

FINAL PROJECT EVALUATION

*HOPE for Victims of Flood/Conflicts in
Pakistan (WASH 2) in Tehsil and District
Charsadda, Khyber Pakhtunkhwa*

*ECHO Agreement Number:
ECHO/PAK/BUD/2010/01005*

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(HOPE'87)*

*Local Partner:
Strengthening Participatory Organization
(SPO)*



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Preface

This Final Project Evaluation report sets out findings, lessons learnt and recommendations for the HOPE for victims of flood/conflicts in Pakistan (WASH 2)", in Tehsil & District Charsadda, Khyber Pakhtunkhwa. The report is developed in compliance with the terms of reference for the assignment. The conclusions and recommendations set out in the following pages are solely those of the evaluators and are not binding on the project management and sponsors.

The authors would like to thank all who assisted in the Final Project Evaluation, particularly HOPE'87 and Strengthening Participatory Organization (SPO) for providing technical support, and all the stakeholders who consented to be interviewed.

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Executive Summary

The Pakistan floods crisis began in July 2010, followed by heavy monsoon rains in the Khyber Pakhtunkhwa, Sindh, Punjab and Balochistan provinces of Pakistan. The worst affected area in Pakistan was the province of KPK, which was the first province to be hit by the flood. The provincial government of KPK declared Charsadda district as “Calamity Hit” area.

HOPE’87 conducted a WASH sector specific rapid damage needs assessment together with its local NGO partner Strengthening Participatory Organization (SPO) in the districts of Nowshera, Charsadda and Peshawar. Following this assessment, a WASH specific project was submitted to ECHO and approved under the agreement number ECHO/PAK/BUD/2010/01005 with implementation period from 20th August 2011 to 19th February 2011 in district Charsadda of KPK province.

The project “HOPE for victims of flood/conflicts in Pakistan (WASH 2)” was designed so that the vulnerable population affected by the flood/conflicts in Pakistan has an increased access to and makes use of rehabilitated drinking water facilities and follow improved hygiene practices.

The needs assessment and interviews with the beneficiaries during field visits showed that a vast majority of respondents had access to water mostly from unsecure and contaminated sources. To ensure availability and use of safe drinking water, HOPE’87 installed 50 communal **hand pumps** across 11 villages. Moreover, **water storage kits** were distributed among 4001 families to fetch and store water in. Also, **water purification tablets** donated by “APOTHEKER HELFEN e.V. - Hilfswerk der Bayerischen Apotheker” were distributed to 3,260 vulnerable families.

In addition to this, existing public and house latrines were washed away by floods and heavy rain. In response to this HOPE’87 constructed or **rehabilitated a total of 210 latrines** (48 community and 162 family shared latrines) across 11 villages. Resultantly, 4,317 individuals have access to and use sanitation facilities.

Before the project intervention, most households did not have proper latrines and also, basic hygiene practices such as washing of hands, brushing teeth, and covering cooked food were not followed. HOPE’87 distributed **hygiene kits** to 4,000 families which benefited more than 31,017 community members. In addition, 178 gender disaggregated awareness raising **sessions on hygiene and sanitation practices** were conducted for 4,090 individuals in the community. These sessions were accompanied by **hygiene promotion materials**.

Delays were caused in project implementation because of due diligence undertaken by HOPE’87 in selecting a project area where project activities would not be overlapped with any other humanitarian agency. Therefore, the project started with a delay of three weeks. However, all project activities were successfully undertaken during the project period.

The locations for the **hand pumps** were selected after consultation with the communities and WASH committees, while the design was finalized following WASH cluster guidelines. Water samples were laboratory tested to ensure safety.

The evaluation determined that since the **water pumps** were situated in centralized locations identified with help of the community and easily accessible to the general population, water is used by community at large, specially by-passers and labourers working in nearby fields. However, the effectiveness of these water sources for longer household consumption require attitudinal change to utilize the water sources which are safer than the in-house sources of water.

After losing basic utensils, the **water storage kits** have proven valuable for the recipient households. Similarly, the water purification tablets provided by the project were utilized by all beneficiaries interviewed.

Furthermore, the household **latrines** provided to vulnerable and marginalized households were very well received by the beneficiary families and are considered an asset by the recipients. The **latrines** installed by the project provide accessible and safe facility, both at the household and community levels and have lessened women work load and helped them retained their privacy. However, the evaluation team recommends improvement in the latrine design i.e. providing of parapet wall and roof drainage. The surface runoff can also be utilized through rain water harvesting.

Hygiene trainings were given to some of the poorest individuals as these generally do not practice proper hygiene practices either due to lack of awareness and/or affordability of basic hygiene items. Interviews during the evaluation and a KAP survey undertaken by HOPE'87 revealed improved knowledge and practices of hygiene. The **hygiene kits** provided were sufficient for family need and lasted up to two months. Moreover, families with relatively high affordability have generally continued the use of hygiene kit items even after the project provided material ran out.

The project has been implemented in a **participatory method** at all levels, including inter-agency coordination and participation of local population. As a community participatory and sustainability measure, the project formed a separate men and women **WASH Committee** in each of the eleven villages which have been instrumental in selection of beneficiaries, selection of sites for hand pumps and latrines, supervision of hand pumps and latrines construction.

The **coverage** for Results 1 and 3 was deemed satisfactory. However, under Result 2, due to the considerable gap in availability of proper sanitation facilities in homes, the community believed that the project target for setting up household latrines was very low.

Gender was mainstreamed into all project activities and special attention was paid to women's needs in all activities.

In brief, the project was relevant, effective, and efficient.

To improve project efficiency and sustainability key measures **recommended** include i) continuing the advocacy period beyond the time frame allotted for physical interventions as attitudinal changes can only occur over medium and long term, e.g. use of safer water supply schemes and following improved hygiene practices; ii) Similarly, in future WASH projects, in combination with communal supply, in-house water sources should be provided to vulnerable and marginalized household to minimize their dependency on others; iii) Further, civil works must be supervised by qualified and well experienced staff to further improve the design of the construction.

1. Introduction

Followed by heavy monsoon rains in the Khyber Pakhtunkhwa, Sindh, Punjab and Balochistan provinces of Pakistan, the Pakistan floods crisis began in July 2010. According to Disaster Emergency Committee Report, over 2000 people were killed, over a million homes were destroyed, and more than 21 million people were seriously affected, exceeding the combined total of individuals affected by the 2004 Indian Ocean tsunami, the 2005 Kashmir earthquake and the 2010 Haiti earthquake. At the worst point, approximately 20% of Pakistan's total area was underwater, an area bigger than England.¹ The country suffered extensive damage to health, educational, transportation and communication infrastructure and crops. With three of the four provinces hit, the Government of Pakistan declared a state of emergency. The worst affected area in Pakistan was the province of KPK, which alone recorded 1,036 deaths.²

1.1. Background and Context

KPK has been repeatedly hit by natural/man-made disasters in recent years, e.g., the 2005 Earthquake and the 2009 IDP crisis. It was also the first province to be hit by the flood at the end of July 2010, as heavy rainfall caused flash and riverine floods. The mountainous northern parts of KPK were hit by concentrated and highly destructive flash floods. This is where the largest number of fatalities occurred, and where infrastructure was heavily damaged within the province, Nowshera, Charsadda, Peshawar, Swat and Dir were some of the worst-affected districts.

In KPK, the DEWS report showed a significant downward trend in acute diarrhea. Available drinking water was not potable and so efforts continued to improve the quality of the water provided both at the source and at the household levels. Only 42 percent of households surveyed had closed water containers, though 53 percent were practicing some form of household water treatment. Sanitation and hygiene were rapidly becoming the priority problem with just 20 percent of households surveyed having a functioning toilet and only 26 percent washing their hands with soap.³

HOPE'87 Pakistan conducted a WASH sector specific rapid damage needs assessment together with a local non-government organization Strengthening Participatory Organization (SPO) in the districts of Nowshera, Charsadda and Peshawar. The assessment was carried out between 30th July 2010 and 6th of August 2010.

¹ PAKISTAN FLOODS 2010, The DEC Real Time Evaluation Report, December 2010.

² TORs, HOPE for Victims of Flood/Conflicts in Pakistan (WASH 2) in Tehsil & District Charsadda, KPK.

³ Ibid

Using the information gathered in the assessment, observations of the assessment teams and all relevant information available from UN OCHA, National Disaster Management Authority (NDMA), Provincial Disaster Management Authority (PDMA) and WASH cluster meetings (including WASH Cluster flood response strategy circulated on 4th August 2010) and other local and international NGOs, an analysis of the stakeholders and the problems was done.

The assessment showed that diarrhoea, skin rash, and dehydration were the common health problems faced by the majority of households in the last 5 days⁴.

A vast majority of respondents had access to water mostly from un-secure and contaminated sources, unprotected springs, wells and rivers. In areas where the water supply schemes remained intact, the sources of water were blocked due to silting or contamination due to influx of floodwaters.

Moreover, the assessment reviewed the sanitation and hygiene situation. An overwhelming number of male members in rural areas were not using latrines due to silting of drainage channels and septic tanks. Also in rural areas, the men commonly use open field for defecation and very few use water and soap after defecation. The sanitation situation for women was more precarious, as the defecated faeces remained on the surface due to clogged sanitation tanks and channels. This was one of the main contributing factors of diarrhoea and other water borne diseases.

Based on this information, HOPE'87 designed the WASH II project with the specific objective that the vulnerable population affected by the flood/conflicts in Pakistan has an increased access to and make use of rehabilitated drinking water facilities and follow improved hygiene practices. The major results to be achieved, respective indicators and related activities under this WASH intervention are as follows:

Result 1

Safe drinking water is available and used.

Indicators

- At least 5,000 individuals have access to and use restored drinking water sources as per minimum SPHERE standards (Water supply standard 1: access and water quantity).

⁴ Source : Health cluster updates and data from Mobile Medical Camp (health sector intervention of SPO) in UC Nissata, District Charsadda.

- At least 50 water sources are cleaned / restored and working.
- 4,000 families (29,200 individuals) receive and make use of water storage kits
- Restored water supply meets the water supply standard as per minimum SPHERE standards (Water supply standard 2: water quality)

Activities

- Identification, prioritisation and selection of damaged community water supply sources for restoration and water storage kits beneficiaries
- Restoration of the selected damaged community water supply sources
- Distribution of water storage equipment
- Awareness raising for water purification techniques through distribution of printed information material

Result 2

Shared/ Community and private sanitation facilities rehabilitated and used

Indicators

- 210 latrines are rehabilitated
- Approximately 4,200 individuals have access to and use sanitation facilities

Activities

- Identification, prioritisation and selection of inadequate community and private latrines for rehabilitation
- Rehabilitation and improvement of existing community and private latrines

Result 3

Hygiene practices are improved

Indicators

- 4,000 hygiene kits are distributed and used.
- 8,000 hygiene promotion leaflets (including water purification techniques) are distributed and 500 hygiene promotion posters are posted for public notice.
- 25% increase in hygienic practices and knowledge (especially women and children)

Activities

- Identification and selection of beneficiary families for hygiene kits distribution
- Distribution of hygiene kits
- Awareness raising through hygiene promotion leaflet distribution

The project locations are in Union Council Dheri Zardad, and Doasara of Tehsil and District Charsadda and funded by ECHO. The project was scheduled to start on 20th of August 2010 and end by 19th of February 2011. The total project budget sums up to EUR 400,000.00. The local implementing partner is Strengthening Participatory Organization (SPO).

1.2. Challenges Faced by the Project

HOPE '87 faced the following major challenges while implementing the project:

- i. The project faced delays due to the process involved in identifying a project area. Initially, six union councils namely Nasatta, MC1, MC2, Hisara, Yasinzai and Zardad were identified as possible project area. However; these union councils were abandoned because of the new interventions of Islamic relief, Muslim Aid, CRS, SRSP, MSF and Malteser International in the WASH sector. When HOPE '87 sought guidance from the District cluster, the cluster identified UCs Tangi, Mirzader and Tarnab. However, the opening meetings at these union councils revealed that other humanitarian organizations were already active in these UCs. Finally, the current UCs of Dheri Zardad and Do Sehra were selected. This caused the project to start with a three week delay.
- ii. Delay in project start also affected original deadlines for completing activities requiring civil works. Nevertheless, all the project activities, including civil works (construction of hand pumps and latrines), distributions (hygiene kits, water kits, water purification tablets, IEC materials), and trainings have been completed within the project duration.
- iii. A major challenge posed to the project has been the highly religiously and socially conservative context of the project area. These norms restrict women's mobility, thereby hampering project access to women and having consequences for project implementation and impact. This challenge was mitigated to some extent by ensuring use of female staff in all aspects of project implementation. Another challenge was possible intervention by local politicians to influence the selection of beneficiaries and areas of interventions (villages where project activities will take place). This threat was overcome by ensuring transparency through holding joint consultative meetings with the representations of local politicians and community members. Moreover, men and women WASH committees were formed to ensure transparency in distribution and selection process.

1.3. Objective of the Evaluation

The objective of the final evaluation is to review the achievement of the project's results and indicators, the short and medium term impact, and the efficiency and effectiveness of the implementation process to identify lessons learnt and provide practical recommendations to improve future actions and to provide ECHO and HOPE'87 with sufficient information to make an informed judgment about the past performance of

the project. The final evaluation was carried out in a participatory manner by an external consultant, Cynosure Consultants.

The approved TORs by ECHO for the final project evaluation are attached in **Annex 1**.

2. Approach and Methodology of Final Project Evaluation

2.1. Approach

The Final Project Evaluation assessed and reviewed the extent to which the overall project design remains valid; the project's concept, strategy and approach within the context of effective capacity development and sustainability; the approach used in design and whether the selected intervention strategy addressed WASH needs of the affected community; and the effectiveness and the methodology of the overall project structure.

The Final Project Evaluation also assessed the extent to which project management has been effective, efficient and responsive; and the clarity of roles and responsibilities of the various institutional arrangements for project implementation, and the level of coordination between relevant players.

2.2. Methodology

The Terms of Reference of the final project evaluation developed by the HOPE'87 and approved by ECHO were followed. Hence, an evaluation was undertaken of project results and impact of project outcomes. Recommendations provided are based on the findings from this review.

The Final Project Evaluation was undertaken through a combination of desk research of project and related documents, interviews with implementing agency representatives, and Focus Group Discussions with project beneficiaries in selected site visits using structured interviews.

2.2.1. Inception Meeting

At the initiation of the evaluation, an inception meeting was held between the Consultant and HOPE'87 on 9 March 2011. The meeting was attended by the team of consultants and selected representatives from HOPE'87 and SPO.

The major purpose of this meeting was to discuss expectations about key deliverables as well as other associated responsibilities of the consultant and the implementing organizations, HOPE '87 and SPO. During the meeting, project progress and implementation arrangements were discussed, and relevant background information and documents were shared with the consultant.

2.2.2. Desk Study/Literature Review

The foundation of the Desk Review and Documents Analysis was the background documents shared with the consultant by HOPE'87. The consultant reviewed the existing data and information received from HOPE'87. These included the HOPE for victims of flood/conflicts in Pakistan (WASH 2)", in Tehsil & District Charsadda, Khyber Pakhtunkhwa project document, Project Intermediate Report, Draft KAP report and Work Plans, and Field Visit Reports, ECHO general, financial and procurement guidelines etc. A complete list of these documents is available in **Annex 2**.

A review of these documents facilitated a clear understanding of the program objectives and enabled an effective evaluation design. HOPE'87 organized and made available the set of documents to be reviewed by the consultant.

2.2.3. Field Visits

After analyzing information provided by HOPE '87, a schedule of field visits was determined. It was decided to choose three villages out of the eleven project villages, thereby representing 1/4th of the target area across two UCs. Consideration was given to those villages where activities related to all three project results had been undertaken and those which were accessible to ensure better utilization of the two day time frame allotted for the field visits.



Figure 1: Consultant on Field Visit with HOPE'87-Pakistan and SPO Staff

Resultantly, three villages, Kalyas and Azizabad (UC Dehri Zardad), and village Shah Pasand Kallay (UC Do Sehra) were selected. The evaluation team visited village Kalyas and Aziziabad on 16 March 2011 while, for village Shah Pasand Kalay, the field visit was undertaken on 17 March 2011. During the visits, the consultants were accompanied by office and field staff of HOPE '87 and SPO. A detailed schedule of site visits is presented in **Annex 3**.

2.2.4. Focus Group Discussions

The focus group discussion (FGD) is a rapid assessment, semi-structured data gathering method in which purposively selected set of participants gather to discuss issues and concerns based on a list of key themes drawn up by the researcher.

During the course of the evaluation, six FGDs were conducted in total with the participation of 12 to 15 members in each FGD. Keeping in view the gender norms of the community, separate FGDs for men and women were conducted in all three sampled villages. The summary of FGDs conducted in Village Kalyas, Azizabad and Shah Pasnad Kallay is given in table 1 below:

Table 1: Summary of FGDs

Village	Results Reviewed with Men	Results Reviewed with Women
Kalyas	Water Pumps and Hygiene Training	Water Pumps and Hygiene Kits
Azizabad	Communal Latrines and Hygiene Training	Hygiene Training and Hygiene Kits
Shah Pasand Kallay	Water Pumps and Communal Latrines	Water Pumps and Hygiene Trainings

In addition to this, separate FGDs were conducted with men and women WASH Committees in each of the three villages visited.



Figure 2: FGDs with Women and Men

Resultantly, a total of 12 FGDs were carried out during the course of the evaluation. The FGD guide sheets designed for the purpose of evaluation are given in **Annex 4**.

2.2.5. Household Interviews

Household interviews were conducted with randomly selected beneficiary households across the three villages visited. On average four to five household interviews were conducted in each village to verify project activities and assess the impact of the distribution of water storage and hygiene kits, and the utilization and impact of drinking water sources and latrines. Resultantly, 13 households were visited during the course of the evaluation. Sample household interview sheets can be found in **Annex 5**.

A list of key people met during the evaluation is given in **Annex 6**.

2.2.6. De-briefing on Preliminary Findings of Final Project Evaluation

Following site visits, a de-briefing was conducted by the evaluation team in Islamabad on 04 April 2010, where representatives from HOPE'87 and SPO participated. The session was conducted in order to present the initial findings and to collectively reflect not only on the lessons and findings but also on its implications for future policy and operational and program priorities.

The draft report was also shared with HOPE'87 head office in Austria with Mr. Robert Ottitsch, Secretary General of HOPE'87 for his review and comments. After HOPE'87 head office review, the final report was prepared and submitted.

2.3. Evaluation Team

The team comprised of two persons, the team leader, Ms. Umm e Zia reviewed at the overall project implementation, and a civil engineer, Mr. Saadat Ali who reviewed the technical aspects of civil works.

2.4. Structure of the Evaluation

This final project evaluation report presents findings and main lessons based on the three Project Results as it relates to the key evaluation criteria of Relevance, Effectiveness, Efficiency, Sustainability, Participation, Coverage, Coherence, and Non Discrimination. Finally, recommendations are presented to inform future program design.

3. The Project

The project entitled “HOPE for victims of flood/conflicts in Pakistan (WASH 2), Pakistan” was awarded to Hundreds of Original Projects for Employment (HOPE'87) – Pakistan by European Commission under the agreement number ECHO/PAK/BUD/2010/01005. The implementation period of the action was run for six months which initiated on 20 August 2010.

The total cost of the action was reported as EUR 400,000 and European Union undertook to finance 100% of the total cost.

The principal objective of HOPE for victims of flood/conflicts in Pakistan (WASH 2), in Tehsil & District Charsadda, Khyber Pakhtunkhwa project is to improve the humanitarian situation of conflict affected population by providing humanitarian assistance and protection in Pakistan.

The specific objective of the project is that the vulnerable population affected by the flood/conflicts in Pakistan has an increased access to and make use of rehabilitated drinking water facilities and follow improved hygiene practices.

3.1. Profile of Targeted Beneficiaries

According to the project proposal, HOPE'87 set out to target 29, 200 individual beneficiaries providing assistance under all three project results. Against this goal, a total of 31,024 (an additional 6.25%) beneficiaries were assisted. The target beneficiaries of result 1, 2 and 3 are largely from the same families, as support was provided to selected vulnerable families in the project area.

The project was aimed to benefit displaced families of Nowshera and Charsadda districts of KPK affected by the floods in the province KPK.

The direct beneficiaries for hygiene promotion received a full package of hygiene kits plus water storage equipments. At the same time the identical beneficiary family were selected for the rehabilitation of latrines. On the settlement / community / village level again the same family may have benefited from the rehabilitation of the communal water supply and/or the rehabilitation of the sanitation facilities.

Priority was given to poor households⁵, displaced families living in spontaneous settlements, households with children under the age of 2 years, households headed by orphans, women, or elderly persons living alone and persons with disabilities, families with destroyed houses, and affected families living with host communities.

HOPE'87 and their local implementing partners, Strengthening Participatory Organisation (SPO) identified the beneficiary areas/villages in coordination with WASH cluster, local authority namely the Tehsil Municipal Administrations (TMAs) and Public Health and Engineering Department (PHED).

HOPE'87 and SPO staff verified the gathered information with other organisations active in the area/region and coordinated with the available WASH cluster information to avoid duplication and overlapping. After these first steps in a community-based participatory approach the project staff worked with community representatives like elders, religious leaders, other local organisations (including SPO partners) to select the most vulnerable beneficiary families.

3.2. Targeted Beneficiaries Achieved

According to the project proposal, HOPE'87 set out to target 29, 200 individual beneficiaries providing assistance under all three project results. Against this goal, a total of 31,024 (an additional 6.25%) beneficiaries were assisted. A result-wise summary of targeted vs. achieved individuals is presented in Table 2, below:

Table 2: Number of Beneficiaries Targeted and Achieved for Each Results of the Project

S. No.	Results	Target (Individuals)	Achieved (Individuals)
Result 1	Safe drinking water is available and used	29,200	31,024
Result 2	Shared/ Community and private sanitation facilities rehabilitated and used	4,200	4,317
Result 3	Hygiene practices are improved	29,200	31,024

⁵ A household without or low income (PKR 6,000 or less) and no savings is considered poor.

4. Findings of the Final Evaluation

In this chapter, major Result based findings of the Final Evaluation of HOPE for victims of flood/conflicts in Pakistan (WASH 2), in Tehsil & District Charsadda, Khyber Pakhtunkhwa are presented. This is followed by an assessment of key evaluation criteria against the results achieved by the project by examining the manner in which the components, processes and outcomes contributed to the achievement of project objectives.

4.1. Result 1 – Safe Drinking Water is available and Used

Objective:

All beneficiaries have safe and equitable access to a sufficient quantity of drinking water. All beneficiaries drink water from a protected safe source.

Activities:

- Identification, prioritization and selection of damaged community water supply sources for restoration and water storage kits beneficiaries
- Restoration of the selected damaged community water supply sources
- Distribution of water storage equipment
- Awareness raising for water purification techniques through distribution of printed information material

Indicators:

- At least 5,000 individuals have access to and use restored drinking water sources as per minimum SPHERE standards (Water supply standard 1: access and water quantity).
- At least 50 water sources are cleaned / restored and working.
- 4,000 families (29,200 individuals) receive and make use of water storage kits
- Restored water supply meets the water supply standard as per minimum SPHERE standards (Water supply standard 2: water quality)

4.1.1. Relevance – Result 1

The overall situation of clean drinking water was satisfactory before the flood. Clean drinking water was available to everybody in the village mostly through household water supply, community well or public tap/hand pumps.

However, due to prevalence of shallow hand pumps, with water source only 20 feet deep, the water was unsafe for drinking. To store water, families used earthen ware pitchers or small plastic buckets to bring and store water in.

After the flood, water sources were destroyed or polluted and were not fit for human consumption. In areas where the water supply schemes were intact, the sources of water had been blocked due to silting or contamination due to influx of floodwaters. Therefore, a vast majority of respondents had access to water mostly from unsecure and contaminated sources, unprotected springs, wells and rivers.



Figure 3: Previously Used Hand Pump

Community members reported that drinking water in the area remained polluted for over two months. Resultantly, residents in the area had to boil water or used water purification tablets provided by emergency aid organizations, including HOPE'87. The earlier was a challenge due to availability and costs associated with firewood and large quantity requirements, considering a family size of over seven individuals. Also, families were relying on homes in the neighbourhood where bore wells were dug.

Additionally, the flood washed away or destroyed most household possessions including utensils which the community members used to store water. This added to the family hardship as reliance on fetched water from alternative sources had increased since the household / traditional sources had been affected.

Prior to intervention by HOPE '87, there were few communal water supply sources available in the project area.



Figure 4: A Newly Installed Hand Pump by HOPE'87-Pakistan

Considering the limited number of water resources that the project had set out to rehabilitate, it was decided to install all water sources as communal hand pumps. This was intended to provide safe water access to the entire community, instead of selected households.

Consequently, HOPE'87 installed 50 communal hand pumps across 11 villages. Since the purpose of setting up these communal hand pumps was to ensure availability of clean drinking water to the community at large, to ensure easy access, the hand pumps were installed at centralized locations, mostly at cross roads, with a short distance of approximately 500 meters

from the nearest homes. The later measure was taken to ensure easy access for women and children who would carry the water for home consumption.

Moreover, water storage kits consisting of two 20 liters and one 5 liter jerry can were distributed among 4001 families (31,024 individuals) to fetch and store water in. Additionally, 1,820,000 water purification tablets donated by “APOTHEKER HELFEN e.V. - Hilfswerk der Bayerischen Apotheker” were distributed to 3,260 vulnerable families (i.e. about 550 tablets to each family)⁶. The purification tablets were provided to families who had existing water source but was contaminated by the floods and could not purify water through boiling or any other means; or those families which were situated at a distance from the next safe water source. Similarly priority was given to the families having children, pregnant women or elderly people in the household. The purification tablets were packed in a small plastic bag with a user instruction note written in Urdu.

The beneficiaries were also briefed by the project team during the hygiene promotion sessions on the method of water purification through Aqua Tabs. (For details on Hygiene Promotion Sessions, please see section 4.3)

Table 3 presents a summary of safe drinking water supply activities carried out under the project.

Table 3: Safe Drinking Water Supply Activity

Component	Targeted	Achieved	Remarks
5,000 individuals have access to and use restored drinking water sources as per minimum SPHERE standards	5,000	5,801	4,407 are beneficiaries in U/C Dehri Zardad and the 1,394 are in U/C Do Sehra
50 water sources are cleaned / restored and working.	50	50	All the sources are fully functional and are used by the community. 38 are in UC Dehri Zardad and 12 in UC Do Sehra.
4,000 families (29,200 individuals) receive and make use of water storage kits	4,000	4,001	3,519 Kits have been distributed in U/C Derizardad and 482 Kits have been distributed in U/C Doserá.
Restored water supply meets the water supply standard as per minimum SPHERE standards	50	50	All the required pre test and post tests has been completed.

⁶ In total 2,000,000 water purification tablets were donated by Germany and about 9% tablets were damaged during the transit.

4.1.2. Effectiveness – Result 1

Through the installation of 50 hand pumps, it has been reported that against a target of 5,000 individuals across 11 villages of U.C. Deri Zardad and U.C. Dosera, access to safe drinking water sources as per minimum SPHERE standards has been enabled for 5,801 individuals.

Field visits determined that the water pumps were situated in centralized locations and easily accessible to the general population. Since the hand pumps are set in accessible locations identified with help of the community, water is used by community at large, specially by-passers and labourers working in nearby fields.



Figure 5: Hand Pump by HOPE'87-Pakistan
A Source to Safe & Clean Drinking Water

By February 2011, when these pumps were installed, most of the households had already restored their own water sources inside their houses and some of them already started using in-house water supplies.

As under the project Aqua tabs were distributed, households that received the Aqua Tabs used the tablets up to two to three months. They were informed of the usage method of these tablets both from the accompanying instructions in Urdu and verbal instructions learnt during the hygiene sessions. However, despite the fact that the local water may still be contaminated due to shallow water sources, the use of these tablets was discontinued once they ran out.

Interviewees acknowledge that the water quality of the shallow hand pumps is not good as compared with hand pumps installed by the project at a relatively higher depth. Moreover, in the absence of Government water supply schemes for example in Kalyas, most of the houses had dug shallow hand pumps only at a depth of 20-25 feet. Therefore, these water sources are heavily contaminated.

During FGD with men interviewees stated that there was no fully operational Government water supply schemes in their villages before the floods, The majority of men stated that they fetch water for drinking purposes from the project installed hand pumps on daily basis as its quality is safe. However, the evaluation team believes that the rehabilitation of 50 hand pumps for a population of 31, 017 falls short of meeting their water supply needs which becomes important in view of the fact that there was no Government water supply scheme before the floods and there is no hope that such a scheme will be brought to the community in the near future.

In female FGD, few female participants FGDs reported the use of hand pumps as they believed the quality of water at these pumps is better than the in-house source. Also, others reported using the hand pumps as a secondary plan when the water source at home is visibly polluted, e.g. after heavy rains. Major factors

responsible for this are the avoidance to carrying water on regular basis for such large family size, and limited restrictions on women's mobility, where women cannot leave the home to fetch water even if the water source is available within a short distance of 500 meters.

Some households in the community do not have in-house water supply. These are often marginalized and/or female headed households. Similar to the rest of the community, restrictions on women's mobility limit the access of these families to the communal water pumps. In such cases, some families rely on men or older boys to fetch water from the communal hand pumps, whereas others rely on fetching water from neighbouring houses.

After having lost most of their possession, the water storage kits have proven valuable for the recipient household. Water is now brought and stored in these utensils. Also, the containers are particularly found helpful for those who have to bring their water from outside as now more water can be stored as compared to before.

4.1.3. Efficiency – Result 1

Based on the participatory approach of the project, the locations for the hand pumps were selected after consultation with the communities and project established men and women WASH committees (For details on Wash Committees, please see Section 4.4). Following the guidelines of WASH cluster the hand pump design was finalized and the pumps were installed by a contractor hired through competitive bidding. The work on hand pumps commenced in the month of November 2010 and all the hand pumps were installed before end of project.

To ensure water safety, WASH cluster recommendations were followed and water is drawn from 70-100 feet below surface. In addition, with the help of Pakistan Council for Scientific and Industrial Research (PCSIR) laboratories collected water samples from all 11 target villages. The samples taken from existing hand pumps



Figure 6: Consultant's Discussion with the Beneficiary on Hand Pump

helped in assessing and determining the quality of water that the community was using. Similarly, laboratory water sample tests were conducted before and after installing the hand pumps to ensure that these hand pumps were a source of safe drinking water to the community. A sample water test result can be found in **Annex 7**.

The selection of the area to avoid duplication with other aid agencies resulted in a delay of about 3 weeks at the start of the activities (selection of field office, warehouse, formation

of WASH committees etc.). Eventually, this delay affected the progress on hand pumps (preparation of the Bill of Quantities (BOQ), contractor selection, etc.), and the hand pumps were installed by the I end of project. As most households had rehabilitated the water supply by this point, direct use of hand pumps by households has been limited to drinking water only.

4.1.4. Impact – Result 1

The installation of water pumps has had a positive impact on the community. Two major impacts are:

- i. Availability of safe drinking water to the community at large; and
- ii. A likely long term positive impact of these water pumps is that the project has set an example in the community of installing safe water sources by obtaining water at a depth of 70 to 100 feet as opposed to the prevailing practice of shallow hand pumps that draw from a depth of only 20 feet. The later often get visibly contaminated for a number of days even after heavy rains in the area.

4.1.5. Conclusion and Recommendations

4.1.5.1. Conclusion

The 50 hand pumps are installed at the community level and provide a source of safe drinking water to the community at large. In terms of use, the most likely beneficiaries, the households in the vicinity, regularly use the water from these improved and safer water sources.

Although, the hand pumps installed by the project are a safer source of drinking water, in the presence of in-house sources, females are reluctant to carry water from outside and only men and children fetch water from the hand pumps. Where no males are available in such homes, water is brought from neighbours instead of being carried from a closely situated hand pump.

As is the case with all development projects, it is expected that these attitudinal changes will occur over a period of time. However, active ongoing advocacy by the project would be essential to bring about such changes in attitude.

The water storage kits are still in use and the recipient households put great importance on them as they now allow storing larger quantities of water in a safe manner.

4.1.5.2. Recommendations

It is **recommended** that in future projects the following guidelines are followed:

1. Existing household resources must be factored into needs assessments when providing long-term solutions; in this case, most homes already have an in-house water supply that was rehabilitated by the family within 2-3 months after the floods;
2. Consideration should be given to providing in house water sources to most vulnerable families; and
3. To bring attitudinal changes, awareness raising activities must continue long after provision of inputs. For instance, in this case, it will take time to convince the families of the importance and use of safe drinking water so that they rehabilitate their in-house shallow hand pumps and go for deeper bores.

4.2. Result 2 – Shared/Community and Private Sanitation Facilities Rehabilitated

Objective

The beneficiaries have adequate numbers of functioning and maintained toilets, to allow them safe, hygienic, and acceptable access at all times of the day and night.

Activities

- Identification, prioritisation and selection of inadequate community and private latrines for rehabilitation
- Rehabilitation and improvement of existing community and private latrines

Indicators

- 210 latrines are rehabilitated
- Approximately 4,200 individuals have access to and use sanitation facilities

4.2.1. Relevance – Result 2

Before the onset of the disaster, majority of the households in the area did not have latrines. Instead, men and boys practiced defecation in open field. Due to unreliable security situation in the area and family feuds being common, this posed danger to men when visiting the field during the dark hours of the day. While women and girls being restricted to the house were accustomed to dig a pit and the pit was surrounded with a mud wall on two sides or a cloth curtain. Besides giving women little privacy, this practice also resulted in highly unhygienic conditions in the house. Also, feces had to be handled manually by women to empty the pit.

After the floods, existing latrines in the recipient households were washed away by floods and heavy rain. A small number of male members who were using latrines before the disaster stopped using them due to silting of drainage channels and septic tanks. The sanitation situation for women was more precarious, where the defecated feces remained on the surface due to clogged sanitation tanks and channels. This was one of the main contributing factors of diarrhea and other water borne diseases.



Figure 7: A Traditional Latrine Used by Women before the Flood

Under this activity, a total of 210 latrines (48 community and 162 family shared latrines) have

been constructed or rehabilitated. Of these, 170 latrines have been rehabilitated in U.C. Dehri Zardad and 40 latrines in U.C. Do Sehra, respectively. Resultantly, 4,317 individuals have access to and use sanitation facilities.

Table 4 below, gives an overview of the shared/community latrines and private sanitation facilities rehabilitated and used. Also, table 5 gives an overview of overall targets achieved against results under Result 2.

Table 4: Rehabilitation of Shared/Community Latrines and Private Sanitation Facilities

Component	Targeted	Achieved	Remarks
210 latrines are rehabilitated	210	210	170 latrines are in UC Dehri Zardad and 40 in UC Do Sehra
4,200 individuals have access to and use sanitation facilities	4,200	4,317	

Table 5: Overall Targets Achieved Against Results under Result 2

Types of Sanitation Facilities	No. of Units Rehabilitated	Total Beneficiaries
Communal Latrines	47	2,400 Individuals
Family shared Latrines	162	1,896 Individuals
School's Latrine	01	21 Students
Total	210	4,317 Individuals

4.2.2. Effectiveness – Result 2

The household latrines were very well received by the beneficiary families and are considered an asset by the recipients. This was evidence from the fact that recipient households had kept the latrines clean and in some cases also white washed the latrines. The latrines have not only improved the sanitary and hygienic condition in the house, they have lessened women work load and helped them retain their privacy. Also the entire family feels safer now as men do not have to go to open field during the dark hours of the day.



Figure 8: A Well Kept Latrine by a Household

The latrines were built and/or rehabilitated in such a way that

- they can be used by all people, including children, elderly, pregnant women and disabled people,
- threats to users, especially women and girls, throughout the day and night are minimised,
- they are easy to keep clean,
- they provide a degree of privacy in line with the local norms of the users (especially for women),
- they allow for the disposal of women's sanitary protection; and
- they minimize fly and mosquito breeding (use of a lid, water seal or Ventilated Improved Pit latrine).



Figure 9: A Communal Latrine Constructed by HOPE'87-Pakistan in a Mosque

HOPE 87 constructed 47 communal latrines which are located in mosques and public places that are situated in the central points of each village. The total population of 11 project target villages; is 4,001 households but only male (men and young children aged 8 & above) use these communal latrines (as women do not go outside the house or to the mosques). Based on community perception and WASH Committees' calculations, it is estimated that an average of two people from each household in the area visit the Mosques/Communal places every day. Therefore,, a total of 8,002 men have access to the communal latrines. Of these, at least 30% (2400 individuals) use the facility on a

regular basis, and the remaining 70% also use the facility from time to time.

In addition, one latrine was constructed in a school where in the absence of a latrine, children had no access to hygiene facilities before. The latrine is now being used by up to 21 students at the school.

Family or shared latrines are managed and maintained by the family or group of users. In the case of communal latrines, a maintenance system was devised with the community, to ensure that the communal toilets are maintained and kept clean.

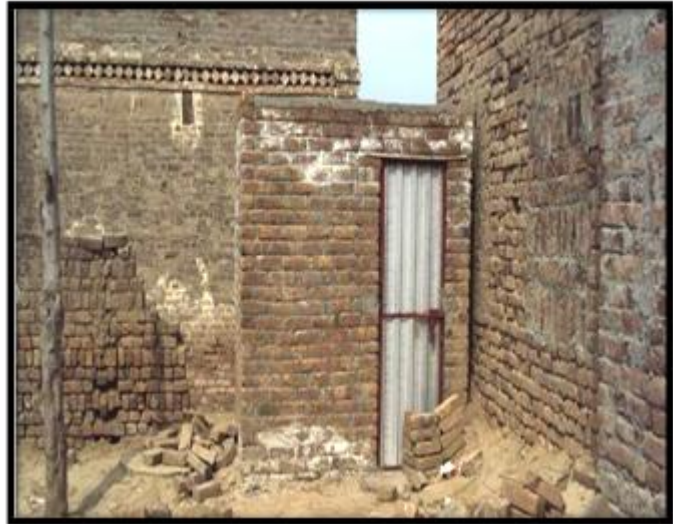


Figure 10: A Household Latrine Provided by HOPE'87-Pakistan

4.2.3. Efficiency – Result 2

Through active community participation, the project WATSAN specialist together with the Field workers identified and selected the most urgent rehabilitation and improvement needs for shared/communal and private sanitation facilities. In addition, for setting up household latrines, help was sought from the project established WASH committees in identifying vulnerable households. (For details on WASH Committees, please see Section 4.4). Due to land property issues, the project refrained from building any new public latrines and these were only repaired/rehabilitated.

Although, the latrines were very well received by the community, some provision for improvements were suggested by households visited as the design of latrine did not address roof drainage. Furthermore, addition of parapet wall can ensure quick and controlled drainage of the roof water. This makes the latrines un-usable during rain and increases women's workload for cleaning of the adjoining area. Furthermore, in the long run, this defect is likely to endanger the structure of the latrines due to seepage from the roof during heavy spell of rainfall in monsoon. Moreover, since these latrines represent a model for the community as such there was a need to have a better design of latrine which could be easily replicated by the community.

The design improvements were highlighted to HOPE'87 both during the field visits as well as during the debriefing meeting held on 04 April 2011.

Impact – Result 2

The latrines installed by the project provide accessible and safe facility, both at the household and community level. In the long run, these latrines are likely to have a highly positive impact on household and community health and physical environment.

4.2.4. Conclusions and Recommendations

4.2.4.1. Conclusion

The latrines have had a positive impact on the community's sanitation and hygiene. However, a majority of the households in the community still do not have such safe and functional latrines and the cost of setting one up (approximately US \$400 - 500) is beyond the reach of many residents. This is especially true after assets have been washed away in the flood.

4.2.4.2. Recommendations

Any future activities by the project should focus on setting up more household and communal latrines in the area. These can be set up based on varying degrees of sharing grants for needy households. Moreover, awareness raising campaigns including proper designs can be targeted at those households that can afford to set up basic latrines. However, in future the HOPE 87 should look into all aspects of construction to have a complete and comprehensive design of a latrine to avoid problems such as roof drainage.

4.3. Result 3 – Hygiene Practices are Improved

Objective

The beneficiaries are aware of and practice good personal hygiene in order to protect health and have the essential materials and facilities to do so.

Activities

- Identification and selection of beneficiary families for hygiene kits distribution
- Distribution of hygiene kits
- Awareness raising through hygiene promotion leaflet distribution

Indicators

- 4,000 hygiene kits are distributed and used.
- 8,000 hygiene promotion leaflets (including water purification techniques) are distributed and 500 hygiene promotion posters are posted for public notice.
- 25% increase in hygienic practices and knowledge (especially women and children)

4.3.1. Relevance – Result 3

No baseline information is available to assess hygiene practices before the floods. However, interviews with communities revealed that before the floods, the overall hygiene situation was average and varied from home to home. Generally, most households did not have proper latrines and also, basic hygiene practices such as washing of hands, brushing teeth, and covering cooked food were not followed. These sub standard hygiene conditions were both a result of unawareness of practices and their positive impact, and lack of purchasing ability of basic items such as tooth paste.

Most basic items of personal hygiene that were in general use, such as towels, soaps, and combs had been washed away in the flood and with loss of major assets, the households' ability to purchase these items was limited.

HOPE'87 distributed hygiene kits to 4,000 families, against the target of 4,000 families. Considering the average household size as 7.5 (as per actual project beneficiary data), the project activity has benefited more than 31,024 community members.

In addition, 178 gender disaggregated awareness raising sessions on hygiene and sanitation practices were conducted for 4,090 individuals in the community with the help of Community Relief Officers (CROs). These sessions were mostly targeted at the poorest households, who, due to factors of poverty and illiteracy, are also likely to have very low awareness of hygiene issues. A summary of these sessions is given below in table 6:

Table 6: Summary of Awareness Raising Sessions

Union Council	Gender Segregation of sessions		Gender segregation of participants	
	Women	Men	Women	Men
Dehri Zardad	82	74	1,834	1,762
Do Sehra	9	13	205	289
Total	91	87	2,039	2,051
Grand Total	178		4,090 individuals	

A special hygiene promotion IEC leaflet was developed and 8,000 copies were distributed among beneficiaries during the hygiene promotion sessions. In addition, two types of Hygiene promotion posters were developed and 600 of these were placed at public places and in schools for wider hygiene information dissemination. A sample information leaflet and hygiene promotion poster is attached in annex 8.

The main topics covered under the training were the use of toilets, hand washing with soap, hygienic collection and storage of water, and hygienic food storage and preparation. In addition, topics such as waste management and management of drains were discussed. Particular attention was given to the water purification techniques of contaminated drinking water. The training sessions also focused on how to use the distributed water storage equipment and the hygiene kits effectively.

The table 7 presents the details of the activity.

Table 7: Summary of the Activities Carried Out Under "Improved Hygiene Practices"

Component	Targeted	Achieved	Remarks
4,000 hygiene kits are distributed and used	4,000	4,000	3,518 Kits have been distributed in U/C Derizardad and 482 Kits has been distributed in U/C Dosera
8,000 hygiene promotion leaflets (including water purification techniques) are distributed	8,000	8,000	A total of 178 sessions have been conducted across the two U/Cs as part of the campaign to raise hygiene awareness. 300 hygiene training booklets were also distributed.
500 hygiene promotion posters are posted for public notice	500	600	600 posters have been put up on public places which include latrine sites, hujras, mosques, schools and madrassas in U/C Derizardad and Do Sehra.
25% increase in hygienic practices and knowledge (especially women and children)	25%	92%	KAP Study conducted with a sample size of 15% (600) HHDs. Both Pre and post KAP studies were conducted for analysis.

To compliment HOPE'87 awareness activity, International Organization for Migration (IOM) prepared and circulated 4,000 leaflets. These leaflets were designed to acquaint the community with the protection issues like WATAN Card. The leaflets covered Frequently Asked Questions (FAQs) and distributed among the beneficiaries during hygiene promotion. See **Annex 9** for sample protection leaflet.

4.3.2. Effectiveness – Result 3

During the FGDs, the communities reported that the hygiene kits provided were sufficient for family need and lasted up to two months. The recipients were highly satisfied with the content of hygiene kits. They reported that some items such as combs, soaps and towels were already being used by the families before the flood. However, they were new to some items provided in the hygiene kits, especially mosquito coils, mosquito nets, tooth brush and tooth paste. Families who can afford the later items have generally continued the use of these even after the project provided material ran out, especially tooth brush and tooth paste.

As a strategy, each session was followed by commitment taken from the participants for following hygiene and sanitation promotion in their homes and area. This is likely to have had a positive impact on adoption of the practices shared in the hygiene sessions.

Because of women's mobility constraint, hygiene training could not be given to all potential beneficiary women as women from the community could not gather. Those women who received the training reported improved hygiene practices such as washing of hands before food preparation.

4.3.3. Efficiency – Result 3

The health and hygiene promotion session to members were imparted in Pashto and were facilitated with literature. The majority of the health and hygiene beneficiaries understood the messages being conveyed in these literatures.

To facilitate the hygiene training sessions, HOPE '87 modified IEC material (leaflets and posters) developed under HOPE'87 ECHO funded WASH 1 project. Replicating the material did not only save material development costs, it also ensured that the activity was carried out in a timely manner and that lessons learnt from the original dissemination exercise of these materials were incorporated by means of modification.

Moreover, as these materials are colored and have pictorial representations, the message in these was clear to the community.

4.3.4. Impact – Result 3

Considering the nature of the activity, it was not possible to gauge the impact of this result during the evaluation. However, during the FGDs, community members did report that they had now started following improved hygiene practices. For instance, women said that they now kept cooked meals covered and also washed hands before preparing meals. Similarly, men reported increased use of soap for washing hands and brushing teeth, and more frequent use of toilets instead of open defecation.

In addition, HOPE'87 conducted pre and post KAP studies to gauge the level of increase in knowledge of target affected population as well as improvement in their hygienic practices. The KAP study showed various improvements, including⁷:

- There is 59.7% increase in beneficiaries using drinking water from covered container whereas the number of households that were using the container with a tight fitting lid has been increased by 53.1%.

⁷ For further information on this, please refer to KAP study conducted by HOPE '87.

- There is 38.3% increase in proper hygienic use of latrine by the children.
- The habit of cleaning the house (Inside) from garbage has been increased from 44.8% to 76.5%.
- The habit of covering the cooked food has been developed in 100% households.
- The number of households where all the family members (including children) were washing the fruits and vegetables before use has been increased to 72.3 from pre-project value of 37.3%.
- The post KAP study revealed that the 86.5% beneficiaries are fully utilizing the hygiene and water storage kits in hygienic way.

4.3.5. Conclusion and Recommendations

4.3.5.1. Conclusion

The project successfully met its target of distributing hygiene kits and awareness raising materials. It also complemented the distribution of these materials with trainings in hygiene. Although, attitudinal changes require time to set in, the KAP survey conducted by HOPE '87 has revealed high levels of adoption by both men and women.

4.3.5.2. Recommendations

As recommended for other Results, attitudes to adopt improved practices can change through active advocacy, but require time. Moreover, attitudinal changes need to be complimented with access to basic inputs, which may not be affordable by the most vulnerable families in the area.

Therefore, future continuation of project to improve hygiene awareness and access is necessary for a sustainable impact of this result.

Moreover, due to low literacy levels prevalent in the area, especially among women, the distributed Protection leaflets on Watan Cards were not understood by mostly female headed households or those where the man is working as a migrant laborer. In such cases, women were not sure about the utility of the document as they could neither read nor had any explanation been given to them by the project.

4.4. Sustainability

The sustainability of all the development interventions, depend on the existence and evolution of strong community based structures. Consequently, the project formed a separate men and women WASH Committee in each of the eleven villages. Upon formation of the committee, terms of partnership between the Project and the WASH Committees were signed.

The project target area is highly conservative and women's mobility is strictly restricted to the confines of the house and cannot gather in one place. This posed challenges in formation of women WASH committees. However, as a result of the project interventions, women with potential leadership skills were selected from the community to form the Women WASH Committee. The committees were formed upon consultation with assembled groups of women community members. Before final selection, the project appointed female CRO would ensure that primary criteria for membership was satisfied, i.e. mobility within the community, literacy level, and recognition as an authority figured by the community women.

Both men and women WASH committees have been instrumental in selection of beneficiaries, selection of sites for hand pumps and latrines, supervision of hand pumps and latrines construction. However; women WASH committees in some cases had to depend on their male counterparts, like in communal activities such as identification of location of hand pumps and monitoring of civil works such as latrines construction.

Despite the constraints faced, by establishing Women WASH Committees, the project setup a precedence in organizing women and involving them in the decision making process related to the interest of their respective communities.

Additionally, the ongoing responsibilities of these committees include:

- Ensuring the permanent operations and maintenance of the rehabilitated water & sanitation facilities;
- Mobilization of community for self-initiative regarding maintenance of sanitation facilities; and
- Conducting regular WASH committee meetings.

As the WASH committees helped identify sites and potential beneficiaries, the practice introduced transparency into project implementation. Also, the ongoing activities of the WASH committees are a key factor of sustainability. However, since the project intervention was aimed at emergency response, the onus of active continuation of these activities now lies with the WASH committee members of each village.

4.5. Participation

The project has been implemented in a participatory method at all levels. HOPE'87 selected its area of project intervention after conducting consultative meetings with the WASH Cluster at provincial level, DCO at district level, local authorities and other INGOs working in district Charsadda. As a result of the meetings, U.C. Dehri Zardad and U.C. Dosehra were selected for the project activity.

Additionally, HOPE'87 coordinated with WASH cluster and local authorities. The purpose of the meeting was to assure that these authorities have clear level of understanding about the project activities, the allocation of the project area, essential implementation methodology and activities to be undertaken and to avoid duplication.

At the onset of the project, a project orientation workshop was conducted by the representatives from HOPE'87 to create clear and common understanding of the project among field staff and SPO management and ensure maximum possible level of output from the partners.

Since the beginning, HOPE'87 had also been coordinating with village elders, religious leaders, youth groups and existing community development networks for their engagement and mobilization which helped HOPE'87 in reaching out to beneficiaries.

To increase the outreach of the project interventions and gain beneficiaries' confidence, HOPE'87 established 22 WASH committees of men and women across 11 villages from the community members. These committees helped maintain transparency in implementation by identification of water storage equipment and hygiene kit beneficiaries and advising on locations of water supply and sanitation facilities.

4.6. Coverage

A total of 11 villages, eight from U.C. Dheri Zardad and three from U.C. Dosehra, were selected on the basis of their vulnerability and social maps, and profiles of these villages were developed accordingly. Beneficiaries were selected upon consultation with community. Discussions with the community members and HOPE'87 staff divulged that priority was given to the households with low income and no saving. Also displaced families living in spontaneous settlements and destroyed houses and affected families living with host communities were also supported by humanitarian interventions. Moreover, households having children under the age of two years and households headed by orphans or women were also taken into account as direct beneficiaries for project intervention. Similarly, those elderly persons who are living alone, women headed households, and persons with disabilities were also identified as direct beneficiaries of the intervention.

The coverage for Results 1 and 3 was deemed satisfactory. However, under Result 2, due to the considerable gap in availability of proper sanitation facilities in homes, the community believed that the project target for setting up household latrines was very low.

4.7. Coherence

Discussion with HOPE'87 staff revealed that six union councils namely NIsatta, MC1, MC2, Hisara, Yasinzai and Zardad were identified as possible project area. However; these union councils were abandoned because of the new interventions of Islamic relief, Muslim Aid, CRS, SRSP, MSF and Malteser International in the WASH sector. The staff also reported that initially, union councils Tangi, Mirzader and Tarnab were assigned by the district cluster however; the opening meetings at these union councils exposed that humanitarian organizations were already active in these areas.

As discussed above under 'Participation', meetings with the relevant authorities and organizations in district Charsadda led HOPE'87 to the final selection of project area namely Dheri Zardad and Dosehra. The U.C. Dheri Zardad was selected as there was no other development agency operational in WASH sector while few villages of U.C. Dosehra had been covered by Action contre la Faim (ACF) in WASH sector. To avoid the duplication of project intervention in U.C. Dosehra, a meeting was conducted with ACF to identify the villages to be covered by ACF and HOPE'87 respectively.

In order to avoid duplication and overlapping in the project interventions, HOPE'87 worked in close coordination with above mentioned authorities and organizations. However; this coordination mechanism resulted in a delay of about three weeks to start the project activities. The delay occurred mostly due to unreliable information available amongst some of the umbrella coordinating organizations

4.8. Non Discrimination

Based on the vulnerability and needs of individuals or families affected by the conflict, the project intervention resulted in evenhanded and impartial delivery of humanitarian assistance and services to the community. The interventions cater the needs of men and women equally without any bias. The interventions not only provided assistance to its direct beneficiaries but indirect beneficiaries are also getting benefits of most of the activities carried out under the project. The indirect beneficiaries are the population of the localities/villages where the project intervention has been done. The villagers are getting benefit indirectly from the rehabilitation of water supply sources, public sanitation facilities, and hygiene promotion activities.

4.9. Cross Cutting Issues

4.9.1. Gender

Gender was considered to be a sensitive issue in Charsadda before the onset of the disaster. The district is one of the regions where customs and traditions are followed strictly, especially in gender perspective. Despite these challenges women's involvement has been equally considered in all aspects of project design and implementation.

Under water storage equipment, special emphasis has been placed on the convenience of women and children carrying water by supplying the lighter five liters jerry for water collection. Similarly, hand pumps have been installed within short distance of homes to facilitate access by women and girls. Similarly pregnant women have specially been taken into consideration while devising the selection criteria for the distribution of water purification tablets.

Also, under Result 2, household latrines were given importance to ensure women's access to improved sanitation. Also, the latrines are designed for ease of pregnant women and provide a degree of privacy in line with the local norms, especially for women as well as disposal of women's sanitary protection.

Special attention was also given to ensure that along with the rest of the family, women's hygiene needs were met through provision of traditionally accepted items. Likewise, in the hygiene sessions, focus was also given to topics of women's interest, such as food preparation, children's hygiene, etc.

Lastly, women's inclusion in the project management activities has been given similar attention by the establishment of women WASH committees in each project village. This in itself has been a rare opportunity to engage women in leadership roles in the development issues of their respective communities.

4.9.2. Environment

The rehabilitation of 210 Shared/ Community and private sanitation facilities under the project has improved excreta disposal in the villages.

A total of 178 community hygiene and sanitation awareness sessions in Pashto (local language) on the promotion of personal hygiene as well as on environmental and food hygiene issues were conducted for 4,090 participants. These sessions included details such as appropriate distance of toilets to a water source, and prohibiting discharge of used water and rubbish close to clean water sources, etc.

Therefore, beneficiaries have been made aware of the general importance of keeping their surroundings, homes and villages clean. Following these practices will likely have positive impacts on the environment.

5. Conclusion and Recommendations

5.1. Conclusion

The design of project interventions was highly relevant in the context of improvement of the humanitarian situation which directly addressed the need of potable water, sanitation and hygiene promotion of the affected communities.

Under Result 1, 50 communal hand pumps have been installed to provide safe drinking water to the community. Although, water from these pumps is being used by households, the element of use is limited for most households (like other than drinking water) which rehabilitated their own hand pumps. This is because, despite being unsafe, in-house water supply sources are more convenient to access. Therefore, ongoing advocacy on the use of safe drinking water is required to convince the households to increase the use of the communal hand pumps.

The project provided water purification tablets were used by the recipients. Also, the distributed water storage kits are being satisfactorily used by all recipients.

Under Result 2, 210 household and communal latrines were built or rehabilitated. These household latrines provide a sense of privacy, security, and cleanliness to the recipient families, especially women and girls. Also, the communal latrines are used regularly by an estimated 2400 boys and men. However, improvements in roof design with roof drainage and addition of parapet wall will increase the sustainability of this activity.

Under Result 3, the distributed hygiene kits included essential items for use by the entire family. Of these, items which were not being used by beneficiaries prior to floods, such as tooth brush and tooth paste, were received well and have contributed to improved personal hygiene practices as beneficiaries reported continued use. Similarly, household and communal hygiene practices have improved as a result of hygiene trainings. A KAP survey undertaken by the project demonstrated improved attitudes towards personal and communal hygiene.

Gender was mainstreamed into all project activities and special attention was paid to women's needs in all activities. For instance, the hand pumps were installed at close distance to houses to ensure easy access for women and girls, hygiene kits gave special consideration to women's needs, and similarly, household toilets were installed to provide women with access to sanitation facilities.

The project was undertaken in a participatory manner by coordinating with other aid agencies in the area and involving local community in identification of deserving beneficiaries. Moreover, project sustainability was ensured by formation of men and women WASH Committees who not only assisted in beneficiary identification, but are also responsible for monitoring of ongoing activities, such as maintenance.

Considering the acute need of sanitation facilities, the coverage for Result 2 was thin for household latrines. Instead of providing 162 Family Shared Latrines across 11 villages, the project may have considered focusing on a lesser number of villages, thereby increasing short term impact. However, in the medium term, it is expected that some households without latrines will replicate the activity by constructing household latrines.

5.2. Recommendations

In addition to activity-wise recommendations given in section 4.1.5, 4.2.5, and 4.3.5, a summary of overall recommendations is given below:

- i. To increase household use of safe water sources set by the project, continued advocacy is required on the use of safe drinking water;
- ii. In future WASH projects, similar to the installation of household latrines, in-house water sources should be provided to the most vulnerable families in order to limit their dependence on others.
- iii. To improve on latrine design and to ensure sustainability, sound design of all building and construction must be ensured and all construction must be supervised by qualified and well experienced staff for any such defects.
- iv. Considering the low awareness levels on hygiene, attitudinal changes will take continued advocacy. Therefore, in future emergency projects, the awareness raising activities on hygiene practices should continue well beyond the time allotted for distribution of physical inputs.
- v. In future emergency projects, to avoid delays related to inter-agency coordination, in parallel to seeking guidance from umbrella organizations and clusters, HOPE '87 must also use its own resources to identify target locations.

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Terms of Reference (ToR):

Final project evaluation

Title: "HOPE for victims of flood/conflicts in Pakistan (WASH 2)", in Tehsil & District Charsadda, Khyber Pakhtunkhwa (KPK)

Country: Pakistan

Project number: ECHO/PAK/BUD/2010/O1005

EUROPEAN COMMISSION



Humanitarian Aid

1. Background

In 2009, Pakistan experienced the worst internal displacement crisis of its history when up to 2.7 million individuals were forced to leave their homes in Malakand Division and FATA as a result of insecurity and hostilities. Thousands of Pakistani host families, the Federal, Provincial and District Government and the national and international humanitarian community provided food, shelter and other humanitarian assistance to the internally displaced persons (IDPs). The situation became worse when since July 21st Pakistan has been affected by some of the worst floods it has experienced in decades. Casualties are estimated in excess of 1,500 people (National Disaster Management Authority – NDMA reports) and the affected population amounts to 20 millions. The Federal government declared a state of emergency, with Sindh, Punjab and KPK provinces hit. The worst affected area in Pakistan is the province of KPK, which has alone recorded 1,036 deaths (NDMA report of August 11th 2010). Within the province, Nowshera, Charsadda, Peshawar, Swat and Dir are some of the worst-affected districts.

The number of people reported as having been directly affected by the floods has increased to 20 million, with evacuations and major new flooding reported in Sindh in recent days as the second wave of floodwater moves into the south of the province after causing the devastations in KPK and Punjab provinces. There has been a

significant increase in the number of houses reported as damaged or destroyed, the figure now stands at 1.2 million (all figures from provincial and national disaster management authorities).

In KPK, the latest DEWS report shows a significant downward trend in acute diarrhea, while in parts of Sindh the situation continues to deteriorate. The results of the recently completed MCRAM assessments show a relatively low demand for water, with food and shelter being much higher priorities for households. Still, a worrying amount of the water that is available is not potable and so efforts continue to improve the quality of the water provided both at the source and at the household levels. Only 42 percent of households surveyed had closed water containers, though 53 percent were practicing some form of household water treatment. Sanitation and hygiene are rapidly becoming the priority problem with just 20 percent of households surveyed having a functioning toilet and only 26 percent washing their hands with soap.⁸

HOPE'87 Pakistan conducted a WASH sector specific rapid damage needs assessment together with a local non-government organisation Strengthening Participatory Organisation (SPO) in the districts of Nowshera, Charsadda and Peshawar. The assessment was carried out between 30th July 2010 and 6th of August 2010. The local partner (SPO – Strengthening Participatory Organisation) carried out daily visits to the affected areas. The teams comprised of both male and female staff members.

Using the above mentioned assessment, observations of the assessment teams and all relevant information available from UN OCHA, National Disaster Management Authority (NDMA), Provincial Disaster Management Authority (PDMA) and WASH cluster meetings (including WASH Cluster flood response strategy circulated on 4th August 2010) and other local and international NGOs, an analysis of the stakeholders and the problems was done.

The assessment shows that diarrhoea, skin rash, and dehydration were the common health problems faced by the majority of households in the last 5 days⁹. Due to shortage of doctors & health staff (especially female one) and depletion of medicines and flooding of health facilities the access to operating Basic Health Units and Rural Health Units in the respective areas has declined.

A vast majority of respondents have access to water mostly from un-secure and contaminated sources, unprotected springs, wells and rivers. The loss of piped water supply schemes has been reported (water pipes washed away). In areas where the water supply schemes are intact the sources of water have been blocked due to silting or contamination due to influx of floodwaters. Yet almost 100% are not boiling the water mainly due to lack of fuel, time consumption, devoid of facility, unawareness and in general there is no tendency to boil the

⁸ UNOCHA: Monsoon floods sitrep no. 24

⁹ Source: Health cluster updates and data from Mobile Medical Camp (health sector intervention of SPO) in UC Nissata, District Charsadda.

water. Furthermore the study assessed the sanitation and hygiene situation. An overwhelming number of male members in rural areas are not using latrines due to silting of drainage channels and septic tanks. Also in rural areas the men commonly use open field for defecation and very few use water and soap after defecation. The sanitation situation for women is more precarious, where the defecated faeces remain on the surface due to clogged sanitation tanks and channels. This is one of the main contributing factors of diarrhoea and other water borne diseases.

The project was designed with the following specific objective:

To improve the humanitarian situation of conflicts affected population by providing humanitarian assistance and protection in Pakistan

Major results to be achieved, respective indicators and related activities under this WASH intervention are as follows:

Result 1:

Safe drinking water is available and used.

Indicators:

- At least 5,000 individuals have access to and use restored drinking water sources as per minimum SPHERE standards (Water supply standard 1: access and water quantity).
- At least 50 water sources are cleaned / restored and working.
- 4,000 families (29,200 individuals) receive and make use of water storage kits
- Restored water supply meets the water supply standard as per minimum SPHERE standards (Water supply standard 2: water quality)

Activities:

- 1.1. Identification, prioritisation and selection of damaged community water supply sources for restoration and water storage kits beneficiaries
- 1.2. Restoration of the selected damaged community water supply sources
- 1.3. Distribution of water storage equipment
- 1.4. Awareness raising for water purification techniques through distribution of printed information material

Result 2:

Shared/ Community and private sanitation facilities rehabilitated and used

Indicators:

- 210 latrines are rehabilitated
- Approximately 4,200 individuals have access to and use sanitation facilities

Activities:

- Identification, prioritisation and selection of inadequate community and private latrines for rehabilitation
- Rehabilitation and improvement of existing community and private latrines

Result 3:

Hygiene practices are improved

Indicators:

- 4,000 hygiene kits are distributed and used.
- 8,000 hygiene promotion leaflets (including water purification techniques) are distributed and 500 hygiene promotion posters are posted for public notice.
- 25% increase in hygienic practices and knowledge (especially women and children)

Activities:

- Identification and selection of beneficiary families for hygiene kits distribution
- Distribution of hygiene kits
- Awareness raising through hygiene promotion leaflet distribution

The project locations are in Union Council Dheri Zardad, and Doasara of Tehsil and District Charsadda.

The project started on 20th of August 2010 and will end by 20th of February 2011.

The total project budget sums up to EUR 400,000.00. The local implementing partner is Strengthening Participatory Organization (SPO).

2. Objectives of the Evaluation

The final evaluation is to review the achievement of the project's results and indicators, the short and medium term impact and the efficiency and effectiveness of the implementation process to receive lessons learnt and practical recommendations to improve future actions and to provide ECHO and HOPE'87 with sufficient information to make an informed judgment about the past performance of the project. The final evaluation will involve to an appropriate degree all interested parties, and will be undertaken by HOPE'87 by hiring an external consultant and shall focus on following:

- Assess the relevance and methodology of needs' assessment in compliance with humanitarian principles of independence, neutrality and impartiality:

As certain needs were highlighted in the single form under the assessment part, evaluator shall assess how relevant and appropriate the identified needs were and how important is the intervention for the target group and subgroups (e.g. women), and to what extent does it address their needs and interests. Have all of those in need of support received it according to the humanitarian principles? Did women, men, minorities, groups with special needs equally benefit from the project?

- Assess the relevance and methodology used for the beneficiaries' selection:

Which strategy was adopted in the identification and final selection of deserving beneficiaries, did women, men, minorities, groups with special needs were equally assessed and beneficiaries were only selected on developed beneficiary election criteria? Were communities involved in the selection criteria and to what extent?

- Assess the targeting, restoration, use and impact of water sources:

In the project 50 water sources have been rehabilitated. Assess the selection of location, catchment area, quality of work, utilization and functionality of the water sources. Assess the roles of newly established WASH committees and their responsibilities and effectiveness.

- Assess the targeting, delivery, use and impact of water storage kits' and hygiene kits' provision:

How were the beneficiaries selected for the water storage and hygiene kits, were the quality and quantity sufficient and how the beneficiaries are using these?

- Assess the targeting, restoration, use and impact of latrines:

Was the selection of sites appropriate? Did the number and design fulfil the needs of the target beneficiaries and to what extent? How are they used and what is the impact of the restored latrines?

3. Key Question

The evaluation shall focus specifically on results and (short and medium term) impact. It shall be a desk and field study with recommendations and lesson learnt for future interventions.

4. Evaluation Criteria

Relevance (appropriateness)

- To what extent did the intervention design conform to the findings of the need assessment?

Effectiveness

- To what extent the project was successful in achieving the specific objective "To improve the humanitarian situation of conflicts affected population by providing humanitarian assistance and protection in Pakistan as the vulnerable population affected by the flood/conflicts in Pakistan has an increased access to and make use of rehabilitated drinking water facilities and follow improved hygiene practices".
- To what extent the project staff used mitigating measures to overcome any changes?
- To what extent did the project take account of cross-cutting issues such as gender and environment?

Efficiency

- Is the relation between input of resources and results achieved appropriate and justifiable (specific personnel, information and risk)?

Impact (effects)

- Analyze the impact of the project in terms of knowledge increase through awareness dissemination by HOPE'87 among the communities.
- To what extent have the planned goal been achieved, and how far that was directly due to the project?
- Has any unplanned activity affected the overall impact of the project and how?

Sustainability

- To what extent the intended beneficiaries were able to adapt to and maintain the knowledge acquired without further assistance?

Participation

- How did HOPE'87 harmonise and coordinate their intervention with partners and key stakeholders?

Coverage:

- Who was supported by the humanitarian interventions?
- Which groups were taken into account and which not?

Coherence:

- How was coordination (coherence) achieved, and/or why was there a lack in coherence?

Non discrimination:

- Have all of those in need of support received it according to the humanitarian principles?
- Did women, men, minorities equally benefit from the project?

5. Evaluation Expert/Consultant:

HOPE'87 role:

The relevant personnel of the HOPE'87 team in Pakistan along with relevant personnel of local partner SPO will assist the consultant in the project evaluation. HOPE'87-Pakistan Islamabad office staff including the Monitoring & Evaluation Manager with support from local partner SPO, will assist in coordinating the field visit and meetings with beneficiaries, stakeholders and relevant authorities/agencies. HOPE'87-Pakistan will assist in arranging the boarding and lodging as well upon request of the consultant. The consultant will report to the Director Humanitarian Aid of HOPE'87 Headquarters in Austria.

Consultant:

The consultant is expected to:

- Have records of at least 5 to 8 years of experiences in the Humanitarian field out of which at least 2 years in independent consultancy.
- Have records or references of previous consulting experience in Pakistan or proven knowledge of the region.
- The consultant shall have experience or knowledge of WASH (preferably) and community based approach (either s/he has some relevant degree or worked on similar nature of projects in the past). The consultant shall be fluent in English, Urdu and Pashtoo.
- The consultant will be paid an agreed amount for the evaluation including the evaluation report. During assignment and visits to Charsadda the stay and travel will be under his/her responsibility and part of the per day payment. HOPE'87-Pakistan will assist in arranging the boarding and lodging.
- HOPE'87 takes no liability for security risks related to the service.

Proposed evaluation methodology:

It is proposed for guidance of the consultant that evaluation methodology should be more qualitative than quantitative and gender sensitive. The consultant shall use primary data including focus group discussions with beneficiaries, individual interviews with representatives of marginalized and most vulnerable groups and if feasible story telling techniques. It should not compromise on the openness and non-partiality of respondents.

Sources of information:

- ECHO grants agreement, interim report, ECHO and HOPE'87 guidelines etc.
- The consultant will meet with different stakeholders (beneficiaries, local authorities, staff etc.) and visit the project area.
- Review of field & Islamabad office records like beneficiary lists, distribution and warehouse records, meeting minutes etc.
- Direct observation on the site (photo documentation).
- The participation of women shall be promoted through CBOs or handout of questionnaires.

6. Timetable and Work plan:

The work plan with methodology will be as follows:

- Briefing in the office of HOPE'87-Pakistan in Islamabad with analysis (desk review) of project secondary information i.e., grant agreement, project proposal, interim report, training reports, ECHO and HOPE'87 guidelines etc. (about 3 person days)
- Development of detailed checklist for each key evaluation questions (about 1 person day)

- Meeting with staff and field visit to Charsadda (about 3 days). The consultant will meet with stakeholders and visit the project area. The participation of women shall be promoted through CBOs or handouts/questionnaires.
- Post-evaluation de-briefing to the Director Humanitarian Aid of HOPE'87 Headquarters in Austria through email/phone (about 1 person day)
- Drafting evaluation report against the evaluation objective (about 3 person days)
- Finalization of report after receiving feedback and comments from HOPE'87 Headquarters Austria (about 2 person days)
- Presentation and submission of the report (about 1 person day)

The consultant will be paid a lump sum amount for his/her evaluation service and evaluation report, inclusive his travel, boarding and lodging costs. HOPE'87 Pakistan staff and local partner in the field will assist in hotel bookings and for field visits.

The evaluation exercise is expected to be held within the calendar period of 1st to 25th of March 2011 with the final report to be submitted by the consultant within one week after the review by HOPE'87 headquarters but no later than 20th of April 2011.

7. **Report:**

- The consultant will submit a precise report in English in printed and electronic version to HOPE'87 Headquarters Austria.
- The consultants will map relevant supporting documentation in a bibliography and include them on a CD/DVD whenever appropriate.
- The report will include an executive summary and will address all the key questions as identified.
- The document format must be adhered to:
 - Cover page
 - ! Title
 - ! Date of the final version
 - ! Name of the consultants
 - Table of contents
 - Executive Summary
 - Methodology
 - Annexes, including bibliography and supporting documents
- The report will include the objectives, framework, collection of information and analysis, reporting and work schedule.

- The report will be structured to provide key findings/conclusions for each evaluation question.
- Recommendations for improvements and future programs will be provided.
- The report will be submitted to HOPE'87 Headquarters Austria within the timing defined above.

Date:

Signature:

HOPE'87 Director Humanitarian Aid

Judith Stemerding-Herret

List of Documents Reviewed

- i. TORs, Final Project Evaluation, HOPE for the Victims of Flood/Conflicts in Pakistan (WASH 2) in Tehsil & District Charsadda, KPK
- ii. Interim Report, HOPE for the Victims of Flood/Conflicts in Pakistan (WASH 2)
- iii. KAP Study Analysis, Analytical Report on Increase in Knowledge, Attitude & Hygiene Practices, HOPE for the Victims of Flood/Conflicts in Pakistan (WASH 2)
- iv. Project Progress Review Presentation, HOPE for the Victims of Flood/Conflicts in Pakistan (WASH 2) in Tehsil & District Charsadda, KPK
- v. ECHO Contract
- vi. ECHO General and Financial Guidelines and Procurement Rules and Procedures.

Annexes

3

Schedule of Field Visits

**“HOPE for the victims of flood/conflict in Pakistan - ECHO project Reference No. 10.391790”
External Evaluation - 2nd draft Itinerary
16 - 17 March 2011**

Date	Day	Union Council	Village	Activity	Time-From	Time-to	Minutes	Remarks
16-Mar-11	Wednesday	N/A	N/A	Travel from Islamabad to Charsada	7:00	9:00	120	Pick up point Gloramor roundabout
		Dehri Zardad	Kalyas	Introduction with team, discuss itinerary and tea	9:00	9:30	30	
		Dehri Zardad	Kalyas	FGD with Kalyas community and WASH Committee (women and men)	9:30	11:00	90	WASH committee focal person Ijaz ul haq - 031339401858
		Dehri Zardad	Kalyas	Visit to 04 HK & WS Kit Beneficiary HHD	11:15	13:15	120	Divided in to two teams
		Dehri Zardad	Kalyas	Visit to 04 Toilets Sites				
		Dehri Zardad	Kalyas	Visit to 02 Handpump Sites				
		Kalyas	Working Lunch - Questions & Answers		13:15	14:00	45	
16-Mar-11	Wednesday	Dehri Zardad	Aziz Abad	Travel from Kalyas to Aziz Abad	14:00	14:30	30	
		Dehri Zardad	Aziz Abad	FGD with Aziz Abad community and WASH Committee (women and men)	14:30	16:00	90	WASH committee focal person Wisal Khan - 03149960093
		Dehri Zardad	Aziz Abad	Visit to 02 HK & WS Kit Beneficiary HHD	16:00	17:00	60	Divided in to two teams
		Dehri Zardad	Aziz Abad	Visit to 02 Toilets Sites				
		Dehri Zardad	Aziz Abad	Visit to 01 Handpump Sites				
		Islamabad	Travel from Charsada to Islamabad		17:00	19:00	120	
17-Mar-11	Thursday	N/A	N/A	Travel from Islamabad to Charsada	7:00	9:00	120	Pick up point Gloramor roundabout

	Do Sehra	Shah Pasand Kalay	Introduction with team, discuss intenrary and tea	9:00	9:30	30	
	Do Sehra	Shah Pasand Kalay	FGD with Shahpasand Kalay community and WASH Committee (women and men)	9:30	11:00	90	WASH committee focal person Khan Sahib - 03339129534
	Do Sehra	Shah Pasand Kalay	Visit to 04 HK & WS Kit Beneficiary HDD	11:15	14:15	180	Divided in to two teams
	Do Sehra	Shah Pasand Kalay	Visit to 04 Toielt Sites				
	Do Sehra	Shah Pasand Kalay	Visit to 02 Handpump Sites				
	Islamabad		Travel from Charsada to Islamabad	14:15	16:15	120	Lunch on motorway

Sample FGD Guide Sheets

WATER PUMPS

1. Was clean drinking water available to everybody in your village?
2. If yes, what was the source of water supply?
 - Household Water Supply
 - Community Well
 - Public Tap / Handpump
3. How was drinking water availability affected by the flood? E.g. was the water contaminated or were the supply schemes broken, etc?
4. How has the project helped in improving clean drinking water supply for the community?
5. How many pumps were rehabilitated or installed in your village? Where are the pumps located?

Number of pumps rehabilitated: _____ Number of pumps newly installed: _____

Locations: _____

6. How was the location of the pumps determined?
7. How many people OR households are served by each pump?
_____ PEOPLE _____ HOUSEHOLDS
8. What is the average walking distance to the pump by a user Household?
_____ Meters **OR** _____ Minutes walk
9. What do you fetch the water in?
10. What do you store the water in?
11. Are the water storage kits provided by the project in use? How are they being used?
12. How have the water pumps improved the availability of drinking water?
13. Are women and girls using some of the pumps directly?

- Yes
- No

14. What are the problems faced by the women and girls in using the pumps?
15. What is the water from the pumps used for? E.g. drinking, animals, washing, cooking, etc?
16. Do the users of pumps believe that the water supplied through the pumps is clean and safe for drinking? If no, why not? And what has been done to address the issue?
17. What is the role of the WASH committee and what support has been provided by the committee towards the construction or continued use of the communal water pumps?
18. What are/were the problems in using the water pump? How were these problems resolved? (In coordination with HOPE'87, community, etc.)
19. How did the water pumps improve drinking water availability compared to pre flood water availability?
20. In your opinion, did the project provide the water pumps in a timely fashion?
21. Who is responsible for maintenance of the pump?
22. Has any maintenance been undertaken already?

HYGIENE TRAINING

1. Who imparted the hygiene training?
2. What language was the training imparted in?
3. What were the general messages given in the training?
4. Were you also provided with some literature (e.g. posters, leaflets) to use later?
5. Do you understand what is written in the literature? If yes, what was more helpful?
 - Writing
 - Pictures
6. Are you following the instructions in the literature/leaflet?
7. Why do you think are the instructions in the leaflet important?

WASH COMMITTEES

1. How were committee members selected?
2. How many members in each committee?
3. What are the roles and responsibilities of each committee?
4. How were beneficiaries selected for
 - Water Pumps
 - Communal Latrines
 - Household Latrines
 - Water Storage Kits
 - Hygiene Kits
5. How many beneficiary households in each of the above categories in your village?
6. What are the problems faced by the committee in implementing their ideas or responsibilities?
7. What are the future plans of the committees?

COMMUNAL LATRINES

1. Before the flood, were communal toilets available? If yes, how many and where were they located?

Number of communal latrines: _____

Location: _____

2. Approximately, how many families in the village had latrines before the flood?
3. How has the project helped in rehabilitating these latrines?
4. How many communal latrines were rehabilitated or constructed by the project? Where are the latrines located?

No. of communal latrines rehabilitated: _____ No. of latrines newly installed: _____

Locations: _____

5. How was the location of the latrine determined?
6. How many people or households are served by each communal latrine?
7. Are women and girls using some of the communal latrines?
8. What are the problems faced by the women and girls in using the communal latrines?
9. If people in the community were not used to having latrines before the project, approximately what %age of the households have now adapted to the use of these communal latrines?
10. How have the communal toilets improved the local environment?
11. Do people feel secure when using the latrine during darker hours of the day? Did they feel the same sense of security when using open fields?
12. Who is responsible for maintenance of the latrines?
13. Has any maintenance been undertaken already?
14. Is water available nearby or on the site for washing hands after use of latrine?

15. What are/were the problems in using the latrines? How were these problems resolved?
(In coordination with HOPE'87, community, etc.)

16. What is the role of the WASH committee and what support has been provided by the committee towards the construction or continued use of the latrines?

Sample Household Interview Sheets

HOUSEHOLD LATRINES

1. How many houses in the village received latrines?
2. Why was a particular house selected for providing latrine?
3. Did the household have a latrine before the floods?
4. If no, what toilet facilities were used by the family before the floods?
5. How has the availability of latrine improved the cleanliness of the household?
6. How has the availability of latrine improved the sense of security of the household (for use after dark)?
7. Do you think that the availability of a latrine has improved the health of the household members? If yes, how?
8. Have all the members of the household gotten used to using the latrine or are some members still practicing outdoor defecation?
9. Is there water available in the house for washing after using the latrine?
10. How many members live in the household? Of these how many are women and girls?
11. Does the family share its latrine with other families or women of other families? If yes, how many other families and people?
12. Is the latrine easy to clean?
13. Do members of the household plan to continue using the latrine in the remote future?
14. Did household members receive any training on use of the latrine?
15. What are the problems with the use of the latrine? How are they resolved?

WATER STORAGE KITS

1. How many utensils were you provided for water storage and what size?
2. Did you have any utensils after the flood for water storage? If yes, how many and what size?
3. Were these enough to meet the household's needs? If not, why?
4. How do you use the utensils now?
5. Do men, women, or children bring water in them?
6. In what way do you find the water storage kits helpful?

List of Key People Met During Field Visits

S. No	Name	Designation	Village
1.	Mr Inayatullah	Focal Person KPK, SPO	Peshawar
2.	Mr Alam Zeb	WASH Committee Member	Kalyas
3.	Mr Jan Ali	WASH Committee Member	Kalyas
4.	Mr. Mohgammad Shafiq	CRO, SPO	Peshawar
5.	Mr Ijaz-ul-Haq	WASH Committee Member	Kalyas
6.	Mr Sajad Ali	WASH Engineer, SPO	Peshawar
7.	Mr Gul Daraz Khan	WASH Committee Member	Kalyas
8.	Mr Mohammad Yousaf	WASH Committee Member	Kalyas
9.	Mr Ali Noman	Hope 87	Islamabad
10.	Mr Mohammad Shahzad	Hope 87	Islamabad
11.	Mr Mumraz Khan	WASH Committee Member	Shahpasand Kalay
12.	Mr Mursalin Khan	WASH Committee Member	Shahpasand Kalay
13.	Mr Zaid Ali Khan	WASH Committee Member	Shahpasand Kalay
14.	Mr Khan Sahib	WASH Committee Member	Shahpasand Kalay
15.	Mr Abid Jan	WASH Committee Member	Azizabad
16.	Mr Wasil Muhammad	Focal person, WASH	Azizabad
17.	Mr Zaib Alam	WASH Committee Member	Azizabad
18.	Mr. Minar Gul	WASH Committee Member	Azizabad
19.	Mr Hazrat Ali	WASH Committee Member	Azizabad
20.	Mr Abdullah	WASH Committee Member	Azizabad

Sample Water Tests

Pre Test





CHEMICAL ANALYSES OF WATER SAMPLES

Date: 01-12-2010

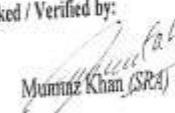
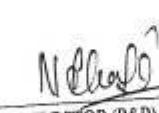
Case Sheet No. ILS/ATR/864/2010

Parameters	Method No.	Units	Sample 6 (Talia, Deri Zardad)	Sample 7 (Kaplan Kalay)	Sample 8 (Aziz Abad)	Sample 9 (Nazo Kalay)	Sample 10 (Kalyas, Dost Mohd. Hand Pump)	WHO standard for drinking water
pH	4500-H ⁺ .B	-	7.46	7.11	7.42	7.12	7.02	6.50-8.50
Conductivity	2510.B	µS/cm	1070.00	1124.00	446.00	1115.00	992.00	-
Total Dissolved Solids (TDS)	2540.C	mg/L	685.00	719.00	286.00	713.00	635.00	1000.00
Total Suspended Solids (TSS)	2540.D	mg/L	10.00	6.00	9.00	6.00	5.00	5.00
Total Hardness as CaCO ₃	2340.C	mg/L	136.00	184.00	64.00	248.00	300.00	500.00
Calcium as CaCO ₃	3500-Ca.B	mg/L	48.00	64.00	32.00	84.00	108.00	250.00
Magnesium as CaCO ₃	3500-Mg.B	mg/L	88.00	120.00	32.00	164.00	192.00	150.00
Total Alkalinity as CaCO ₃	2320.B	mg/L	540.00	580.00	228.00	464.00	460.00	500.00
P-alkalinity as CaCO ₃	2320.B	mg/L	Nil	Nil	Nil	Nil	Nil	30.00
Chloride as Cl ⁻	4500-Cl.B	mg/L	34.00	22.00	20.00	42.00	34.00	250.00
*Sulphate as SO ₄ ⁻²	329***	mg/L	191.00	234.00	92.00	235.00	295.00	250.00
Sodium as Na ⁺	3500-Na	mg/L	195.00	195.00	100.00	150.00	150.00	200.00
Potassium as K ⁺	3500-K	mg/L	5.60	5.60	3.70	8.00	8.30	75.00
Nitrite as NO ₂ ⁻	4500-NO ₂ ⁻ .B	mg/L	0.27	0.24	0.17	0.13	0.09	0.10

Tested by:

Jahangir Shah (SSO)  Inayat ur Rehman (SO)  Tufail Ahmad (Tech)  HRC/OIC 


Checked / Verified by:

Munazz Khan (SRA)  N. Chaudhry  DIRECTOR (P&D) 01-12-10

End of Report

Page 2 of 2

Post Test

	<p>Government of Pakistan Ministry of Science and Technology Pakistan Council of Scientific and Industrial Research Laboratories Complex Jamrud Road, Peshawar TEST REPORT</p>	PLC/ILO/510/01 Issue #: 04 Issue date: 06.09.2010 Rev. #: 00
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Page 01 of 01

Test Report # 945

Lab. Code No. MBC-254/254/2010

Dated: 23-12-2010

Case # ILS/ATR/945/2010

1. Name and Address of Client: **Mr. Arshad Haroon Regional Director (SPO)**

Ref. #: Nil

Date of Receipt: 30-12-2010

2. Description of the Sample (s):

Item: Chemical analysis of Two water sample(s) Mark if any: _____ - _____

Condition found on receipt: _____

3. Environmental Conditions: _____ Temp: _____ Humidity: _____
 (Where applicable)

4. Method Used/Statement of Compliance: a. APHA/AWWA/WEF (1998) b. Analytical use of EDTA (1958)

5. Measurement & Results:

Parameters	Method No.	Units	Sample-1 Aziz Abad 27	Sample-2 Nazo Kalay 14	WHO limits for drinking water
pH	4500-H ⁺ .B	-	7.87	7.03	6.50-8.50
Conductivity	2510. B	µS/cm	1000.00	475.00	-
Total Dissolved Solids (TDS)	2540. C	mg/L	640.00	304.00	1000.00
Total Suspended Solids (TSS)	2540. D	mg/L	5.00	3.00	5.00
Total Hardness as CaCO ₃	2340. C	mg/L	200.00	152.00	500.00
Calcium as CaCO ₃	3500-Ca. B	mg/L	80.00	112.00	250.00
Magnesium as CaCO ₃	3500-Mg. B	mg/L	120.00	40.00	150.00
Total Alkalinity as CaCO ₃	2320. B	mg/L	440.00	100.00	500.00
P-alkalinity as CaCO ₃	2320. B	mg/L	Nil	Nil	30.00
Chloride as Cl ⁻¹	4500-Cl. B	mg/L	24.00	64.00	250.00
*Sulphate as SO ₄ ⁻²	329	mg/L	240.00	220.00	250.00
Sodium as Na ⁺¹	3500-Na	mg/L	160.00	56.00	200.00
Potassium as K ⁺¹	3500-K	mg/L	4.80	1.80	75.00
Nitrite as NO ₂ ⁻¹	4500- NO ₂ ⁻¹ .B	mg/L	0.08	0.09	0.10

* the analytical uses of EDTA (1958)

6. Remarks/Comments (where required):

On the basis of the above results chemically all the parameters lie within the permissible limits of WHO standards.

Tested by: For Rehman
 Jehangir Shah (SSO)

Rehman
 Inayat ur Rehman (SO)

For Rehman
 Mushtaq Khan (Tech)


Checked / Verified by: Mushtaq Khan
 Mushtaq Khan (SRA)

Supra
 HRC/OIC


Mushtaq Khan
 DIRECTOR (P&D)
 End of Report

Sample Hygiene Promotion Leaflet


ہفتے میں ایک دفعہ ناخن ضرور کاٹیں




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اپنے گھر اور ارد گرد کے ماحول کو صاف رکھیں۔






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امید برائے سیلاب / شورش زدگان پاکستان



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پانی کو کم از کم بیس منٹ تک ابالنے کے بعد ڈھانپ دیں۔ ٹھنڈا ہونے پر باریک کپڑے یا باریک جالی سے چھان کر استعمال کرنے والے برتن میں ڈال کر رکھ دیں



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جانوروں کو چرانے کے بعد

لیٹرین استعمال کرنے کے بعد



کھانا پکانے کے بعد

ٹاک صاف کرنے کے بعد

کھانا پکانے سے پہلے

دوائی کھانے سے پہلے



بچے کو دودھ پلانے سے پہلے

کھانا کھانے سے پہلے

مندرجہ بالا تمام امور سے پہلے صابن سے ہاتھ دھونا لازمی ہے

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گندگی کوڑا دان میں ڈالیں



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Sample Hygiene Promotion Poster



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جانوروں کو چرانے کے بعد



کھانا پکانے کے بعد



مندرجہ ذیل تمام امور کے بعد صابن سے ہاتھ دھونا لازمی ہے



لیٹرین استعمال کرنے کے بعد



ناک صاف کرنے کے بعد



کھانا پکانے سے پہلے



کھانا کھانے سے پہلے



بچے کو دودھ پلانے سے پہلے



دوائی کھانے سے پہلے



مندرجہ بالا تمام امور سے پہلے صابن سے ہاتھ دھونا لازمی ہے

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یورپی یونین کی مالی امداد سے شائع کیا گیا

Sample Protection Leaflet

<p>3</p> <p>ذرا گر ہر سے خاندان میں سے کسی کا بھی شناختی کارڈ نہیں بنا تو ایسے افراد کو اپنی رجسٹریشن نادرا کے ذریعے کرانے کے لیے اپنے متعلقہ ڈی سی او (DCOs) کے پاس جانا چاہیے۔ جن کی تصدیق کے بعد متعلقہ ڈی سی او ایچ (PDMA) نادرا کے ذریعے ان کا نام متاثرین کی لسٹ میں شامل کروائے گی۔</p> <p>4۔ مجھے کیسے پتہ چلے گا کہ میرا علاقہ متاثرہ علاقوں میں شامل کیا گیا ہے؟</p> <p>آپ کا علاقہ متاثرہ علاقوں سے متاثر ہوا ہے تو وہ سب کچھ فون کے ذریعے اپنا شناختی کارڈ نمبر 9888 پر بھیج دیجئے۔ اس سے آپ کو پتہ چل جائے گا کہ آپ کا علاقہ متاثرہ علاقوں کی فہرست میں شامل ہے یا نہیں۔ اگر آپ کے علاقے کو شامل کیا گیا تو ہمیں یہ حکومت اس کا نوٹس لے چکی ہے۔ آپ سندھ میں 0800 72977 پر رابطہ کریں۔</p> <p>5۔ میں سیلاب زدہ لوگوں کے قریب رہتا ہوں جو متاثرہ علاقوں کی لسٹ میں شامل ہے۔ لیکن میرا علاقہ متاثرہ علاقوں کی لسٹ میں شامل نہیں کیا گیا۔ مجھے کیا کرنا چاہیے</p> <p>نادرا نے تمام متاثرہ علاقے گاؤں کی لسٹ سے خارج کر دیے ہیں۔ ایسی جگہوں سے بھی چھوٹی ہیں، جو رانے ان کی شناخت نہیں کی۔ اپنے پتہ کو اپ ڈیٹ کرنے کے لیے قریبی نادرا دفتر سے فارم حاصل کریں۔ فارم پر کرنے کے بعد آپ کا نمبر دار آپ کے علاقے کے رہائشی ہونے کی تصدیق کرے گا۔ تصدیق ہونے کے بعد اپنا فارم نادرا میں جمع کریں اور اس کے بعد آپ کا نام متاثرین کی لسٹ میں شامل کر دیا جائے گا۔</p> <p>6۔ حکومت کی امدادی رقم کی تکمیل کیا ہے؟ اس کا طریقہ کار کیا ہے اور میں کس طرح سے اس کا حصہ بن سکتا ہوں؟</p> <p>حکومت تمام متاثرین کی مدد ملنے کا ذریعہ کر رہی ہے۔ ایک خاندان کو ایک ملن کارڈ پر 20,000 روپے دینے جاتے ہیں۔ ملن کارڈ کے حصول اور تصدیق کے لیے برتاؤ خاندان کے سربراہ کے پاس نادرا کا قومی شناختی کارڈ ہونا ضروری ہے۔ شناختی کارڈ دراصل اس تصدیق کے لیے ضروری ہے کہ متاثرہ شخص حکومت کے منتخب متاثرہ علاقے کا رہائشی ہے۔</p> <p>یاد رکھیے:</p> <p>متاثرین سیلاب کی مدد کے لیے ملن کارڈ کی سہولت مفت فراہم کی جا رہی ہے۔ ملن کارڈ کے حصول کے کوئی چارج نہیں۔ اگر آپ سے ملن کارڈ کے بدلے میں قیمت وصول کی گئی ہو یا اس میں سے رقم چھوٹی گئی ہو تو اپنی شکایت درج کریں۔</p> <p>غلامی کیونٹی: ہیلپ لائن: 0322-5555737</p> <p>7۔ مجھے کئی ہی میرا کارڈ ملا ہے لیکن یہ کام نہیں کر رہا۔ مجھے کیا کرنا چاہیے؟ کیا مجھے نیا کارڈ مل سکتا ہے؟</p> <p>آپ کے ملن کارڈ میں کوئی مسئلہ نہیں۔ یہ کارڈ آپ کو ملنے کے بعد 48 گھنٹے بعد استعمال کے قابل ہوگا۔ 48 گھنٹے کے بعد بھی اگر کارڈ استعمال کے قابل نہیں ہے تو تاجر ہونے کی صورت میں نادرا کا رابطہ سے رابطہ کریں۔ اپنے کارڈ کو فروخت کرنے یا بیچنے سے گریز کریں کیونکہ متاثرین کی معاونت اور امداد کے لیے حکومت اور قومی کیونٹی سہولتیں کام کر رہی ہے۔ ملن کارڈ ان لوگوں تک پہنچانے کے لیے ضروری ہے جن کو امدادی ضرورت ہو۔ اور مزید امدادی سہولتوں کے سرب ہونے کی صورت میں آپ کو اپنی کارڈ کے ذریعہ مدد ملے گی۔ کارڈ گم یا چوری ہونے کی صورت میں فوری طور پر متعلقہ نکتہ ہیلپ لائن پر رابطہ کریں۔</p>	<p>2</p> <p>یاد رکھیے:</p> <p>1۔ شناختی کارڈ کا ہونا رقم، امداد یا ملن کارڈ ملنے کی ضمانت نہیں ہے۔</p> <p>2۔ کبھی واپس شناختی کارڈ مفت بنے گا جبکہ ڈیجیٹل کی صورت میں 150 روپے ادا کرنا ہونگے۔</p> <p>3۔ اگر شناختی کارڈ بنانے کے لیے آپ سے مندرجہ بالا قیمت سے زیادہ پیسے وصول کیے گئے تو آپ درج ذیل ہیلپ لائن پر رابطہ کریں:</p> <p>نادرا: 111-786-100</p> <p>غلامی کیونٹی: 0322-5555737</p> <p>3۔ اگر میرا متعلقہ متاثرہ علاقہ سے ہے اور میرا نام متاثرین کی لسٹ میں نہیں ہے تو مجھے کیا کرنا چاہیے؟</p> <p>مندرجہ ذیل وجوہات کی بناء پر کسی متاثرہ شخص کا نام متاثرین سیلاب کی لسٹ میں درج ہونے سے روکتا ہے:</p> <p>1۔ شناختی کارڈ کی رجسٹریشن کرتے وقت کسی فرد کا پتہ اگر ملاد درج ہوا ہو تو اس کا نام متاثرین کی لسٹ میں درج ہونے سے روکتا ہے۔ متاثرہ شخص اپنے پتہ کی درستی کے لیے ملن کارڈ رجسٹریشن وین یا قریبی نادرا کے دفتر سے رابطہ کرے۔ متعلقہ ڈی سی او سے تصدیق ہونے کے بعد متاثرہ شخص کا نام دوبارہ ڈی ایس آر رجسٹریشن اقدام لیز (PDMA) کے ذریعے متاثرین کی لسٹ میں شامل کیا جائے گا۔</p> <p>ب۔ امداد خاندان کے سربراہ کو دی جاتی ہے۔ خاندان کا مطلب شوہر، بیوی اور غیر شادی شدہ بیٹے ہیں۔</p> <p>شادی کے بعد یہ مرد کو اپنے خاندان کو اپنے والد کے خاندان سے ملحدہ کرنے کے لیے اپنے نکاح کا اندراج کرانا ہوتا ہے تاکہ وہ ایک ملحدہ خاندان تصور کیا جائے۔ اگر کسی شخص نے اپنے نام کے ساتھ اپنی بیوی کا نام رجسٹریشن کے وقت ریکارڈ نہیں کیا تو اس کا نام اس کے والد کے خاندان کے تحت ہو گا جس میں اس کی بیوی ہے۔ پتہ شامل نہیں۔ تمام اس طرح کے متاثرین کو اپنی بیویوں کے نام کو رجسٹر کرنا ہوگا۔ اپنے شناختی کارڈ کو اپ ڈیٹ کرنے کے لیے نکاح نامہ کے ساتھ قریبی نادرا کے دفتر جائیں۔ آپ اپنا شناختی کارڈ نئے خاندان نمبر کے ساتھ اپنی دفتر سے حاصل کر سکتے ہیں۔ نادرا آپ کا نام ریکارڈ متاثرین کی لسٹ میں شامل کرنے کے لیے متعلقہ ڈی سی او (DCOs) اور اپنی ڈی ایچ ایچ (PDMA) کے پاس بھیجا دے گا۔</p> <p>ج۔ خاندان کے دوسرے امدادی رقم حاصل کرنے کے اہل ہونے کے کیونکہ باہر کے کام مزدوروں کے لئے آسان ہوتے ہیں، کسی بھی وجہ سے اگر شوہر رقم وصول نہ کر سکتے تو اس کی حرکتی خاتون جو اپنے شوہر کے ساتھ رجسٹرڈ ہے، رقم وصول کرنے کی اہل ہوگی۔ اگر کارڈ آپ کو ڈیٹ نہیں ہے اور بیوی رجسٹرڈ نہیں ہے تو اپنے متعلقہ ڈی سی او (DCO) کو اطلاع کریں۔ DCO ڈی سی او، نادرا اور اپنی ڈی ایچ ایچ (PDMA) کو سربراہ خاتون کا شناختی کارڈ نمبر بھیجے گا اور نادرا اس کا نام متاثرین کی لسٹ میں شامل کر دے گا۔</p>
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① وطن کارڈ سے متعلق اہم سوالات

نوٹ: یہ دستاویز نادرا اور آئی او ایم کی ماس کمیونیکیشن ٹیم نے تیار کیا ہے۔ درج ذیل جوابات متعلقہ گورنمنٹ اتھارٹی، ماسٹر نے تجویز کیے ہیں۔

رجسٹریشن کا طریقہ کار کیا ہے؟ رجسٹریشن کس کے لیے ضروری ہے؟

1- قومی شناختی کارڈ کے رجسٹریشن کا طریقہ:

پاکستان کے بالغ (18 سال سے زیادہ عمر کے افراد کو) نادرا سبز رنگ کے کمپیوٹرائزڈ قومی شناختی کارڈ جاری کرتا ہے۔ ہر پاکستانی بچے (بذریعہ فام) اور بالغ کو نادرا کے ساتھ رجسٹر ہونا چاہیے۔
نوزائیدہ بچوں، نئے شادی شدہ جوڑوں اور گمشدہ شناختی کارڈ والوں کی رجسٹریشن کا بہت آسان طریقہ ہے۔ کسی بھی ایمر جنسی، قدرتی آفت اور ہنگامی صورتحال میں کمپیوٹرائزڈ شناختی کارڈ امداد ملنے کی ضمانت تو نہیں ہے۔ لیکن اس سے متاثرہ افراد تک پہنچنے میں آسانی مل جاتی ہے۔

سیلاب سے متاثرہ افراد کی رجسٹریشن کا طریقہ:

حالیہ سیلاب کے دوران بے شمار لوگ متاثر ہوئے ہیں۔ سندھ اور پنجاب کی صوبائی حکومتوں نے متاثرہ علاقوں کی نشاندہی کی ہے اور نادرا کا ریکارڈ استعمال کرتے ہوئے متاثرہ خاندانوں کے سربراہوں کی فہرست بنائی گئی ہے، جن کے لیے حکومت نے رقم کا اعلان کیا ہے۔ خیبر پختونخوا، گلگت بلتستان اور آزاد جموں و کشمیر کی حکومتوں نے ڈیٹھ کارڈ اور رقم کی فراہمی کے لیے سروے کر کے شناختی کارڈ نمبروں کی لسٹ نادرا کے حوالے کر دی ہے۔ یاد رکھیں: یہ سلسلہ رجسٹریشن نہیں بلکہ حکومت کی امداد کا طریقہ ہے کہ عام متاثرین تک امداد پہنچائی جائے۔ یہ سلسلہ نادرا کا رڈ یا وطن کارڈ سے منسلک نہیں نہ ہی ان کی ضمانت ہے۔

شناختی کارڈ اور نقد معاوضہ کا آپس میں کیا تعلق ہے؟

ہر خاندان کی تصدیق کے لیے شناختی کارڈ کا ہونا ضروری ہے۔ وہ لوگ جن کا شناختی کارڈ سیلاب کے دوران گم ہو گیا ہے یا جن کا شناختی کارڈ کبھی نہیں بنا، نادرا انہیں متبادل یا نئے شناختی کارڈ مفت فراہم کر رہا ہے تاکہ حکومت کی امدادی سرگرمیوں کو تیز کیا جاسکے۔ نئے شناختی کارڈ کے لیے سیلاب متاثرین کو کسی دستاویز کی ضرورت نہیں ہے۔ انہیں صرف نادرا رجسٹریشن موبائل ویں یا قریبی نادرا کے دفتر جانا ہوگا۔ نادرا اٹنٹاف ان کے آگھوٹھے کے نشانات، تصاویر، والدین کے نام اور پتہ درج کر کے یا تو نیا کارڈ بنادیں گے یا دوسری کاپی جاری کر دیں گے۔ سیلاب متاثرین کے لیے یہ سہولت مفت ہے۔

④

8- گمشدہ یا چوری شدہ کارڈ کے بارے میں کس طرح رپورٹ کی جائے گی؟
وطن کارڈ یو بی ایل، الفلاح اور حبیب بینک سے جاری کئے جا رہے ہیں۔ وطن کارڈ کے حصول کے لیے بینک کے نام کا پتہ ہونا ضروری ہے۔ گم شدہ یا چوری شدہ کارڈ کے بارے میں آپ درج ذیل دو طریقوں سے رپورٹ کر سکتے ہیں۔

ا۔ وطن کارڈ کے حصول کے وقت لفافے پر ہیبلپ لائن نمبر درج ہے۔ یہ بینک کی ہیبلپ لائن ہے۔ کارڈ گم ہونے کی صورت میں فوری طور پر ہیبلپ لائن پر کال کر کے اپنا نام اور شناختی کارڈ نمبر کی تفصیل فراہم کر کے اپنا کارڈ بلاک کرائیں۔

ب۔ لفافہ گم ہونے کی صورت میں متعلقہ بینک کی ATM مشین پر چاہیے اور اس کے اندر لگے فون پر 0 یعنی صفحہ ازل کر کے ہدایات کی راہنمائی میں گمشدہ کارڈ کی رپورٹ درج کرائیں۔



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