Teachers)
29:1	26:1	28:1	2.6:1	2.3:1

The above table shows the ration of students Vs Teacher number wise and gender wise.

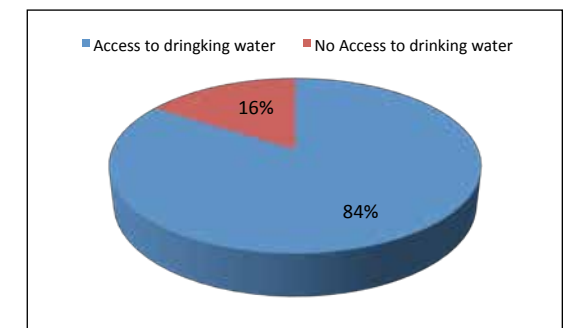
HEALTH FACILITIES:



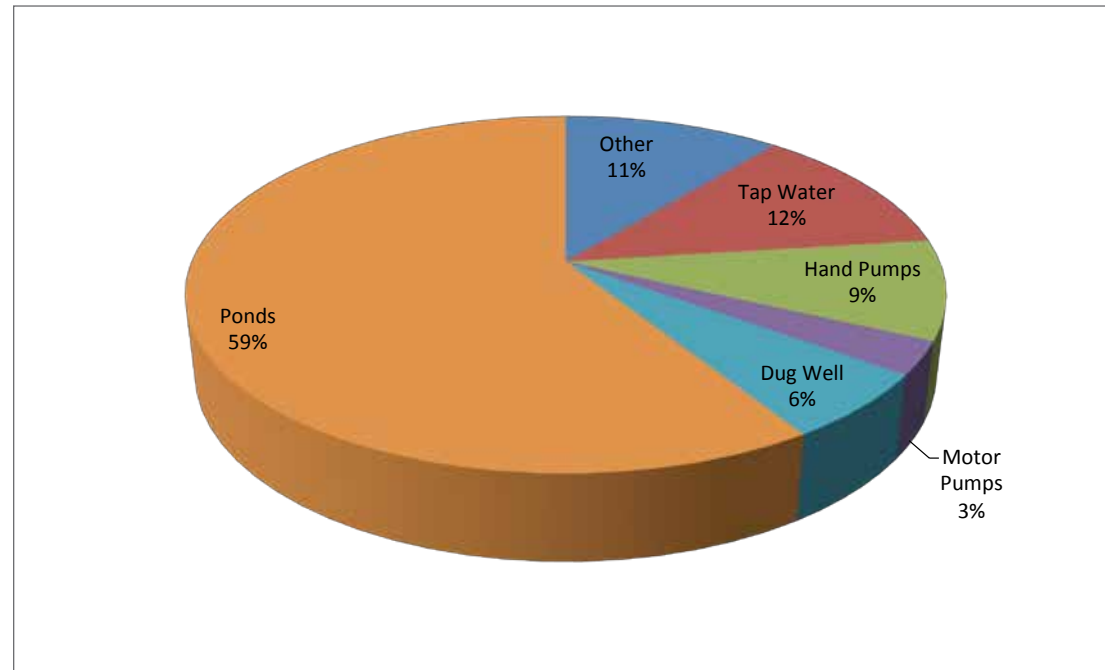
SOLID WASTE MANAGEMENT:



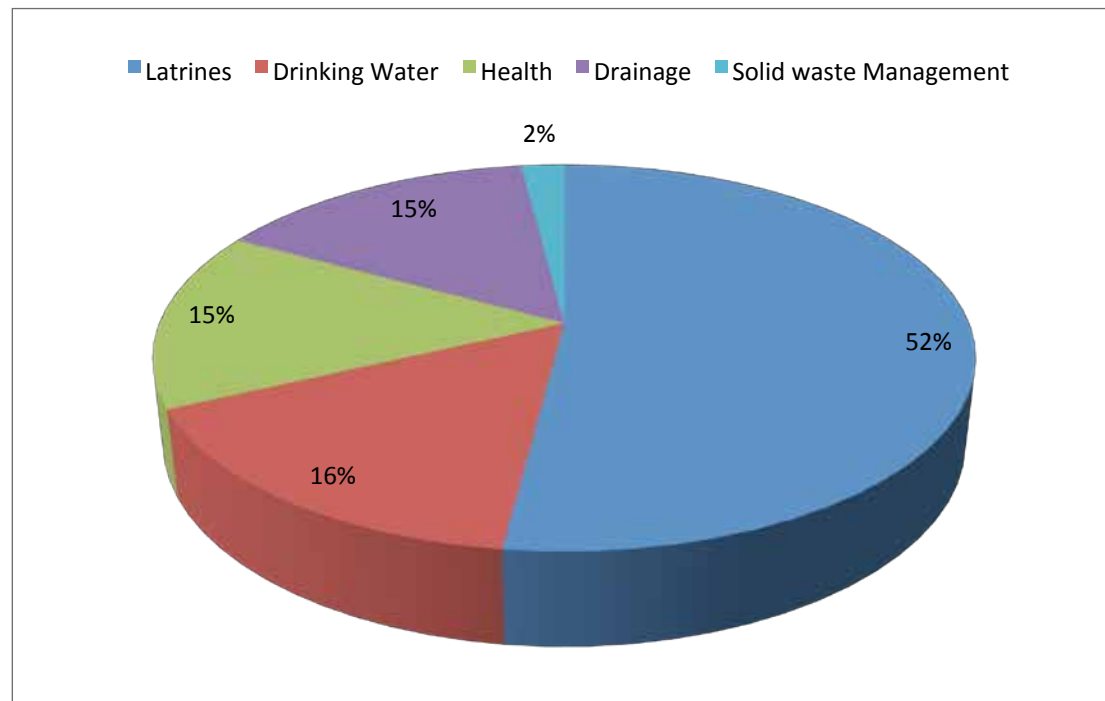
WATER ACCESS:



DRINKING WATER SOURCES:



PRIORITY AREAS:



DISTRICT TANK ACHIEVEMENTS

100,000
Beneficiaries

134
Villages

134
VSC,s formation and capacity building (both male female)

SANITATION AT COMMUNITY

860
Low cost latrines constructed for EVIs

4
Drains and street pavement schemes have been constructed in model villages as reward scheme.

HYGIENE AT COMMUNITY

100000
Men, women and children reached with health and hygiene messages

WATER AT SHCOOL

20
Hand-pumps installed in schools

SANITATION AT SHCOOL

20
Twin latrines and hand washing stations constructed at both girls and boy's schools

HYGIENE AT SCHOOL

5000
(Girls & boys) students reached with health and hygiene messages.

WASH CLUBS

20
Wash clubs formed in schools.

WASH FACILITIES AT HEALTH CENTRES/BHUS

4
Hand-pumps

4
Twin latrines installed

4
Health Centers

ODF

66
Villages declared and certified as ODF

Project Budget in PKR (of only those components delivered by the applicant organizations)

Rs. 68,109,629

Project Start Date and End Date

April 2013 to February 2014

Union Councils/Tehsils covered
District Tank: UC: Ranwal, Gara Baloch, Pai, Uttar, Jattatar, Gul Iman, Shah Alam

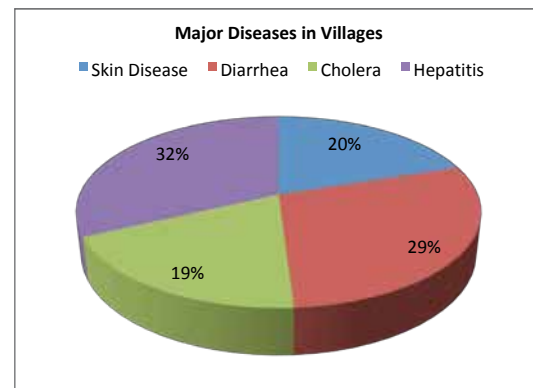
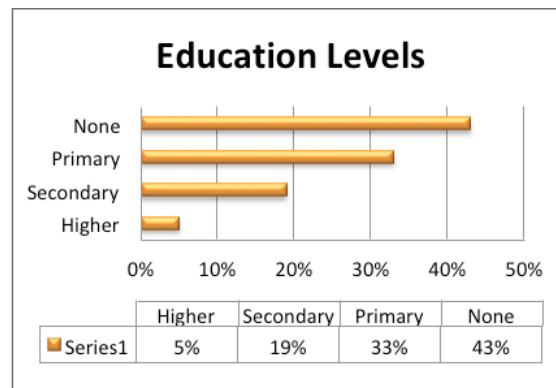
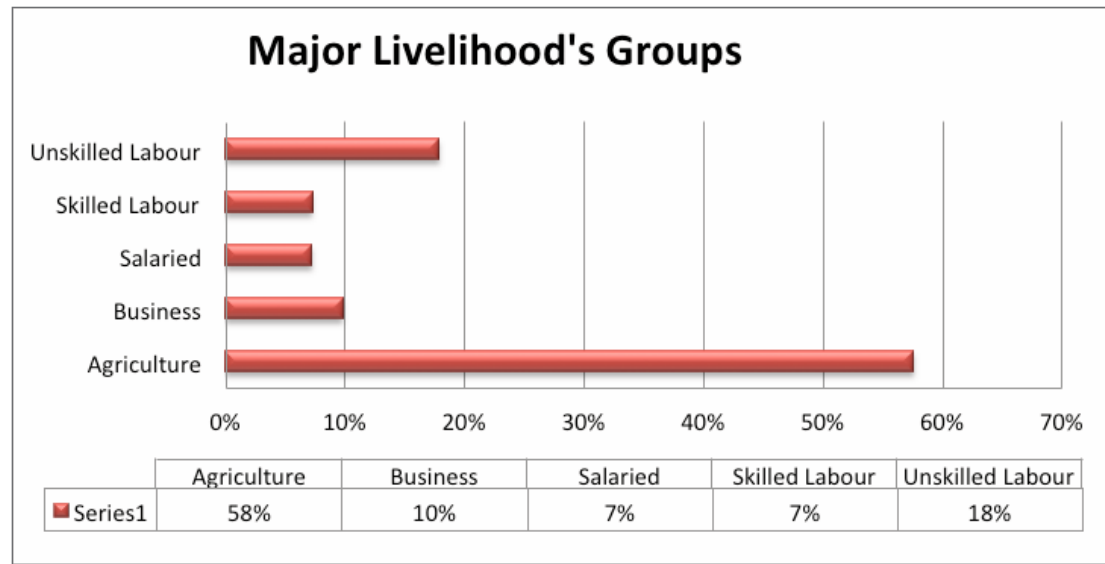
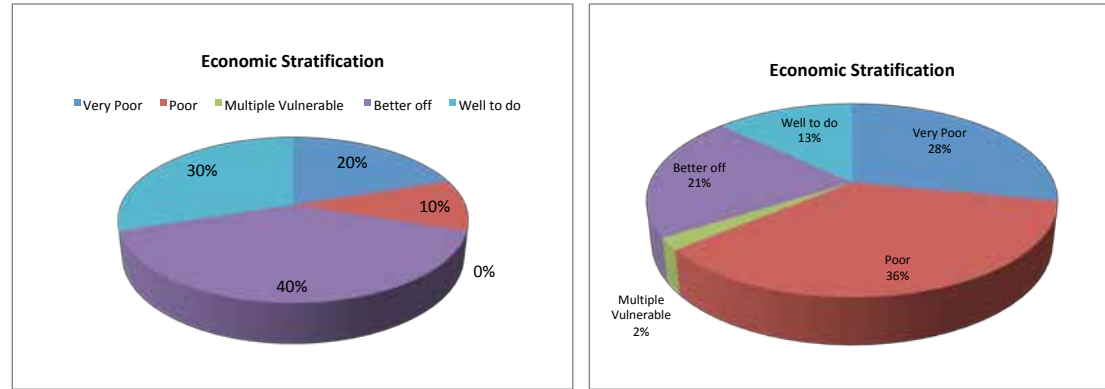
Result/ Status/ Rating by Donor
Completed



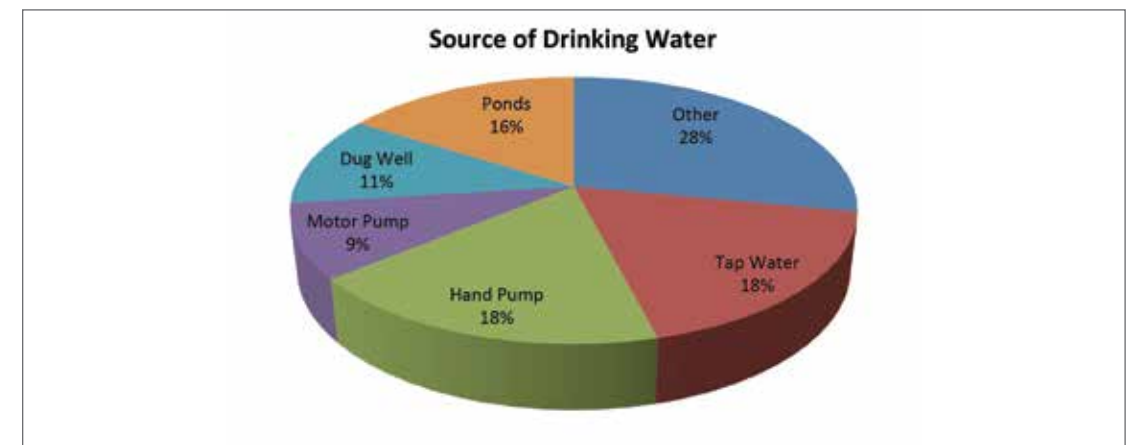
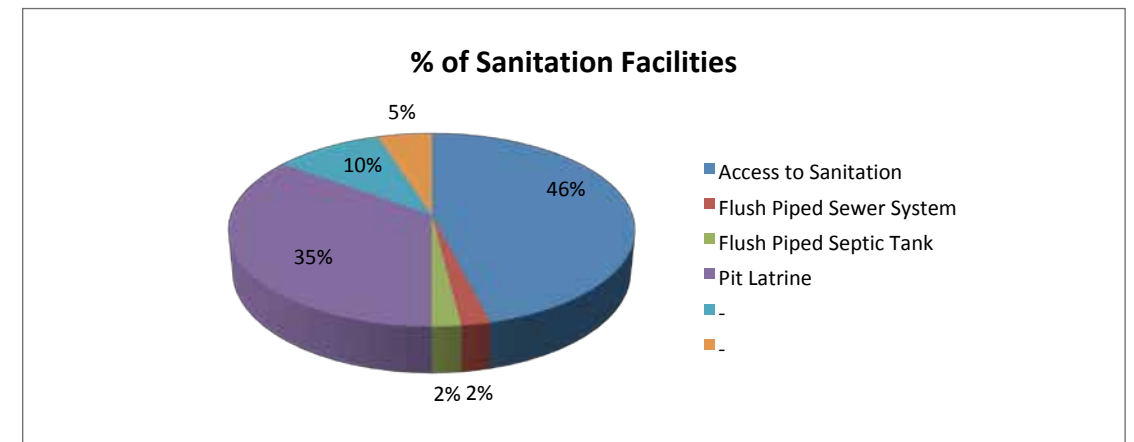
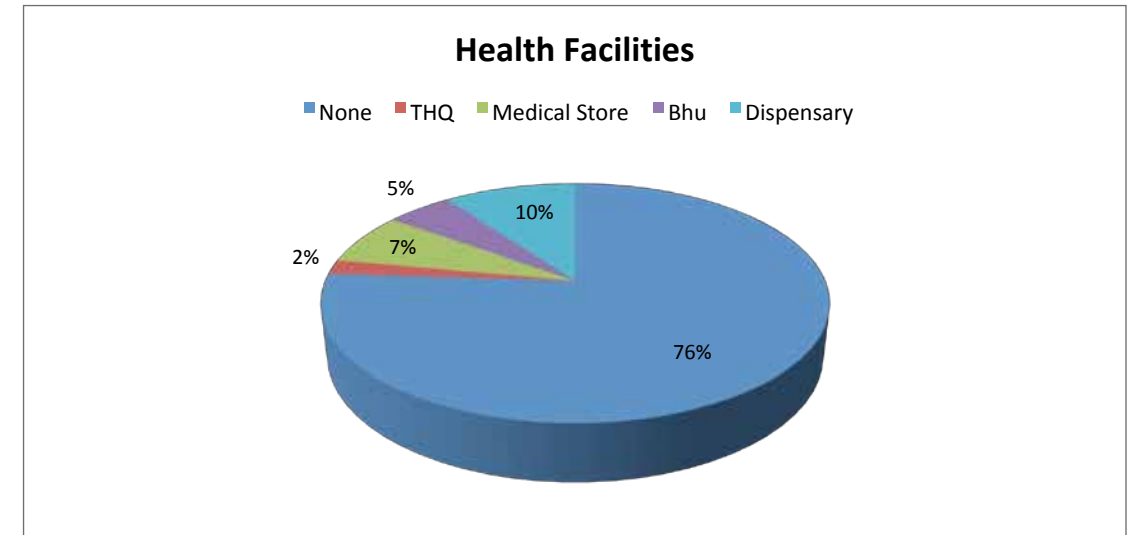
UPSCALING RURAL SANITATION
**THROUGH PATS IN DISTRICT
KURRAM**

April 2013 - February 2014

DISTRICT KURRAM BASELINE




HEATH FACILITIES:




DISTRICT KURRAM ACHIEVEMENTS

 **50,000**
Beneficiaries

 **62**
Villages


 **66**
VSC,s formation and capacity building (both male female)

SANITATION AT COMMUNITY

 **430**
Low cost latrines constructed for evs benefitting
7,760
Individuals

 **2**
Drains and street pavement schemes have been constructed in model villages as reward scheme.

HYGIENE AT COMMUNITY

 **50,000**
Men, women and children reached with health and hygiene messages


WATER AT SHCOOL

 **10**
Hand-pumps installed in schools

SANITATION AT SHCOOL

 **10**
Twin latrines and hand washing stations constructed at both girls and boy's schools

HYGIENE AT SCHOOL

 **4,391**
(Girls & boys) students reached with health and hygiene messages.

WASH CLUBS

 **10**
Wash clubs formed in schools.

WASH FACILITIES AT HEALTH CENTRES/BHUS

 **2**
Hand-pumps

 **2**
Twin latrines installed

 **2**
Health Centers

ODF

 **35**
Villages declared and certified as ODF

Project Budget in PKR (of only those components delivered by the applicant organizations)

Rs. 68,109,629

Project Start Date and End Date

 **April 2013 to February 2014**

Union Councils/Tehsils covered
Kurram Agency: Lower Kurram, Central Kurram



Result/ Status/ Rating by Donor

Completed

DISTRICT BANNU WASH
EMERGENCY RESPONSE TO NWA TDPS (BANNU & ADJOINING DISTRICTS)

August 2014 to October 2014

DISTRICIT BANNU ACHIEVEMENTS



120,000
Beneficiaries



400
Low cost latrines
constructed for
evis benefitting

100
bathing places have
been constructed
benefitting

17,071
TDP's.

100
Waste bins were
installed in schools &
communal place.

WATER AT COMMUNITY



8885
beneficiaries were
provided with
702,000
litres of clean drinking
water through water
trucking.



45
Hand pumps installed

7
public health engineering
drinking water supply
schemes (DWSS)
rehabilitated benefitting

35,971
TDPs and
75,100
host population.

47
Water Tank Installed
at community.

HYGIENE AT COMMUNITY



140
Hygiene promotion campaigns
have been conducted reaching
out
121062
TDP's population.



5000
Family hygiene Kits have
been distributed among
55,000
TDPs.

WASH CLUBS



52
Schools hygiene promotion
session has been conducted
benefitting
8,419
Students

WASH FACILITIES AT HEALTH CENTRES/BHUS



3
health facilities/bhus have
been provided with wash
facilities.

Project Budget in PKR (of only those components delivered by
the applicant organizations)

Rs. 43,157,750

Project Start Date and End Date



**August 2014 to
October 2014**



Result/ Status/ Rating by Donor

Completed

Union Councils/Tehsils covered

District Bannu:

**UCs: Kala Khel Mast Khan, Bezen Khel,
Mama Khel, Nurar, Asperka Waziran
and Mambati Waziran**

SRSP DISTRICT BANNU
WASH PROJECT

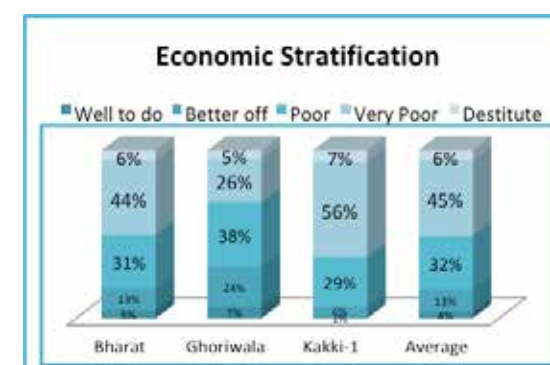
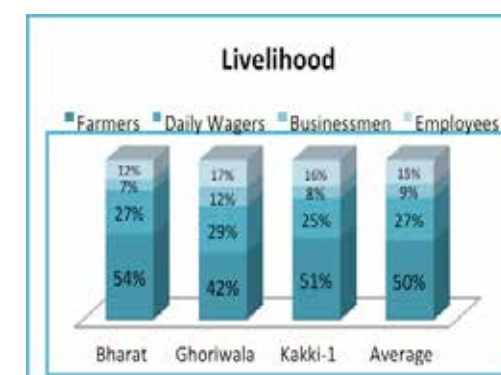
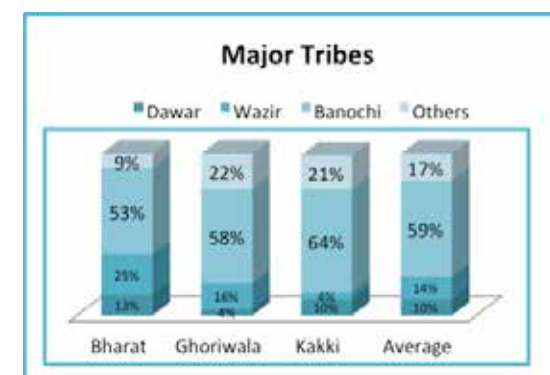
February 2015 to April 2016

DISTRICT BANNU BASELINE:

POPULATION

Table: B-2

UCs at Glance	UC Bharat	UC Ghoriwala	Kakki-1	Total	Average
# of HHs Host Community	2285	1925	2940	7150	-
Individual	20230	16372	26460	63062	-
Average HHs size	8.7	8.5	9	-	8.7
# of HHs TDP Families	675	217	761	1653	-
Individual	6977	2315	9132	18424	-
Average HHs size	10.6	10.7	12	-	11.1
Total Households (Host+TDPs)	2960	2142	3701	8803	-
Total Individuals (Host+TDPs)	27207	18687	35592	81486	-
Average Household size	9.2	8.8	9.6	-	9.2
Adult Male (Host+TDPs)	10509	7237	13949	31695	-
Adult Female (Host+TDPs)	10149	7337	13456	30942	-
Children Male (Host+TDPs)	3289	2008	4143	9440	-
Children Female (Host+TDPs)	3260	2105	4064	9429	-
Ratio of Adult Male (<18)	38.6%	38.7%	39.2%	-	38.8%
Ratio of Adult Female (<18)	37.3%	39.3%	37.8%	-	38.1%
Ratio of Children Male (18>)	12.1%	10.7%	11.6%	-	11.5%
Ratio of Children Female (18>)	12.0%	11.3%	11.4%	-	11.6%



EDUCATION

Total All UCs					
Category	Primary	Middle	High	Higher Secondary	Total
Boys School	21	1	2	0	24
Enrolment	2889	160	502	0	3551
No. of Teachers	62	12	8	0	82
Girls School	15	1	1	0	17
Enrolment	1783	90	135	0	2008
No. of Teachers	36	6	3	0	9
No. of Male Children going outside the village for Schooling					2647
No. of Female Children going outside the village for Schooling					1224
Male Children Education Grand Ratio					66%
Female Children Education Grand Ratio					34%

COMMUNAL PLACES

Table: B-7

UC/Communal Places	Jarga Hall	Masjid	Community Center	Hujra	Play Ground	Madrassa	Total
Bharat	5	9	3	10	2	6	35
Ghoriwala	2	8	0	7	0	3	20
Kakki-1	4	12	3	11	2	6	38
Total	11	29	6	28	4	15	93

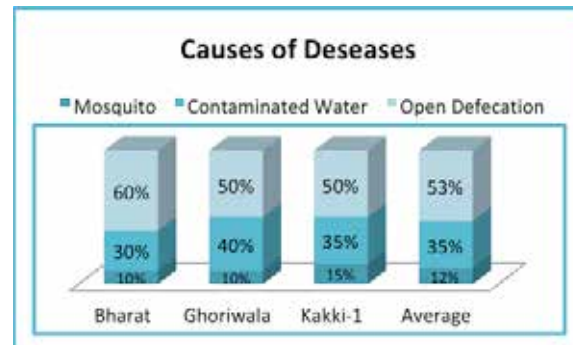
HEALTH

Common Diseases

During the survey different cases of diseases were reported by local BHUs for a week;

Table: B-8

UC/Major Disease	Polio	Malaria	Diarrhea	Hepatitis	Cholera	Total
Bharat	1	9	9	1	1	21
Ghoriwala	8	8	8	4	0	28
Kakki-1	2	12	5	2	1	22
Total	11	29	22	7	2	71

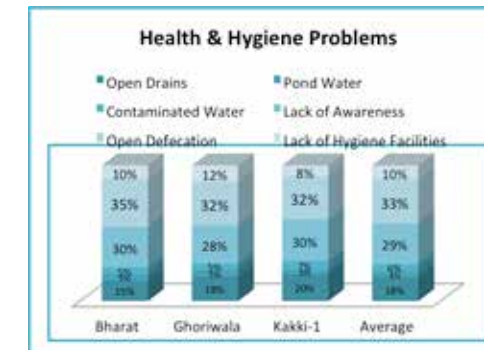


AVAILABLE HEALTH FACILITIES

The available health facilities are elaborated in the table below;

Table: B-10

Name of Health Facility	Bharat	Ghoriwala	Kakki-1	Total
Basic Health Unit	1	1	1	3
Govt./Private	Govt.	Govt.	Govt.	-
No. of Doctors	1	1	1	3
No. of Medical Technicians	0	2	2	4
No. of Dispensers	1	1	2	4
Availability of Medicines	Yes	Yes	Yes	-
Average Distance (KM)	1	2	2	2
Average Time Taken (M)	16	30	30	25



DETAIL OF LATRINES

The current situation of open defecation has been analyzed in below table;

Table: B-13

Indicators	Bharat	Ghoriwala	Kakki-1	Average
No. of HHs uses Latrines	1480	1140	1955	4575
Ratio	50%	53%	53%	52%
Average Type	1.50	1.00	1.75	1.42
1. Pit				
2. Pour Flush				
No. of HHs Having No Latrines	1480	1002	1746	4228
Total	2960	2142	3701	8803

SOLID WASTE MANAGEMENT

The solid waste management in the target villages has been analyzed in below table;

UC	Solid Waste	Management	Intensity
Bharat	1. Human Excreta 2. Animal's Wastes 3. Garbage	1. Open Defecation by men in fields and by children commonly in streets 2. Agricultural Fields, Waste Dumps and Streets 3. Waste Dumps, drains and Streets	50%
Ghoriwala	1. Human Excreta 2. Animal's Wastes 3. Garbage	1. Open Defecation by men in fields and by children commonly in streets 2. Agricultural Fields, Waste Dumps and Streets 3. Waste Dumps, drains and Streets	53%
Kakki-1	1. Human Excreta 2. Animal's Wastes 3. Garbage	1. Open Defecation by men in fields and by children commonly in streets 2. Agricultural Fields, Waste Dumps and Streets 3. Waste Dumps, drains and Streets	53%

DRINKING WATER FACILITIES

The available drinking water facilities are exposed in table below;

Drinking Water Facility	Bharat	%age	Ghoriwala	%age	Kakki-1	%age	Total	Average
No. of HHs uses Tap Water	245	8%	196	9%	30	1%	471	6%
No. of HHs uses Hand Pumps	660	22%	454	21%	803	22%	1917	22%
No. of HHs uses Pressure Pumps	135	5%	250	12%	112	3%	497	6%
No. of HHs uses Dug Well	1910	65%	1242	58%	2736	74%	5888	65%
No. of HHs uses Ponds	10	0%	0	0%	20	1%	30	0%
Total	2960	100%	2142	100%	3701	100%	8803	100%

DRAINAGE & SEWERAGE SYSTEM

The condition of the existing drains and sewerage system has been analyzed below;

Drainage & Sewerage System/UC	Bharat	Ghoriwala	Kakki-1
Average Type	1.00	1.63	1.08
1. Traditional			
2. Cemented			
Problems	1. The drains are full of mud halting water flow 2. Stagnant Contaminated Water	1. Drains and Sewerage System is partially rehabilitated 2. The drains are full of mud halting water flow 3. Stagnant Contaminated Water	1. The drains are full of mud halting water flow 2. Stagnant Contaminated Water
No. of Existing Sanitation Marts	0.00	0.00	0.00

PRIORATIZATION

The prioritized WASH specific needs of the community are depicted in the below table;

Needs Prioritization/UC	Bharat	Ghoriwala	Kakki-1
Need-1	Safe Drinking Water	Safe Drinking Water	Safe Drinking Water
Need-2	Sanitation	Drains	Sanitation
Need-3	Drains	Sanitation	Drains
Need-4	Hygiene Kit	Hygiene Kit	Hygiene Kit

DISTRICT BANNU ACHIEVEMENTS

100,000
Beneficiaries

45
Villages

60
VSC,s formation and capacity building (both male female)

SANITATION AT COMMUNITY

300
Latrine materials Kits distributed among EVIs for latrines construction

18
Latrine materials Kits distributed among EVIs for latrines construction

9
Drains constructed

696
Latrines constructed on self-help bases

41429
Individuals.

WATER AT COMMUNITY

56
Hand Pumps/Pressure Pumps installed at community &

9
DWSS (PHED scheme) rehabilitated benefitting 72949 individuals.

HYGIENE AT COMMUNITY

278472
Men, women and children reached with health and hygiene messages

240
Health and hygiene sessions have been conducted

2
Mass media campaigns held

WATER AT SCHOOL

28
Hand Pumps/solarized pressure pumps installed in schools

SANITATION AT SCHOOL

10
Twin latrines and

49
Hand washing stations constructed at both girls and boy's schools

HYGIENE AT SCHOOL

5667
(Girls & boys) students reached with health and hygiene messages.

WASH CLUBS

41
Wash clubs formed in schools.

WASH FACILITIES AT HEALTH CENTRES/BHUS

3
Health centres provided with wash facilities benefitting

ODF

30
Villages declared and certified as ODF

Project Budget in PKR (of only those components delivered by the applicant organizations)

Rs. 56,950,270
(Bannu)

Project Start Date and End Date

February 2015 to April 2016

District: Bannu,
Union Councils: Baharat, Kaki-1 and Ghor Wali



Result/ Status/ Rating by Donor

Completed

CASE STUDIES / SUCCESS STORIES

ACCESS TO SAFE DRINKING WATER A SUCCESS STORY

The locals and TDPs faced unavailability of safe drinking water in rural Bannu. An estimated ratio of 65% of total target population used water from open dug well. The Project provided safe drinking water, sanitation and hygiene facilities in response to WASH needs of crisis-affected areas. The project suggested installation of 55 hand pumps or pressure pumps that could fulfill the needs of host and TDP families living in target villages. The VSCs identified 28 different sites for installation of hand pumps. The hand pumps were installed in 26

common places and 2 in schools with approximate 17,135 host families and 5469 TDPs.

"Women and children had to fetch water from the house of local malak", Shahdaraz a 35 years old tailoring master further said, "Majority of the households in village Zalim Mandan are extremely poor. They couldn't afford to dig an open well or install hand pump. They had to fetch water from distant sources requiring hours of work every day. The VSC recommended the village for installation of a hand pump. Soon, SRSP engineers visited the site and in few days approximately 4,000 individuals had access to safe drinking water by installation of a hand

pump in middle of the village".

On the basis of needs, 28 schools were recommended by the District Education Department for provision of WASH facilities. The schools were facilitated with standing Washing stations, latrines and pressure pumps. Amongst the 28 schools, 9 schools were identified for solarization of the pressure pumps. Keeping in view, DRR components the installation of solar kits for pressure pumps were completed and verified on ground.

WATER PUMPS' INSTALLATION

Water Pumps' Installation								
UC	Overall Target	Communal Places		Schools		Beneficiaries		
		Hand Pumps	Pressure Pumps	Hand Pumps	Pressure Pumps	Host	TDPs	Total
Bharat	55	7	0	0	7	4901	1791	6692
Ghoriwala		6	0	0	9	6048	1443	7491
Kakki-1		13	0	2	12	10928	2988	13916
Total		26	0	2	28	21877	6222	28099

Mr. Ubaidullah Head Master of GPS Kot Mehter is of the view that, "Now the school has adequate WASH facilities. Since 2015, we have noted tremendous improvement in performance as well as in the overall standard of the school. In 2013-14, we had only 139 students, now the number has increased to 220. Moreover, the school's performance in annual examination has been slowly picking up since the intervention from an average score of 45% in 2013-14 to an average score of 60% in 2015-16. The school has moved from poorly performed (2013-14) to eventually best improved (2015-16)".



"Thank you so much for the best facilities that you provided to our school," Ms. Nazia Awan head of the school and WASH Club said. She further added, "In the past we used to waste a lot of time in requesting someone to bring us water, queuing to use the toilets and girls used to act as doors for each other because there was no water facility and old latrines had no doors. But now with the solarized pressure pumps we have water facility all the day and with the rehabilitated latrines our lives have changed for the better. Girls are now more educated and hygiene sensitive because they immediately wash their hands on the standing washing station after using toilet. Parents also feel encouraged to take their children to school because they know that there is proper sanitation and hygiene learning takes place. Students are enjoying learning in a stress free environment here at GGPS Hakeem Bharat!"



The schools have also been visited and inspected by the Assistant Commissioner District Bannu, ADEO and Monitoring Officer PDMA. During his visit, the Assistant Commissioner appreciated SRSP's and UNICEF's efforts in supporting the education department in district Bannu. He showed keen interest and appreciated the latest technology of Solarized Pressure Pumps in the selected nine schools. He requested that similar activities should be replicated in more schools in the district.



NECESSITY IS THE MOTHER OF INVENTION "A SUCCESS STORY OF SANAWAR GUL"

Sanawar Gul, aged 35, is the resident of village Kot Mehter of Union Council Ghoriwala. She is mother of five children. Usually her children remained ill. They have suffered diarrhea, Dysentery and cholera etc. Her husband is a daily wager. Because of their financial status, they couldn't bear the expenses of appropriate medical treatment. Because of unavailability of latrine at home, her children had to defecate in streets or in fields. She said "we were unaware of the concept of soap or tooth brush. We did not clean our hands after defecation. The children in our neighborhood were also unaware of hygienic practices. One day SRSP team visited our home and shared with us the purpose of their visit. We were mobilized to get united at a forum and collectively resolve our problems. My husband was mobilized to prevent his children from unhealthy habits and he was guided to construct a latrine. We were oriented on taking care of our personal, domestic and environmental hygiene. We were informed about the disadvantages of open defecation environment. By attending the sessions, I realized that the use of latrine and personal hygiene are most important for health. I helped my husband in construction of latrine in the premises of our house within few hours. After few months I felt the healthy change in our routine life. My children use latrine and they clean their hands with soap after defecation".

Sanawar Gul realized the fact behind the unhealthiness and illness of her children and a little

careful effort has brought an enormous change in her life.



MOTABAR KHAN HAS CONSTRUCTED HIS FAMILY'S LATRINE A SUCCESS STORY OF MISROON BIBI



"Motabar Khan did not listen to me", said Misroon bibi 55, resident of Gulaband Kakki. She is mother of 3 daughters and 1 son. "My grand children would regularly fall ill and suffer from dysentery diseases and vomiting. I always asked Motabar Khan for construction of a latrine at home. Because of unavailability of latrine, my

grand children had to defecate in stagnant drains or in streets. They did not clean their hands after defecation. One day I met SRSP team in my neighborhood. They were delivering messages on sanitation and hygiene to women. I was inspired. The women formed a village sanitation committee and I became its member. The VSC nominated me and I was provided with material for construction of latrine at my home. I asked once again, but this time Motabar Khan did not refuse. He started to work on it and within a day the latrine was constructed. My home was also visited by SRSP team and my family members were provided with soaps, tooth paste and brush, Miswak and a towel and we were practically guided how to use it. For a happy and healthy family we were sensitized to be hygiene sensitive by keeping ourselves, home and environment clean. Months have passed but none of my grand children has fallen ill. Now we are enjoying a happy and healthy life"





PROVISION OF WASH SERVICES IN
**AREAS OF RETURN – DISTRICT
SOUTH WAZIRISTAN**

November 13th 2015 to August 4th 2017

69,292
Beneficiaries

69
Villages

35
VSC,s formation and capacity building (both male female)

WATER AT COMMUNITY

5
Hand-pumps
10
DWSS schemes

10
Water tanks installed at community benefitting
56,225
Individuals.

SANITATION AT COMMUNITY

1,082
Latrine materials and sanitation Kits distributed among EVIs for latrines construction
2,847
Sanitation Kits distributed among VIs for latrines construction

1
Drain constructed
15
disable latrines constructed
45,705
individuals facilitated with sanitation interventions

HYGIENE AT COMMUNITY

69,292
Men, women and children reached with health and hygiene messages

5,750
Minimum Hygiene Packages distributed.

29
health and hygiene sessions delivered

ODF

30
Villages declared and certified as ODF

Project Budget in PKR (of only those components delivered by the applicant organizations)

Rs. 62,060,146

Project Start Date and End Date

November 13th 2015 to August 4th 2017

SWA, Tehsil:
Sarwakai, Sararogha, Ladha & Makeen

Result/ Status/ Rating by Donor
Completed

CASE STUDIES /
SUCCESS STORIES

MARYAM BIBI

Crippling another innocent life at an early age of five, polio successfully made an already challenging life of Maryam bibi,(now 17) dependent, difficult to be sustained by her caretakers.

Her father, a shopkeeper by profession with his meager income could only cater to the feeding requirements of his family of eight with the responsibility of supporting an extended family of his brother.

She, along with the family,

returned to her area of origin after enduring eight years of destitution in displacement. The structures once built by her family to provide shelter to their coming generations were found demolished. With a new challenge to rebuild their entire life, Maryam Bibi's basic needs to have a latrine at home now seemed like a mere dream.

The family realized the importance of appropriate sanitation structures as the only way to make self-hygiene easy and safe; ensuring a healthy future for Maryam and themselves. Hence, the relevant

competent authorities were requested to aid and support in this context, but it met no luck.

Fortunately, SRSP in partnership with UNICEF through their WASH interventions extended their support in construction of a disable-friendly latrine for her; once deemed a mere dream. It facilitated the entire family.

A life was facilitated, highlighting the importance of eradicating evil of open defecation, which becomes a safe breeding space for polio virus that results in destroying lives of vulnerable children.



RAJI KHAN INTRODUCTION

Mr. Raji Khan (65), along his wife, was identified living alone in the mountainous terrain of Karhama. After nine (9) years of displacement they returned to find the structures demolished, which otherwise were meant to provide them shelter.

CIRCUMSTANCES

Mr Raji Khan would visit fields in the village to defecate. A small trench had been dug inside a mud base, which was covered by cloth supported on wooden logs.

OUTCOME/IMPACT

Razi Khan was selected as a vulnerable individual by SRSP in partnership with UNICEF under WASH intervention. With zeal to rebuild his house and an enthusiasm towards improving WASH practices for his family, he successfully utilized the provided package and constructed a latrine.





PROVISION OF WASH SERVICES IN
**AREAS OF RETURN – DISTRICT
NORTH WAZIRISTAN**

August 2016 to October 2017

DISTRICT NWA BASELINE:**SAMPLING**

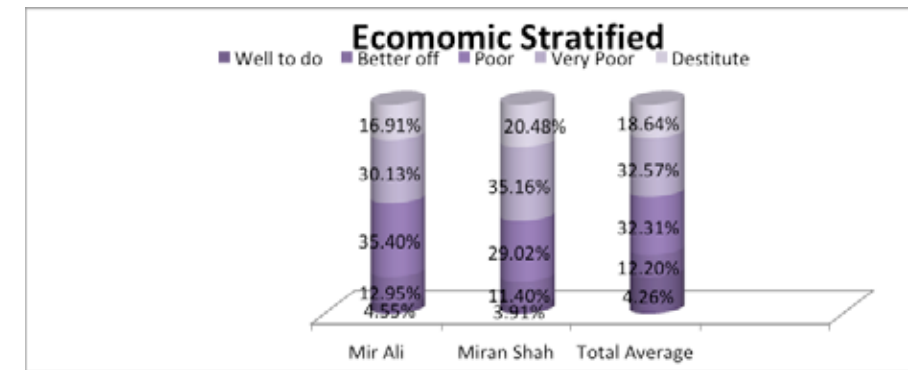
S.#	Agency	Union Council	Total Household	Household covered in baseline	Percentage
1	NWA	Mirali	6036	1207	20 %
2		Miran Shah	5664	1132	20 %
Total			11700	2340	20 %

POPULATION

Tehsils at Glance	Tehsil Mirali	Tehsil Miranshah	Total	Average
# of HHs Community	6036	5664	11730	-
Individual	37695	37027	74722	-
Average HHs size	6.7	6.7	-	6.7
Adult Male	15656	16205	31861	-
Adult Female	16866	17083	33949	-
Children Male	2375	1792	4167	-
Children Female	2798	1947	4745	-
Ratio of Adult Male (<18)	42.6%	42.6%	-	-
Ratio of Adult Female (<18)	45.4%	45.4%	-	-
Ratio of Children Male (18>)	5.5%	5.5%	-	-
Ratio of Children Female (18>)	6.35%	6.35%	-	-

MAJOR TRIBES

Tribe/Tehsil	Mirali	%age	Miran Shah	%age	Total	%age
Dawar	3160	52.35%	4301	75.93%	7461	63.76%
Wazir	2876	47.64%	1363	23.064%	4239	36.23%
Total	6036	100%	5664	100%	11700	100%

**EDUCATION**

The education situation in the target 31 villages is analyzed in following tables;

Table: B-6 Tehsil Mirali					
Category	Primary	Middle	High	Higher Secondary	Total
No. of Boys School	11	2	1	0	14
Enrolment	1749	413	430	0	2592
No. of Teachers	32	18	12	0	62
No. of Girls School	12	1	1	0	14
Enrolment	1777	159	390	0	2326
No. of Teachers	26	4	6	0	20
No. of Male Children going outside the village for Schooling					2410
No. of Female Children going outside the village for Schooling					430
Male Children Education Ratio					52.70%
Female Children Education Ratio					49%

Tehsil Miran Shah					
Category	Primary	Middle	High	Higher Secondary	Total
Boys School	10	4	0	0	14
Enrolment	1085	870	0	0	1384
No. of Teachers	29	34	0	0	34
Girls School	10	4	0	0	14
Enrolment	822	580	0	0	1402
No. of Teachers	29	10	0	0	39
No. of Male Children going outside the village for Schooling	965				
No. of Female Children going outside the village for Schooling	211				
Male Children Education Ratio	49.67%				
Female Children Education Ratio	50.32%				

Total All Tehsils					
Category	Primary	Middle	High	Higher Secondary	Total
Boys School	21	6	1	0	28
Enrolment	2834	1283	430	0	4547
No. of Teachers	61	52	12	0	125
Girls School	22	5	1	0	28
Enrolment	2599	739	390	0	3728
No. of Teachers	55	14	6	0	75
No. of Male Children going outside the village for Schooling	2647				
No. of Female Children going outside the village for Schooling	1224				
Male Children Education Grand Ratio	54.94%				
Female Children Education Grand Ratio	45.051%				

COMMUNAL PLACES

Traditionally North Waziristan is a Pashtune society wherein households up to their status reserve a minor part of land for a communal place. The detail is elaborated below;

UC/Communal Places	Jarga Hall	Masjid	Community Center	Hujra	Play Ground	Madrassa	Total
Mirali	1	18	3	18	8	13	61
Miran Shah	2	13	0	13	7	10	45
Total	3	31	3	31	15	23	106

HEALTH

A. COMMON DISEASES

During the survey different cases of diseases were reported by local BHUs for a week;

Tehsil/Major Disease	Polio	Malaria	Diarrhea	Hepatitis	Cholera	Total
Mirali	0	16	12	7	0	35
Miran Shah	1	10	11	6	1	29
Total	1	26	23	13	1	64

B. CAUSES OF DISEASES

The main cause of the diseases are observed in as under

Causes/Tehsil	Mirali	%age	Miran Shah	%age	Total	Average
Mosquito	107	14.47%	118	17.53%	225	15.93%
Contaminated Water	191	25.84%	185	27.48%	376	26.62%
Open Defecation	417	56.42%	369	54.82%	786	55.66%
Any other	24	3.24%	1	0.148%	25	1.77%
Total	739	100%	673	100%	1412	100%

C. AVAILABLE HEALTH FACILITIES

The available health facilities are elaborated in the table below;

Name of Health Facility	Mirali	Miran Shah	Total
Basic Health Unit	7	11	18
Govt./Private	Govt.	Govt.	-
No. of Doctors	1	1	2
No. of Medical Technicians	0	0	0
No. of Dispensers	9	11	20
Availability of Medicines	No	No	-
Average Distance (KM)	1.24	6	7.24
Average Time Taken (M)	21	30	51

D. HEALTH & HYGIENE RELATED PROBLEMS

The problems related to health and hygiene are explained below;

Health & Hygiene Problems	Mirali	%age	Miran shah	%age	Total	Average
Open Drains	147	14.17%	129	10.64%	276	12.27%
Pond Water	89	8.58%	150	12.37%	239	10.62%
Contaminated Water	97	9.35%	145	11.96%	242	10.76%
Lack of Awareness	235	22.66%	291	24%	526	23.38%
Open Defecation	323	31.14%	346	28.54%	669	29.74%
Lack of Hygiene Facilities	146	14.07%	151	12.45%	297	13.20%
Total	1037	100%	1212	100%	2249	100%

I. WASH

A. DETAIL OF LATRINES

The current situation of open defecation has been analyzed in below table;

Indicators	Mirali	Miran Shah	Total	Average
No. of HHs uses Latrines	1559	1896	3455	34.08%
Ratio	33.84%	34.29%		
Average Type				
1. Pit	3.50	3.00	6.50	
2. Pour Flush				
No. of HHs Having No Latrines	3047	3633	6680	65.91%
Total	4606	5529	10135	100%

B. SOLID WASTE MANAGEMENT

The solid waste management in the target villages has been analyzed in below table;

Tehsils	Solid Waste	Management	Intensity
Mirali	1. Human Excreta 2. Animal's Wastes 3. Garbage	1. Open Defecation by men in fields and by children commonly in streets 2. Agricultural Fields, Waste Dumps and Streets 3. Waste Dumps, drains and Streets	53%
Miran Shah	1. Human Excreta 2. Animal's Wastes 3. Garbage	1. Open Defecation by men in fields and by children commonly in streets 2. Agricultural Fields, Waste Dumps and Streets 3. Waste Dumps, drains and Streets	47%

C. DRINKING WATER FACILITIES

The available drinking water facilities are exposed in table below;

Drinking Water Facility	Mirali	%age	Miran Shah	%age	Total	Average
No. of HHs uses Tap Water	155	6.44%	1548	31.25%	1703	19.34%
No. of HHs uses Hand Pumps	540	22.46%	75	1.51%	615	6.98%
No. of HHs uses Pressure Pumps	137	5.69%	1814	36.62%	1951	22.16%
No. of HHs uses Dug Well	1572	65.39%	1516	30.60%	3088	35.07%
No. of HHs uses Ponds	0	0	0	0	0	0
Total	2404	100%	4953	100%	8803	100%

D. DRAINAGE & SEWERAGE SYSTEM

The condition of the existing drains and sewerage system has been analyzed below;

Drainage & Sewerage System/Tehsil	Mirali	Miran Shah
Average Type		
1. Traditional	1.8	1.9
2. Cemented		
Problems	1. The drains are full of mud halting water flow 2. Stagnant Contaminated Water	1. Drains and Sewerage System is partially rehabilitated 2. The drains are full of mud halting water flow 3. Stagnant Contaminated Water
No. of Existing Sanitation Marts	5	1

DISASTER PREPERNESS

Disasters/Tehsils	Mirali	Miran Shah
Conflict	Jirga	Jirga
Flood	Protection Wall	Protection Wall
Soil Salinity	Tube Well	Tube Well

PRIORITIZATION

The prioritized WASH specific needs of the community are depicted in the below table

Needs Prioritization/Tehsils	Mirali	Miran Shah
Need-1	Safe Drinking Water	Safe Drinking Water
Need-2	Sanitation	Drains
Need-3	Drains	Sanitation
Need-4	Hygiene Kit	Hygiene Kit


DISTRICT NWA ACHIEVEMENTS

 **15,000**
Beneficiaries

 **31**
Villages

 **31**
VSC,s formation and capacity building (both male female)


WATER AT COMMUNITY

 **15**
Hand Pumps

9
DWSS schemes Installed Benefitting

24,770
Individuals

SANITATION AT COMMUNITY

 **625**
Low cost latrines constructed through materials provision and cash for work to EVIs.

7
Latrines constructed for persons with disability

3
Drains constructed benefitting 8,500 individuals.

448
Low cost latrines constructed on self-help bases through social mobilization.

HYGIENE AT COMMUNITY

 **67**
Hygiene sessions/campaigns conducted reaching out

71,623
Men, women and children.

4,997
Hygiene kits distributed during hygiene sessions.

SANITATION AT SCHOOL

 **10**
Twin latrines and hand washing stations constructed at both girls and boy's schools benefitting

1,790
Students.

HYGIENE AT SCHOOL

 **31,014**
(Girls & boys) students reached with health and hygiene messages.

WASH CLUBS

 **15**
Wash clubs formed in schools.

WASH FACILITIES AT HEALTH CENTRES/BHUS

 **5**
Health centres provided with wash facilities benefitting

3,812
Individuals

ODF

 **7**
Villages declared and certified as ODF

Project Budget in PKR (of only those components delivered by the applicant organizations)

Rs.96,554,103
(Khyber & NWA)

Project Start Date and End Date

 **August 2016 to October 2017**

Union Councils covered (please list all the target UCs of subject project)

NWA Tehsil: Miran Shah & Mir Ali



Result/ Status/ Rating by Donor

Completed

CASE STUDIES / SUCCESS STORIES

A SUCCESS STORY OF SAMREENA BIBI "LITTLE CARE CAN CHANGE LIVES"

Samreena Bibi, aged 37, is the resident of village Mubarak Shahi. She is mother of five children who frequently got ill.



Her husband is a daily wager. Because of their financial status, they couldn't bear the expenses of appropriate medical treatment. Due to unavailability of latrine at home, her children had to defecate in streets or in fields. She said, "We were unaware of the concept of soap or tooth brush. We did not clean our hands after defecation. One day SRSP team visited our home and shared the purpose of their visit.



We were mobilized to form the Village Sanitation Committee which would address common issues. Basic health and hygiene information was also disseminated and my husband was mobilized to construct a latrine at home. I supported my husband's decision to construct a latrine at home. It was constructed within few days. After few months I noticed a change in our routine life. My children use latrine and clean their hands with soaps after defecation".

MUHAMMAD ANWAR KHAN (MIR KHAN KHEL)



Muhammad Anwar is the resident of village Mir Khan Khel of Tehsil Mir Ali. He has three children, who frequently suffer from diarrhea, Dysentery and cholera etc. Muhammad Anwar is a poor man, and is unable to meet health expenses. He remained worried for his family.

In a PRA activity in his village, Muhammad Anwar was made aware on the importance of

hygiene. During the activity, the SO spoke about various practices to improve health conditions. Construction of low cost latrines was part of the session, which gave Muhammad Anwar hope towards better living. He decided that he would construct latrine at his home as he learnt that the reason for frequent illness was poor sanitary condition.

Muhammad Anwar started working on the construction of the latrine the next day of the PRA activity and a few months later, he observed positive change in his family's health and activities. His children now enjoy a healthy life.



"THEY CAN DO IT"

A CASE STUDY OF VILLAGE GAO KHEL, TEHSIL MIRAN SHAH

On twenty minutes' drive from Mir Ali Tehsil, is located Village Gao Khel, in Miran Shah. It is one of the 31 villages that has been facilitated with water, sanitation and hygiene facilities under SRSP-UNICEF WASH

Project. According to pre project assessment, the village is home to approximately 4,800 population. The source of income for 58% population of the village is agriculture. There was no sanitation mart in the

village and 45% population would practice open defecation.

The project facilitated the village with following WASH facilities.

Facility Provided	Quantity	Direct Beneficiaries	Indirect Beneficiaries
VSCs Formation	01 male	18	2300
Capacity Building of VSCs	01 male	18	
CRP Capacity Building	01 male	15	
Incentive for CRPs	Rs. 20,000/-	20	0
Masson Training	01	07	84
Low Cost Latrines Constructed	30	295	0
Self Help Base	10	70	0
Provision of Sanitation Kits	51	208	0
Teachers Training	01	130	0
BCC Campaigns	04 campaigns 16 events	2300	0
Minimum Hygiene Kits	159	636	0
Hand Pump (common place)	02	110	0
WASH Clubs	01	137	0
WASH Club Package	01	90	0
Hand Pumps Installation (Schools)	04	405	0

Mr. Gul Hussain, a 52 years old farmer, is member of the Village Sanitation Committee. He said,

"For decades the village faced severe hygiene and sanitation issues. Open defecation was

a common practice and there was no proper management for human feaces. People did

not construct latrines at homes. They had little knowledge on basic health and hygiene and sanitation. Women and children would easily fall prey to various diseases like diarrhea, cholera and malaria”,

The Village Sanitation Committee was formed in November, 2016 with an objective to mobilize collective action for addressing issues of unavailability of safe drinking water, solid waste management and to discourage open defecation in the village.

vulnerable community members in the process, and identified sites for provision of WASH facilities in the community. They also make efforts in ensuring availability of safe drinking water and in discouraging open defecation in the village.

“We faced several difficulties especially during rainy season when we had to defecate in the fields”. Mir Sahib Jan, 60 years old farmer and community member said, “The project staff visited my home and I was facilitated with materials

GGPS Muhammad Sadiq Khan, GGPS Dost Muhammad Kot, GPS Abdullah Khan & GGMS Mir Laiq Shah Gao Khel are 4 out of 23 schools provided with adequate WASH facilities under the project. Initially, a WASH Club was formed and capacitated with required skills for total sanitation. Later hand pumps were installed in these schools. The pupils of the schools said, “The new facilities have made us more disciplined and improved hygiene in our schools. Before, boys used to help themselves in the bushes



The Village Sanitation Committee received basic training on Pakistan approach to total sanitation. The VSCs provided assistance in mobilization of the community through behavior change communication for construction of latrines and improved household water treatment. The VSCs also ensured inclusion of vulnerable and extremely

for latrine construction at my door step. My son constructed the latrine. My family uses the latrine. Over time we felt the need for another latrine in the house because I have a big family. We constructed two more latrines on self-help basis. Now we do not go to the open fields.”

Government Primary Schools,

and did not have any wash their hands. Now we have knowledge and all the facilities within the school compound.”

The village Gao Khel was verified, declared and certified as having open defecation free environment by internal ODF committee (SRSP) & government ODF committee during their monitoring visits

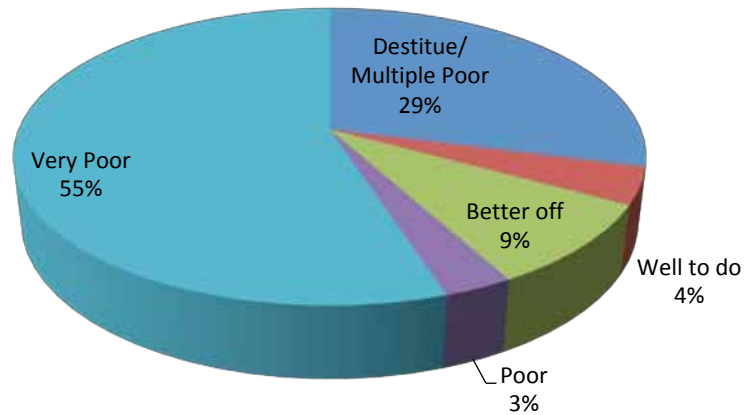
PROVISION OF WASH SERVICES IN AREAS OF RETURN – DISTRICT KHYBER

August 2016 to October 2017

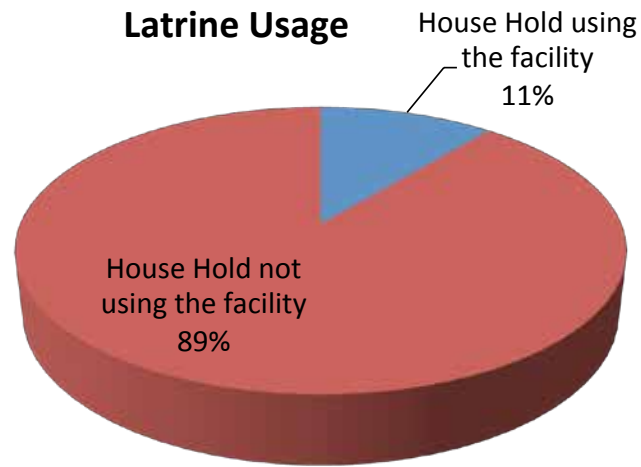


DISTRICT KHYBER BASE LINE:

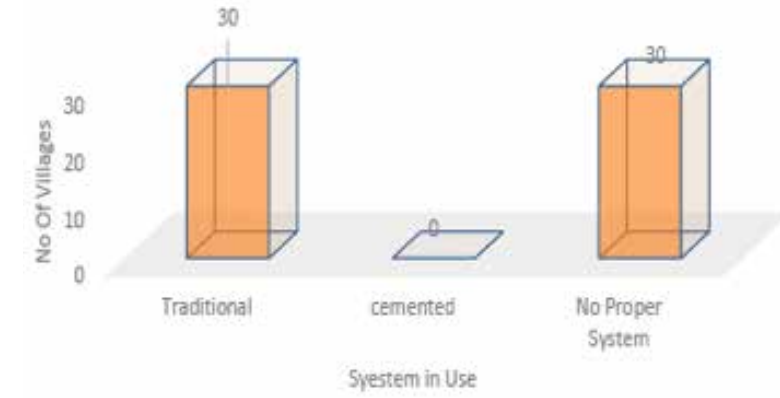
Economic Condition



Latrine Usage

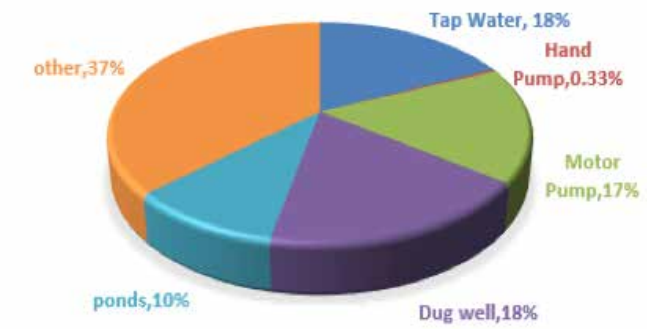


DRAINAGE AND SEWERAGE SYSTEM



WATER SOURCES AND ITS USAGE

AVERAGE %AGE PER 30 VILLAGES HH USING



SOLID WASTE MANAGEMENT



15,000
Beneficiaries

53
Villages

53
VSC,s formation and capacity building (both male female)

WATER AT COMMUNITY

8
Hand Pumps

12
DWSS schemes Installed Benefitting

30
Individuals

SANITATION AT COMMUNITY

618
Low cost latrines constructed through materials provision and cash for work to EVIs.

8
Latrines constructed for persons with disability

3
Drains constructed benefitting 8,500 individuals.

448
Low cost latrines constructed on self-help bases through social mobilization.

1000
Sanitation kits distributed among vulnerable for latrines construction.

1,770
Individuals

HYGIENE AT COMMUNITY

80
Hygiene sessions/campaigns conducted reaching out

94,821
Men, women and children.

4,997
Hygiene kits distributed during hygiene sessions.

SANITATION AT SCHOOL

10
Hand Pumps

2421
Individuals

5
DWSS schemes Installed Benefitting

SANITATION AT SCHOOL

12
Twin latrines and hand washing stations constructed at both girls and boy's schools benefitting

1,790
Students.

WASH CLUBS

10
wash clubs formed in schools.

WASH FACILITIES AT HEALTH CENTRES/BHUS

5
health centres provided with wash facilities benefitting

750
Individuals

ODF

3
Villages declared and certified as ODF

Project Budget in PKR (of only those components delivered by the applicant organizations)

Rs.96,554,103
(Khyber & NWA)

Project Start Date and End Date

August 2016 to October 2017

Union Councils covered (please list all the target UCs of subject project)

Khyber Tehsil: Bara



Result/ Status/ Rating by Donor

Completed

CASE STUDIES / SUCCESS STORIES

ISLAMA (VILLAGE: WALI KHEL, TRIBE: BAR QAMBAR KHEL, TEHSIL BARA, KHYBER AGENCY)



UNICEF is the driving force that helps build a world where the rights of every child are realized.

Islama, aged 30, was affected by polio at a tender age of 9

months. It not only made her life tough, through dependency on others, but mutilated her dream of becoming a doctor and to fulfill her responsibility of being the eldest by supporting her father in the upbringing of her eleven siblings.

Her needs were well taken care of till her father, Said Kamal was alive. He, a merchant by profession, earned enough to provide for his family. Hard luck struck when her engagement was called off because of her sickness. Later, her father passed away leaving behind a family with no source of income and a loan repayment of PKR 0.9 million.

Islama is just another case of polio portraying the hardships a patient goes through. While dealing with such cases, the root cause of disease is often forgotten. For example, open defecation provides for a safe breeding space for polio virus

allowing it to spread with ease. These defecation containing enclosures play a drastic role in contaminating water and spreading water-borne diseases.

Polio does not only affect one's ability to walk but also proves to be a great hurdle in carrying out daily activities. Islama faces similar challenges daily, especially the ones she endures during her menstrual cycles and regular defecation hygiene. Poor hygiene and unclean water cost her loss of a kidney. Her paternal uncle caters to the feeding requirements of the whole family. In such circumstances, having a separate disabled latrine sounds like a mere dream.

SRSP provided Islama latrine under the UNICEF-funded WASH intervention. She explains that her life has become better as she has access to latrine.

SUCCESS STORY

Zeema Gul, 70 years old, belongs to Sandan Kalay, tehsil Bara in Khyber agency. She was identified during UNICEF Village

Wash Committee formation and was found to be an extremely poor woman supporting her 26 years' old paralyzed and

mentally challenged son Jana Gul.

Upon visiting her house, it was



learned that Zeema Gul is a widow and mother of five (5) sons and three (3) daughters. All of her sons except for Jana Gul (youngest one) do not live with her. She supports Jana Gul single handedly with no active means of income at hand. Being a single attendant, she herself

is physically weak and finds it rather challenging to manage her son's defecation due to none-availability of an in-house toilet.

When the SRSP WASH team made a visit, the need to provide a toilet at her home was identified. She was provided

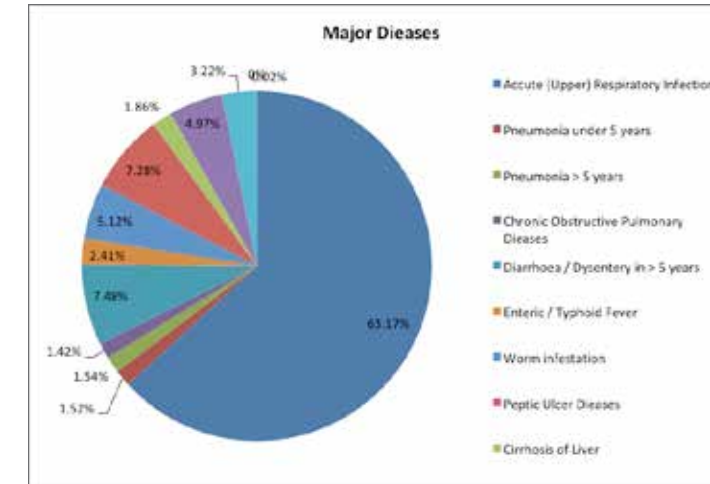
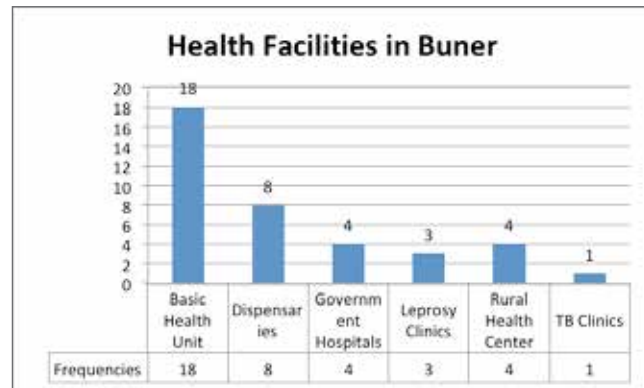
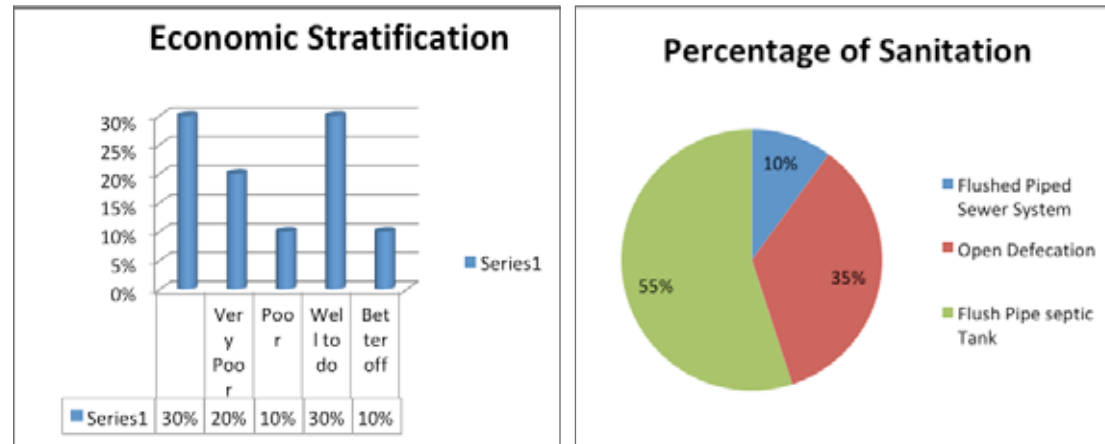
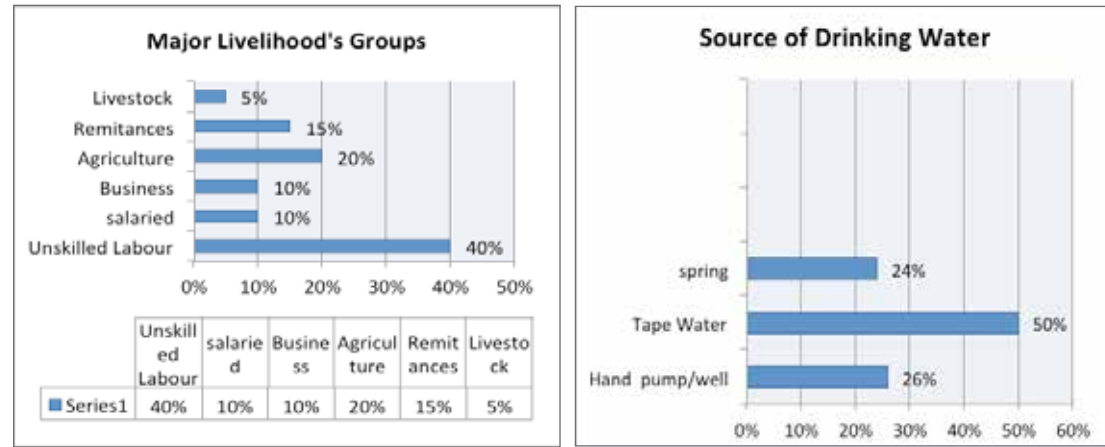
with the necessary toilet package. It came as a relief because now she can take care of her son's defecation needs with ease. She is hopeful that Jana Gul might stand on his own feet one day, if provided with proper attention and medical treatment.



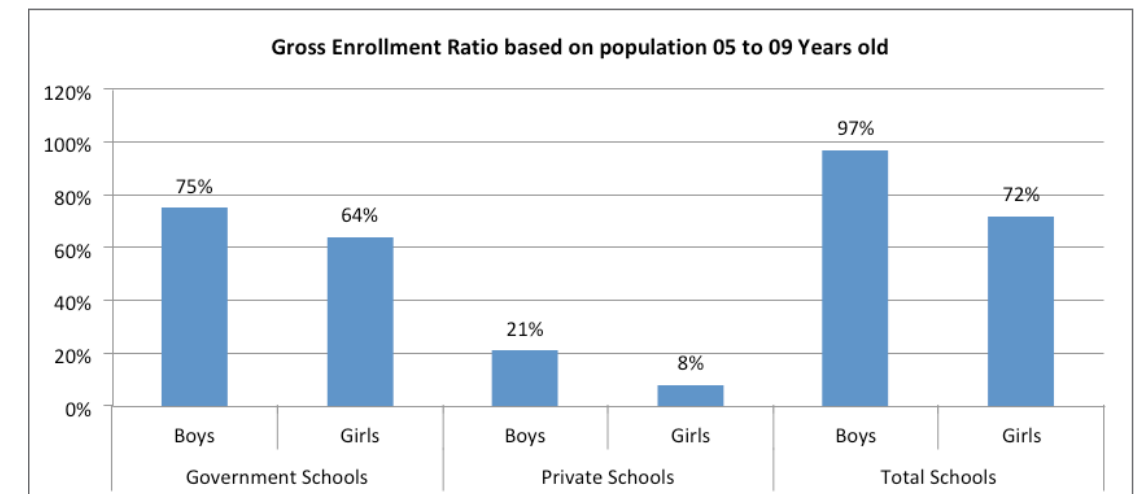
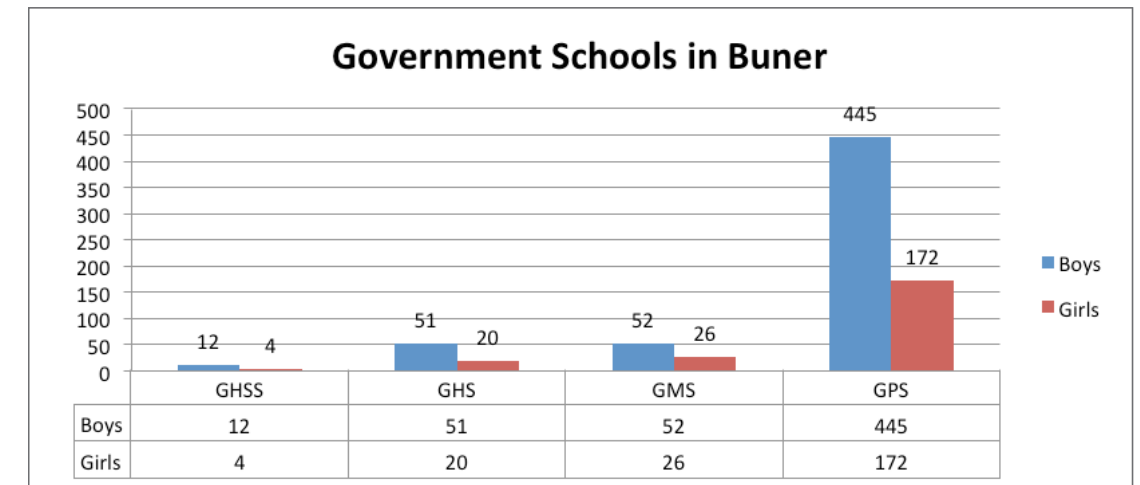
SANITATION PROGRAM AT SCALE IN
**PAKISTAN (SPSP RURAL
PHASE 2), DISTRICT,
BUNNER - KP**

May 2014 to December 2017

DISTRICT BUNNER BASELINE:



SCHOOL DATA BUNER




DISTRICT BUNER ACHIEVEMENTS

 **156,000**
Beneficiaries

 **160**
Villages


WATER AT COMMUNITY

 **47**
Hand Pumps Installed
Benefitting
22,433
Individuals

SANITATION AT COMMUNITY

 **970**
Low cost latrines constructed through materials provision and cash for work to EVIs benefitting

 **1000**
Sanitation kits distributed among vulnerable for latrines construction.

 **8**
Latrines constructed for persons with disability
7,760
Individuals

5
Latrines constructed for persons with disability
1,500
Low cost latrines constructed on self-help bases through social mobilization.

HYGIENE AT COMMUNITY

 **160,964**
Men, women and children reached with health and hygiene messages

WATER AT SCHOOL


 **25**
Hand-pumps installed in schools benefitting

7,616
Students

HYGIENE AT SCHOOL

 **31,014**
(Girls & boys) students reached with health and hygiene messages.

SANITATION AT SCHOOL

 **32**
Twin latrines and hand washing stations constructed at both girls and boy's schools benefitting

9,122
Students.

WASH CLUBS

 **95**
Wash clubs formed in schools.

WASH FACILITIES AT HEALTH CENTRES/BHUS

 **2**
Hand-pumps

 **2**
Twin latrines installed

 **2**
Health Centers

ODF

 **121**
Villages declared and certified as ODF

Project Budget in PKR (of only those components delivered by the applicant organizations)

103,717,995
(3 Years Budget)

Project Start Date and End Date

 **May 2014 to December 2017**

Union Councils covered (please list all the target UCs of subject project)

District Buner,
Tehsil: Gagra, Dagar, Mandanr & Khadukhel
UCs: Dagar, Gadezai, Shal Bandai, Noorizai, Pacha, Makhranai, Nawagai, Kangalai, Sarwai. (total 9 UCs covered)



Result/ Status/ Rating by Donor

Completed

CASE STUDIES / SUCCESS STORIES

GOVERNMENT PRIMARY SCHOOL AHMAD ALI DHERAI



Apart from that Behavior change campaigns (BCC1, 2, 3 & 4) were carried out in the school by the SRSP project staff.

WASH club was formed in the school where wash club members and school teachers were trained on importance of WASH and were given responsibilities to manage the WASH facilities, cleanliness of their school and maintain self-hygiene.

They celebrated world days (Global Hand Washing Day, World Toilet Day, World Polio Day and World Water Day) in the school.

About 45 per cent of government primary schools and 16 per cent of middle schools lack toilets, impeding education, especially for girls. As a result, many Pakistani children are exposed to potentially deadly diseases like diarrhea. Every day, 110 Pakistani children die due to waterborne diseases.

Government Primary School Ahmad Ali Dherai is located in UC Makhranai district Buner, with strength of total 110 Students. In the school there was only 1 latrine which was under the use of teachers.

There was no latrine, water source or hand washing station available for students. The students used to defecate open either inside or in the fields near to the school.

"There was a bad smell coming from school" said by Teachers.

District Education office Buner suggested the said school for WASH interventions under SRSP Buner WASH project where twin latrines and hand washing stations were constructed. Moreover the school was also provided with water facility.

"Now we are safe from diseases and we will use our latrines in school and in our houses, Thank SRSP & UNICEF" say WASH club members.

"I wish to construct latrines for my students but unfortunately the lengthy process of government was too difficult for me to construct latrines for students. I am thankful to SRSP & UNICEF for the construction of Latrines & Hand Washing Station" says Head Teacher

STORY OF CHANGE



Gul Mina is a widow and the head of household living in village Dakara UC Sarwai. There are 17 members in her house; among them majority are children. Only her elder son earns breads on daily wages.

"We could not manage the expenditure of our house because my children used to frequently get ill and half of my son's income was spent on their medicine." Gul Mina

Gul Mina and her family members used to defecate in fields, where they faced number of issues such as, wild dog attacks, unsecure

SELF HELP INITIATIVES MAKE VILLAGES OPEN DEFECATION FREE

Miss. Bakht Nas Bibi belonging to Kalabat UC Pacha was identified as Community Resource Person and got trained under approved contents of SPSP project. Furthermore, she was also member Village Sanitation Committee formed in village Kalabat. Under WASH trainings and BCC campaigns her capacity was built and she got aware about importance of health & hygiene.

During sessions delivered by resource person on self-help

for female and timings of defecation. Children were defecating openly inside the house.

SRSP intervened in the UC Sarwai under Wash Project in Dec 2016, PRA and hygiene

sessions were conducted at religious, School, Communal and household level to motivate and mobilize community against the hazards of Open Defecation and to reduce and finish open defecation in the targeted UC.

"One day all the members of house were gathered for dinner, I told them about the activity conducted by SRSP team in our house. They talked about the side effects of open defecation and my elder son also discussed the same as he received the same messages from SRSP WASH Project staff at our village

initiatives, health & hygiene; Miss BakhtNasBibi was so impressed by the very opening remarks of the session and knew the effects of open defecation on our health; she took initiatives to mobilize the other women of her village to stop open defecation and start working for the poor of their village. She got successful to form the community organization of 20 members who saved PKR 50 per day by each of them. They started searching for poor people of their village who didn't have latrines in their houses. After their survey they have constructed 6 latrines from their personal savings in village

main Hujra, on the same time my grandson also responded and shared SRSP message which he learned in school that hand washing with soap is must before meal and after using latrine, which reduces the chances of diseases. At that time we decided to build a latrine in our house. We constructed latrine in a period of two and half months because of the low income as there is only 1 earning member in the house. We constructed latrine because it was our need to avoid diseases which we were facing. Now all the family members are using latrine in our house and feeling grateful and satisfactory." expressed by Gul Mina

We pay special thanks to SRSP staff who came to our far flung village and informed us about the lethal effects of open defecation. I pledged to carry forward the message and mobilize efforts in making my village Open Defecation free. Committed by Gul Mina.

Kalabat and Balo Khan for poor households.

MISS BAKHT NAS REMARKS

"I didn't knew the effects of Open Defecation on our health specially diseases and child mortality but after attending training on WASH I realized about the health issues we faced due to Open Defecation"

"Now Village Kalabat & Balo khan is comparatively clean and open defecation free"

"I am very happy and will try my level best to make adjacent villages open defecation free. Thank you SRSP and UNICEF"

CHALLENGES:

- Timely acquiring NOC.
- Uncertain & Complex environment. Restricted movement and undefined curfews.
- Accessibility and communication barriers.
- Coordination mechanism with Multi Stakeholders – PA office, military, Malik's, Elders, FATA Sec (DOP, relevant directorate), FDMA, FDA, TDPs sec, line departments etc. while in KP its only with district coordination office.
- Managing sudden administrative change such as in Kurram agency till July 2017, agency was administered by political agent but after the security incidents, Pak army took over both the law & order and development sector accordingly. Similarly, shifting the coordination from Army to FC.
- Projection and visibility of female activities.
- Ensuring construction of Low cost latrines through provision of latrine materials.
- Lack of Skilled labors. Social Mobilization specific to WASH.
- Seasonal migration of target beneficiaries.
- Resistance to change.
- Geographical spread, scattered areas and rocky terrain.
- Different WASH packages by different donors.
- Negative perception about NGOs at community level.
- Local Politics.
- Large number of project activities with limited resources and short time span.
- Acquiring timely endorsement letters from Education, Health and PHE departments.
- Conflicts over CPI's and fulfilling community demands.
- Low water table and hard strata for hand pumps installation.

LESSON LEARNED:

- Pre project, usage of latrines culture was not common among community members even available at their houses and communal places.
- Frequent follow-up visits required for project sustainability.
- Social Mobilization through BCC changed perception of communities towards importance of WASH.
- WASH facilities at schools attracted Parents to enroll their children.
- Capacity building of VSCs and CRPs helped in Social Mobilization.
- Inter UCs activities encouraged participation of communities.
- Behavior Change – a long term process and requires regular follow-up and dialogues and must not be limited to completing targets.
- Teacher's orientation on WASH is must for educating children.
- Staff orientation and inception workshops at start of the project are very much needed.
- Resources shall be allocated as per community requirement.
- Initiation of both Soft and Hard components of the project simultaneously to ensure timely completion of project

PROVISION OF WASH FACILITIES TO TDPS AT EMBARKATION POINTS

SRSP in partnership with UNICEF facilitated the returnee population of North Waziristan Agency, South Waziristan Agency, Khyber Agency's and Orakzai Agency TDPs with provision of WASH facilities at different embarkation points. The objective of the provision of the WASH facilities and non-food items to the TDPs at embarkation points were to provide emergency response and to reduce the ratio of vulnerability in terms of WASH related needs of the returnee population.

S. No.	Embarkation Point	Water Trucking	Pit/Pour flush Latrine Installation	Hand Washing Facility	Water Tanks Installation	WASH NFIs Distribution	Beneficiaries	
							Families	Individuals
1	Akakhel, Shalober QambarKhel, Bar Qambar Khel, Malak Deen Khel, Qamar Khel, Sepah Bara Khyber Agency	295 Trips	24	10	30	6,136	73,516	477,854
2	Bakakhel District Bannu	-	10	4	8	-	684	4,452
3	Jerma Kohat	20 trips	16	3	4	-	5,798	37,687
4	Kour fort District Tank (SWA Phase-1 Return)	48 trips	14	5	6	-	4,792	31,148
5	Khergai FR Tank (SWA Phase-2 Return)	171 trips	21		20	-	11,412	74,182
6	Khergai FR Tank (SWA Phase-3 Return)	48 trips	22	10	24	-	3,323	21,600
Total		582 trips	107	32	92	61,36	99,525	646,923



SRSP CONTRIBUTION TOWARDS SDG 6



The Sustainable Development Goals (SDGs) comprise of 17 goals and 169 targets and 230 indicators which are integrated and indivisible. SRSP is contributing towards achieving SDGs which are universally applicable and aspirational. SRSP serves as the voice of the poorest and most

marginalized communities; agent of accountability; act as service delivery agent; supports data collection, reporting and monitoring; engage in diverse activities and programs; identifies and map their potential roles for effective implementation of the SDGs.

SDG 6 ensures availability and

sustainable management of water and sanitation for all. This publication provides the most comprehensive picture of SRSP-UNICEF partnership in achieving WASH targets in KP and Newly Merged Tribal District (Former FATA), thus contributing to the goal. This collective journey has at its heart a promise to “leave no one behind”.

In setting out SRSP-UNICEF’s specific focus within the SDG 6, it has made three commitments in focusing its resources:

- Every person should have access to safe and affordable drinking water.
- Every person should have access to adequate and equitable sanitation and hygiene and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.
- These services should be available in every context, every school and health center, in times of stability and times of conflict, in the midst of natural disasters and, especially, once disasters subside and communities begin to rebuild their lives.

CELEBRATION OF SPECIAL EVENTS



GLOBAL HAND WASHING DAY

World days are celebrated to raise awareness about the benefits and disadvantages of the concern subject, which are celebrated around the world. Global Hand washing day is a way to support a global and local culture of hand washing with soap, shine a spotlight on the state of hand washing in each country, and raise awareness about the benefits of hand washing with soap. Since 2008, Global Hand washing Day has been celebrated annually on October 15 worldwide. People around the world clean their hands with water but very few use soap to wash their hands. Washing hands with soap removes germs and keeps a healthy life. Washing hands with soap reduces:



- Diarrheal diseases and pneumonia, the two top killers of children around the world.
- Reduces the number of children who get sick.

SRSP celebrates GHD every year as joint venture with UNICEF and Government of KP & FATA. All the partners collaborate in one form or another.



During the event students from different schools deliver speeches & debates regarding the importance of clean and safety environments and washing hands with soap. Beside the students religious leaders and Head teachers also delivered the speeches and enlighten the cleanness in Islamic literature and its importance in our daily life.





WORLD WATER DAY

World Water Day is an annual event celebrated on 22 March of every year. The day focuses attention on the importance of universal access to clean water, sanitation and hygiene (WASH) facilities in developing countries. The day also focuses on advocating for the sustainable management of freshwater resources.



Every year SRSP celebrates world water day in both KP & FATA which is witnessed by the school students, teachers, VSC members and other stake holders.



During the event students from different schools presents role play sand tableaux. Furthermore, teachers, religious leaders and VSC members also delivers speeches on importance and wastage of water.





WORLD TOILET DAY

Toilets save lives because human waste spreads killer diseases. However, 4.5 billion people live without a household toilet that safely disposes of their waste. World Toilet Day is about inspiring action to tackle the global sanitation crisis.



By 2030, the Sustainable Development Goals, specifically SDG #6, aim to reach everyone with sanitation, and halve the proportion of untreated wastewater and increase recycling and safe reuse.

Every year on 19th of November World Toilet Day is celebrated around the world and the same is practiced by SRSP in KP & FATA.



Events are organized at schools and communal places in which the Students, teachers, VSC members and religious leaders deliver speeches & debates regarding the benefits of using toilet & harm of the open defecation. They also explain that hand-washing at critical times is a highly cheap and effective disease reduction strategy that has been shown to reduce the incidence of diarrheal among children under five by almost 50 percent and respiratory infections by nearly 25 per cent, when adopted regularly. The schools students walked on the roads along with the banners and gave messages to the community regarding usage and importance of toilet in our society.





WORLD MHM DAY

Every year all over the world, May 28th signifies the celebration of Menstrual Hygiene Management (MHM). It highlights the importance of menstruation and eradicates the

misconceptions regarding it and increase women's knowledge about their body's functioning and its care.

SRSP with UNICEF support celebrated MHM day at both KP & FATA in which importance of the menstruation hygiene was briefed by hygiene promoters in an ice breaking session to encourage the community members in further sharing their issues related to the topic. Each participant was provided with a hygiene kit comprised of eight (8) WASH related items i.e. sanitary cloth, bucket, and a pack of underwear along with a pack of disposable sanitary napkins.



Many misconceptions regarding menstruation were clarified and importance of diet and hygiene was highlighted. Community was oriented with many new methods to keep themselves healthy and clean, how and whom to contact in case of an emergency, and what precautionary measures should be taken. With the distribution of disposable sanitary napkin among the participants, an initiation of their use to promote healthier lifestyle is intended.





HYGIENE AND SANITATION CAMPAIGNS





**SANITATION
FESTIVALS**



DONOR VISITS AND PROJECTS WORKSHOPS

UNICEF DEPUTY COUNTRY REPRESENTATIVE VISIT TO BANNU



Cris Munduate Deputy Country Representative UNICEF Pakistan along with Micheal Juma Programme Specialist UNICEF KP & FATA paid a visit to Bannu WASH Project implemented by SRSP with UNICEF support. The delegation met local communities and school students in village Bharat of District Bannu. They also observed Drinking Water Supply Scheme and Latrines installed in local communities as well as the WASH infrastructure in schools. Apart from that they had held a meeting with SRSP staff members at SRSP Bannu Office.



UNICEF REGIONAL DIRECTOR VISIT TO BUNER WASH PROJECT



Karin Hulshop, UNICEF Regional Director for South Asia and Angela Keareney, Country Representative Pakistan paid a visit to Buner WASH Project implemented by SRSP with UNICEF support. The delegation met local communities and school students in village Bhai Kalley of District Buner. They also observed Drinking Water Supply Scheme and Latrines installed in local communities as well as the WASH infrastructure in schools. Apart from that they had held a meeting with Deputy Commissioner (DC) Buner and District Sanitation Committee.



UNICEF WASH SPECIALIST VISIT TO BUNER



UNICEF WASH Specialists visited project areas in Buner to monitor the SPSP PATS interventions. Dialogues and discussions were held between Mr. Thewodros Mulgeta WASH Specialist and community members to evaluate the project activities in better way. Visitors also met the Deputy Commissioner Buner and concerned government counterparts and discussed District Sanitation Committee importance which is a pilot intervention by SRSP in District Buner.



UNICEF COUNTRY REPRESENTATIVE VISIT TO NORTH WAZIRISTAN AGENCY



Ms. Angela Kearney, Country Representative UNICEF along with Mr. Charles Nzuki CFO UNICEF KP & FATA paid a visit on May 16th 2017, to North Waziristan Agency WASH Project implemented by SRSP with UNICEF support. The delegation met local communities and school students in village Banda (Tehsil Miran Shah) and village Mubarak Shahi (Tehsil Mir Ali). They also observed WASH infrastructure such as Twin Latrines and Hand Washing Stations in schools. Apart from that they had held a meeting with Stakeholders.



TRAINING FOR ELECTED LOCAL GOVERNMENT COUNCIL MEMBERS



Three days training on Pakistan Approach to Total Sanitation (PATS) was organized for 30 elected members (18 male and 12 female) in District Buner under WASH PATs plus project. The objective of the training was to orient the participants on WASH policy framework at district level, provide low cost solutions regarding sanitation and water safety and to elaborate their role in open defecation free (ODF) declaration, verification, certification and sustainability check. Furthermore, their knowledge was enhanced on gender mainstreaming, equity, disaster risk reduction, climate change and environmental protection. The training was organized by SRSP in collaboration with Government of KP and funded by UNICEF.



WORKSHOPS LEARNING FROM FIELD EXPERIENCES

An experience sharing and learning workshop organized (9-10 October, 2017) for SRSP staff members involved in WASH programs in FATA, participated by SRSP management and staff from UNICEF. The Project staff shared their field experiences, in a highly interactive environment, to improve project design, strategies and on ground implementation in future. The project is implemented in Khyber, South and North Waziristan agency.



WORKSHOPS END PROJECT EVALUATION WORKSHOP WASH EMERGENCY SPSP-PATS PROJECT BANNU FEBRUARY 2015-APRIL 2016

A three days "End Project Evaluation Workshop" was organized by Sarhad Rural Support Programme (SRSP) from 11th-13th May 2016. The objective of the workshop was to "highlight and Share the knowledge, experience and lessons that have evolved during the project implementation period including achievements gained, challenges experienced and hence to measure overall impact of the project ". SRSP's executive management and field project staff was among the participants.



WASH GALLERY





