



Project Completion Report

WASH Project

By: MOJAZ Foundation, 2011



Project Completion Report of the Project:

Provision of WASH Facilities to the Marginalized Communities displaced by floods of Unions—Mahmood Kot, Baseera, and Waan Pittafi of District Muzaffargarh- Pakistan

Funded By: Foundation Open Society Institute – Pakistan

Project Implemented By: MOJAZ Foundation-Pakistan

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Summary Information

Project Synopsis

Grant ID #	20030485
Grant Project Title:	Provision of WASH Facilities to the Marginalized Communities displaced by floods
Organization Name:	MOJAZ Foundation- Pakistan
<u>Name of primary project contact</u>	Ramesh Singh Arora
<u>Address</u>	<u>MOJAZ Foundation (Head Office):</u> <u>Opposite DCO House, Near Islamia</u> <u>College Boys, Narowal</u>
<u>Telephone</u>	<u>+92-542-412-313</u>
<u>Fax</u>	<u>+92-542-412-313</u>
<u>Mobile</u>	<u>+92-333-509-0539</u>
<u>Email</u>	<u>aroranns@hotmail.com</u>
<u>Website</u>	<u>www.mojaz.org</u>
Total Grant Awarded:	US\$142,761.00
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Project Achievement Indicators

No of unions covered	3 (Mahmood Kot, Baseera, Waan Pittafi)
Number of mouzas (<i>revenue village</i>)	7
Number of villages	20
Number of community WASH committees (CWCS) formed	112
Number of beneficiaries households	650
Number of Latrines constructed	105
Number of Latrines constructed (<i>improvised for disabled</i>)	7
Number of hand-pumps installed	25
Number of laundry and bathing facilities	88
Number of liquid and solid disposal facilities	88
Number of hygiene kits distributed	650
Number of water purification tablets distributed	58,500
Number of Jerry cans distributed for transportation of water	650
Number of water coolers (<i>with lid and faucet</i>) distributed for drinking water storage	650
Number of Health and Hygiene session convened	60 (3 Sessions per village)
Number of participants participated in H&H session	984 (464 Male, 520 Female)

Background

People affected by disasters are more likely to fall sick and to die from diseases related to inadequate sanitation and water supplies than from any other single cause. The most important of these are diarrheal diseases and others transmitted by the faeco-oral route. The transmission of these diseases is encouraged by inadequate sanitation, poor hygiene and contaminated water supplies. Other water and sanitation-related diseases include those carried by vectors associated with solid waste and water. The WASH indicators, even prior to floods were not very promising at all, however the floods have further pushed these indicators to a much lower level. In this context MOJAZ Foundation came up to support the distressed communities in three unions of district Muzaffargarh. The unions selected were designated as severely damaged and required immediate assistance in terms of food security, health, water and sanitation, and other important needs. The **MF**, relying on its strength of working with and for the communities, designed and implemented a project which aimed at; providing clean drinking water, creating awareness regarding health and hygiene, and provision of safe and environment friendly defecation places for the community. The following sections provide a detailed description of the purpose of the project, its implantation methodology, monitoring and evaluation approach, challenged faced during implementation, media strategy, stakeholders' engagement, and other important information.

Project Purpose

The purposes of project was to provide at least a minimum quantity of clean drinking water, and to reduce the transmission of faeco-oral diseases and exposure to disease-bearing vectors, and to help in establishing the conditions that allow people to live and to perform daily tasks, such as going to the toilet, and washing with dignity, comfort and security.¹

Project Implementation

The MF believes in engaging community during all stages of project Implementation. It has developed a **With and For** the community approach where community aspirations are taken into account at all stages of project implementation i.e. Identification, Prioritization, Execution, Monitoring and Exit. This approach has become the hallmark of MF and has helped in developing its credibility among the community in the area of its operation. For the implementation of the project the same approach was adopted and a detailed account is given in the sections below;

The following objectives were accomplished as the result of project implementation;

- ✓ Improved hygiene practices adopted by the community
- ✓ Access to safe drinking water provided
- ✓ Enabling environment created that allows people to live with good health, dignity, comfort and security.

The activities undertaken during the life of the projects are provided as below;

¹ Adapted from SPHERE Standards

Preparatory Phase

MF has been working in the flood affected areas of South Punjab, and it has good knowledge of the local ground realities. Over the period of time it has built a good rapport with the local communities and district administration. All these factors combined, facilitated a smooth and successful implementation of the project.

1.1 Hiring of staff/ mobilizing human resources

The MF has an experience pool of human resource having experience of working in emergency settings. For the implementation of the project MF pulled resources from the pool and due to that time is saved which is of essence especially in humanitarian crisis.

1.2 Orientation/training

The selected staff was given orientation pertaining to the project activities and the project area and the detailed plan was shared with them to create commitment among the project team and share the project's vision with them.

1.3 Preparation of communication material

The communication material was identified, improvised, and printed for distribution to the communities

2.0 Social Mobilization/Capacity Building

Mobilizing communities prior to the implementation of development intervention can help in a number of ways like; the intervention can be tailored to the needs, improved acceptability of the intervening agency, assimilating ground realities in the intervention, empowering communities, ensuring sustainability of the intervention. Mobilizing communities to prepare them to absorb the intervention and building their capacity to support the intervention implementation.

2.1 Formation of community WASH Committees (CWCs)

The MF mobilized the communities through a team of skilled social mobilizers, and 112 CWCs were formed, with prime objectives of; supporting the efforts of MF to identify and target the most deserving; to monitor/support the project implementation. This step has supported in creating a strong receiving mechanism for various project activities e.g. health and hygiene session etc. The community was mobilized and transformed into WASH committees, in total 112 CWCs were formed comprising of members from 650 households from twenty villages of three unions.



2.2 Awareness raising of CWCs

Newly formed CWCs were trained through a series of village level sessions on **health and hygiene** to affect behavioral change. In total 60 sessions were conducted in 20 villages of 3 unions (Baseera, Mahmood Kot, and Waan Pittafi).

2.3 Regular monthly meetings of the CWCs

Monthly meetings were organized by the social mobilization teams, and a number of issues were discussed in those meetings like; beneficiary assessment, identification, selection, health and hygiene education, and monitoring of the projects.



2.4 Identification of project beneficiaries

The identification and targeting of the beneficiaries is an important step in the implementation of a development project, as the effectiveness of the project hinges on this step. MF adopted its community based approach to identify and select beneficiaries, possible beneficiaries were identified based on the information provided by the community. This approach helped in targeting the most deserving communities and enhancing effectiveness of the intervention.

2.5 Recording into database

Information regarding the selected beneficiaries of the project was recorded in the database, for effective Monitoring. This database helped in streamlining project implementation.

3.0 Project Activities

A number of activities were implemented with a broad objective of improving Health & Hygiene situation in the project area. Following interventions have been implemented under the project.

3.1 Clean drinking water access and storage

In post disaster scenario clean drinking water is the most sought after commodity, rehabilitation of the water sources, making it drinkable, transporting and storage present challenge to the humanitarian support organizations. Under the project all these key challenges were met by the following project activities.



3.11 Rehabilitation/ protection of existing water sources

Under the project 25 hand pumps were installed in the villages where there was no water source so as to provide water to the flood affected population.

3.12 Jerry can of 20 liters for transportation

In order to maximize the utilization of the limited financial resources, hand pumps were installed at a central location where maximum people could derive benefit from the water scheme. So water had to be transported to the residences from the centrally located water source, and the project provided one 20 liters plastic container (jerry cans) to each of the 650 households to transport water.

3.13 Water coolers for storage of water

For storage of water for drinking purpose water coolers were provided 650 water coolers (*containers with lid and a faucet*) were distributed, to 650 households.

3.14 Water purification tablets for household level water treatment

Water sources suffered pollution and water from those sources needed to be cleaned for bacteria and other germs, an effective and plausible solution for this was to use water purification tablets to the affected population. Water purification tablets were provided to 650 households for 90 days, and for this activity other donors like UNICEF and International Relief and Development (IRD) were mobilized to meet the financial gap. Under the project financing for a fraction of this activity was provided by the organization.



3.2 Sanitation

Proper disposal of human excreta creates the first barrier to excreta-related disease, helping to reduce disease transmission through direct and indirect routes. Excreta disposal was focused and addressed appropriate facilities for defecation, sanitation, and disposal were implemented to promote dignity, safety, health and well-being of the community members. The following activities were undertaken under this project component.

3.21 Construction of latrines

Environment friendly latrines, posing minimum harm to the environment, were constructed to meet the project target to reduce the defecation in open and unhygienic environment. To this end 112 such latrines were constructed at 88 sites under the project. The design of the latrine was improvised to facilitate the disabled beneficiary, this point out the project philosophy of inclusive development by including the marginalized strata of the society. 7 latrines for disabled community members were constructed along with children and women friendly latrine for general public.

7 Latrines have been constructed to accommodate disabled community members. The latrine is differentiated from general purpose latrines on the following factors;

- ***WC instead of Indian seat***
- ***Water motor installed***
- ***Overhead tank for water storage***

These facilities were provided because disabled population could not use hand-pumps

3.22 Rehabilitation/ provision of liquid and solid waste disposals

Waste water from sewage pose a challenge to the environment especially in flood affected areas because freely flowing waste water pollutes the



water sources and environment. This concern was addressed in the design of the latrine as no water escape from latrine to pollute environment. The ways and means to manage solid waste was identified and communicated to the CWCs during Health and Hygiene sessions; this has resulted in relatively cleaner neighborhood.

3.3 Hygiene Awareness, and Facilitation

Behavioral modification is based on continuous reinforcement through education and awareness building. Appropriate behavioral change communication approach was adopted to modify the health and hygiene practices, specifically following activities were implemented under this component.

3.31 Health & hygiene promotional material development & printing

Health and hygiene material was developed by improvising the UNICEF guidelines and Behavioral Change & Communication (BCC) material. The material was made available to all the participants of the health and hygiene session.



3.32 Health and hygiene sessions

Health and Hygiene sessions were conducted at village level, in those sessions BCC material was distributed and community was briefed on that and motivated to extend the message as far as possible.

3.33 Hygiene kits distribution

For the promotion of hygiene practices kits were distributed to 650 households. The kit carries ; two towels, seven tooth brush, two large tooth paste, 12 soaps, one nail cutter, 1 disinfectant bottle 250 ml, three combs, and moisturizer.

3.34 Hand washing stations, laundry & bathing facilities

To further the promotion and adoption of improved hygiene conditions a bathing and laundry facility was constructed adjacent to each latrine. A washing station (wash basin) was installed outside of the **latrine-bath-laundry setup** to promote hand washing after defecation. In total 88 such facilities were constructed benefitting 650 households.



4.0 Operations and Sustainability

Successful operation of the project depends on logistic support at the appropriate time and effective monitoring following sections provides detail account;

4.1 Logistic support

MF regional office and project office supported the logistic support during the project tenure. A dedicated team of professionals was deputed to respond to the project needs as and when required.

4.2 Exit

A predominant challenge is the sustainability of the intervention; sustainability and scalability of the interventions executed under this project were ensured through the inclusion of community in all stages of project implementation.

Monitoring and Evaluation

Monitoring is important in all development projects and in the project operating in humanitarian settings monitoring assume a more important role as it can help in deploying the project resources in an efficient and effective manner. The quantitative (no of latrines constructed, hygiene group formed, hand pumps installed, hygiene kits distributed, and Hygiene education session conducted) and qualitative indicators (quality of construction, participation and retention level, adoption of improved health practices, improvement in health standards) were regularly monitored through a monitoring system, comprising of periodic reports and assessments, was instituted to monitor daily progress of the project. Further to assess the effectiveness of implementation field visits by professionals from regional and head office MF were conducted. Community Monitoring also served to improve the project performance.

A detailed system of reporting was instituted in the project comprising of daily fortnightly, regular reports originating from the project area.

Challenges, Changes and Future Work

The project was executed smoothly due to the MF rapport with the community; however the behavioral change required a continuous reinforcement by the field staff of the MF. This continuous effort resulted in a significant change in terms of attitude towards defecation in the designated places- Latrines.

There was a positive deviation in terms of the target of the project; initially according to the project document 100 latrines-washing area units were planned. However 12% increased in this target was managed within the stipulated financial resources. The project also suffered a schedule variance, but within the designated resource base. Another notable attribute was that additional funds from other resources (UNICEF and IRD-Pakistan) were mobilized to provide water purification tablets to 650 families for the project duration.

The results of the project have strengthened the rapport of the MF as a support organization and this will further help in the implementation of future interventions.

Media Strategy

Indigenous means of communication were utilized to inform communities about the program, like announcement in the newspaper, wall chalking, and informing communities about the broadcast schedule of the programs on health and hygiene programs on TV and radio. Posters were fixed in the area with high traffic for maximum coverage.

Publications

For the purpose of health and hygiene education a brochure was printed containing pictorial messages along with written instruction. This publication was widely circulated to the participants of the communication workshops.

Partners

Primary approach adopted for the implementation of the project is to utilize and build on the existing knowledge base in partnership with the community. In order to orchestrate the development activities and avoid duplication coordination was done with the district level WASH group. The literature which was circulated among the community was based on the material developed by UNICEF and it was reproduced with the permission of UNICEF. Moreover the provision of water purification tablets to the community was supported by International Relief & Development and UNICEF.

Gender in Project Management

The gender aspect was given due consideration, the primary beneficiary of the project were females and children, however male population was taken on board so as to enhance the understanding about the possible repercussions the lack of attention to WASH. Gender dimension was given due consideration in all the project activities this is evident from the beneficiary of the project.

Project Statistical Abstract

The following tables provides statistical abstract of the project performance.

Table 1: No of Community WASH Committees formed disaggregated based on Mouza and Unions

Union	Mouza	No of CWCs
Baseera	Ali Wala	33
	Haidar Dasti	13
	Sabzo Jat	31
Mehmood Kot	Aloo Rid	2
	PanwarShumali	18
Waan Pitafi	Mega Brija	7
	Waan Pitafi	8
Grand Total		112

Table 2: Numbers of beneficiary households disaggregated based on unions and mouzas

Union	Mouza	No of Households
Basera	Ali Wala	172
	Haidar Dasti	55
	Sabzo Jat	196
Mehmood Kot	Aloo Rid	11
	PanwarShumali	110
Waan Pitafi	Mega Brija	52
	Waan Pitafi	54
Grand Total		650

Table 3: List of villages where project implemented disaggregated based on unions and mouzas

Unions	Mouzas	Villages
Baseera	Ali Wala	Ali Wala
		Jhook
		Joey Wala
		Kande Wala
		Phengri Wala
		Saar Wala
		Wasti Wala
	Haidar Dasti	Talai
		Wada Khoh
	Sabzo Jat	Farmadi
		khara Atar Wala
		Khara Nawan
Phatan		
Mehmood Kot	Aloo Rid	Karmoo Wala
	Panwar Shumali	Cha kori wala
		Dadi Wala
		Rango wala
		Samundri
Waan Pitafi	Mega Brija	Rao wala
	Waan Pitafi	Shah Wala

Table 4: Details of Interventions hygiene kits distributed, and latrines constructed

Union Council	Village	No of hygiene kits distributed in a village	No of latrines in a village
Basera	Khara Atar Wala	65	9
Basera	Khara Nawan	27	4
Basera	Phatan	71	13
Basera	Farmadi	33	5
Basera	Phengni Wala	32	5
Basera	Joey Wala	17	4
Basera	Wasti Wala	39	7
Basera	Saar Wala	46	10
Basera	Ali Wala	10	2
Basera	Jhook Wala	22	4
Basera	Kande Wala	6	1
Basera	Talai	47	11
Basera	Wada Khoh	8	2
Mehmood Kot	Samundri	64	12
Mehmood Kot	Karmoo Wala	11	2
Mehmood Kot	Rangoo Wala	28	4
Mehmood Kot	Dadi Wala	10	1
Mehmood Kot	Chah Kori Wala	8	1
Waan Pitafi	Shah Wala	54	8
Waan Pitafi	Rao Wala	52	7

Health & Hygiene Session



Construction of WASH Facilities

