Sokar Village Sanitation Project

Progress Report 1

January 2011

ADP
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Head Office - USA
## Issue and revision record

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Content

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>1.1</td>
<td>Background</td>
<td>9</td>
</tr>
<tr>
<td>1.2</td>
<td>Scope</td>
<td>9</td>
</tr>
<tr>
<td>1.3</td>
<td>Aims and Objectives</td>
<td>10</td>
</tr>
<tr>
<td>1.4</td>
<td>Key Stakeholders</td>
<td>11</td>
</tr>
<tr>
<td>2.</td>
<td>Progress</td>
<td>12</td>
</tr>
<tr>
<td>2.1</td>
<td>Mobilisation</td>
<td>12</td>
</tr>
<tr>
<td>2.2</td>
<td>Community Mobilisation</td>
<td>12</td>
</tr>
<tr>
<td>2.3</td>
<td>Outline Design</td>
<td>13</td>
</tr>
<tr>
<td>2.4</td>
<td>Identified Latrines – Prioritising First Fifteen (15)</td>
<td>14</td>
</tr>
<tr>
<td>2.5</td>
<td>Construction Activities</td>
<td>15</td>
</tr>
<tr>
<td>2.5.1</td>
<td>Material Procurement</td>
<td>15</td>
</tr>
<tr>
<td>2.5.2</td>
<td>Transportation of Material</td>
<td>15</td>
</tr>
<tr>
<td>2.5.3</td>
<td>Distribution of Material</td>
<td>16</td>
</tr>
<tr>
<td>2.5.4</td>
<td>Construction of Septic Pit</td>
<td>17</td>
</tr>
<tr>
<td>2.5.5</td>
<td>Hands on Training</td>
<td>17</td>
</tr>
<tr>
<td>2.6</td>
<td>Monitoring &amp; Evaluation Team Visit</td>
<td>18</td>
</tr>
<tr>
<td>2.6.1</td>
<td>Value Engineering</td>
<td>19</td>
</tr>
<tr>
<td>2.7</td>
<td>Hygiene and Health Promotion</td>
<td>20</td>
</tr>
<tr>
<td>2.7.1</td>
<td>Initial Rapid Assessment</td>
<td>20</td>
</tr>
<tr>
<td>2.7.2</td>
<td>Combined Hygiene &amp; Health Promotion Sessions</td>
<td>20</td>
</tr>
<tr>
<td>2.7.3</td>
<td>Global Hands Washing Day</td>
<td>21</td>
</tr>
<tr>
<td>2.7.4</td>
<td>Impacts to Date</td>
<td>22</td>
</tr>
<tr>
<td>2.8</td>
<td>The Monitoring Framework</td>
<td>22</td>
</tr>
<tr>
<td>2.9</td>
<td>Progress Summary</td>
<td>24</td>
</tr>
<tr>
<td>2.10</td>
<td>Programme</td>
<td>24</td>
</tr>
<tr>
<td>3.</td>
<td>Areas of concern</td>
<td>25</td>
</tr>
<tr>
<td>3.1</td>
<td>Challenging Cashflow</td>
<td>25</td>
</tr>
<tr>
<td>3.1.1</td>
<td>Brief Financial Update</td>
<td>25</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Current Financial Requirement</td>
<td>25</td>
</tr>
<tr>
<td>3.2</td>
<td>Early Warning – Potential Budget Overrun</td>
<td>25</td>
</tr>
<tr>
<td>4.</td>
<td>Conclusion</td>
<td>27</td>
</tr>
<tr>
<td>4.1</td>
<td>Future Works</td>
<td>27</td>
</tr>
</tbody>
</table>
1. Introduction

1.1 Background

Sokar Village, in the Kashmir Region of North West Pakistan, has been assisted to improve basic amenities, principally water and sanitation. As such, the Association is proposing to develop family latrines in order to facilitate sustainable access to basic sanitation which is currently not available. This project represents phase 2 of the programme, and builds on the previous HEED water supply project (phase 1).

The Association for Development of Pakistan (ADP) is funding agency for this important project. This report is to provide Phase I progress on the undertaken activities to date and, share progress made in advance for Phase II along with areas of concern and to provide an idea on the future works.

1.2 Scope

The HEED Association is currently implementing phase 2 of its planned development agenda - to improve access to sustainable water resources and sanitation.

The goal of this project is the development of a sustainable sanitation system in the Village of Sokar. At the start of this project, with the exception of four poorly constructed and semi-functional latrines the whole village currently does not have access to basic sanitation and the practice of open defecation was common. In order to provide the village of Sokar with adequate sanitation, the SVS project aimed to develop permanent latrines for every household and undertake a programme of hygiene promotion.

The Sokar Village project has started building on HEED’s previous and current project work in the local water resources sector, as part of its plans to improve access to sustainable water supplies and sanitation. Previously a water supply scheme (phase 1) was carried out in Sokar village, which consisted of a 2 km pipeline connecting a protected spring to the village, in order to provide safe drinking water to the whole community. This is a primary network, which runs through the village. Further works are planned under phase 1 to extend the distribution network to allow more convenient water collection for the more peripheral households in the village.¹

¹ See http://www.heed-association.org/pr-sokar_water_supply-scheme.html for further information
The current project, to improve sanitation in the Village, therefore, forms the next related phase of HEED’s water resources improvement programme in the area.²

Sokar village was chosen because this offered a genuine gap where the community was deprived of all basic amenities, including water and sanitation. Also HEED has experience in the area and is able to build on existing key contacts and resources.

1.3 Aims and Objectives

HEED’s Mission is “to contribute in the areas of Health, Education, Environment and Sustainable Development in the earthquake affected areas of Kashmir to improve living conditions and alleviate community distress”.

² The World Health Organisation (WHO) states that 75% of projects which include sanitation and water supply provide significant positive health benefits for the local community, compared to 45% which aim to supply water alone.
Within this mission, the HEED Association aims to contribute to the United Nations Millennium Development Goals (MDG). The most relevant MDG goal to this project and the associated target and indicators are set out below:

**MDG 7: Ensure environmental sustainability**

Target 7c: ‘To reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation’

- 7.8 Proportion of population using an improved drinking water source (applicable to Phase 1 – separate project)
- 7.9 Proportion of population using an improved sanitation facility (applicable to Phase 2 – current project)

### 1.4 Key Stakeholders

The participation and consent of key local stakeholders is vital to the success of the SVS project. The main stakeholders which have been engaged and consulted during the preliminary phases and implementation of the project include the following groups.

- Local villagers and community
- Children attending Sokar School from local area outside the village
- Water/Village committee, and chairman, for the village (water supply for flush)
- Local Hygiene committee for Women (established by HEED water supply project)
- The project Donor – ADP
2. Progress

2.1 Mobilisation

Further to our proposal submission and award of the Contract, HEED team mobilized its staff to implement this project. The key staff in addition to the administration and management team of HEED included the following:

- Shabnam Ara – Hygiene Promoter
- Sumaira Nazir – Assistant Hygiene Promoter (part time)
- Nazakat Qureshi – Community Mobiliser
- Ghazanfar Ai – Community Mobiliser (part time)
- Jaffar Ali – Senior Technician
- Mujeeb ullah - Technician

The project kick started with an extensive HEED team briefing followed by a project launching ceremony at the village amongst the community of village Sokar.

2.2 Community Mobilisation

HEED team has been extremely lucky with an overwhelming support and co-operation extended by the local community for the successful kick starting of the project.

HEED team led by our social, health and technical staff has achieved a great progress in a very short time, one of the reasons being the positive response from the community.

The forms signed off by the community are enclosed to demonstrate formulation of Village Sanitation Committee and an undertaking from them to support not only during the construction phase but also to derive a mechanism after the project to ensure a trouble free individual sanitation systems.

The Sokar Village Sanitation Committee comprises of 12 male members and 5 female members as listed in the pasted form.

The community mobilisers played a pivotal role in creating further awareness of the project in the community building up from the ‘Proposal’ stage interaction. It was also an awareness campaign with an intention to mobilise the community by realising that this project is addressing their one of the critical needs and to prepare them to contribute in making this project a success.

In addition to this approach, school teachers were also engaged to hold school based sessions to convey the same message and follow ‘School Led Total Sanitation’ (SLTS) approach, hence conveying message across through school children.
2.3 Outline Design

Further to the outline design shared at the proposal stage, HEED team has developed the design further and prepare the following drawing. As can be noted, there has been an additional thinking of introducing ‘Rain Water Harvesting Tanks’ (RWHT) to self sustain the operation of the individual latrines and reduce their reliance to the water supply from the drinking water scheme.

This RWHTs are an idea at this stage and do not formulate the current scope of work. However, the idea is being encouraged to the villagers to take self initiative and install this additional facilities. This does not indicate at all any shortage of water supply in the village but a wider awareness of this emerging concept of conserving water.

Based on the above outline design, HEED technical team on site has drafted the free hand schematics for the intended latrine structure to demonstrate their understanding (which is impressive!).
2.4 Identified Latrines – Prioritising First Fifteen (15)

HEED’s initial understanding with ADP was to split the project in two equal parts, each comprising of 30 latrines. However, ADP advised to split the project such that fifteen (15) latrines are constructed under first part and remaining forty five (45) can be constructed after the successful completion of part 1 of the project.

It was challenging to select the first fifteen latrines to be constructed as everyone wanted them to be the first ones. The selection criteria was therefore set in co-ordination and consultation with the Sokar Village Sanitation Committee and following categories were short listed to be addressed in this Pilot phase:

- **Most vulnerable** families were kept as number one priority.
- **Widows** were given the top priority.
- Homes with **physically challenged** people were also considered under the priority list
- **Geographic Location** to achieve a decent spread all over the village to create a general awareness and reinforce technical knowledge and provide training to prepare for part 2 of the project.
2.5 Construction Activities

2.5.1 Material Procurement

For the material procurement, local businesses were aimed with the spirit to try benefit local economy – one of the golden principles of sustainable development.

To support sustainable development approach, local materials like aggregate, sand and wooden posts were used for the construction of these latrines.

Cement was also procured through the local supplier, reducing transportation cost and avoiding double handling.

Corrugated Galvanised Iron (CGI) sheets and reinforcement bars were also procured to be utilised in the construction.

For the community participation and contribution in the material procurement, re-use of the materials was also encouraged and promoted.

2.5.2 Transportation of Material

Transportation was undertaken by different means including truck carrying sanitary material, donkey carriage of aggregate and sand, by foot carriage of miscellaneous construction items.

Source: HEED Association

Source: HEED Association
2.5.3 Distribution of Material

The material was distributed in two stages. The first one comprised of the material required to support the foundation, floor and concrete part of the wall.

The other part was to accomplish the complete latrine structure and finishing works.

The above two staged distribution of the construction materials was recorded in the project specific form containing the photograph of the Head of Family and his/her identity card number and two signatures, each on receipt of the materials at each stage.
2.5.4 Construction of Septic Pit

As explained in HEED technical submission at the proposal stage, septic pits were required to be constructed.

Each family latrine was required to have an individual dedicated septic pit in accordance with the outlined design. These pits were dug as deep as 10 – 12 feet as per the design. In general, a pit was shaped circular, however, due to exposure to rock, slight change in the shape was experienced.

The septic pit is lined carefully with stones which are locally obtained and dressed. These are mainly to retain the pit and protect this from collapsing.

The citing of these individual septic pits are done carefully with taking the Village Water and Sanitation Committees to ensure protection of water sources and agreement of all the village members.

2.5.5 Hands on Training

HEED team undertook hands on training of the villagers to construct these latrines in accordance with the mutually agreed / approved design.

Our technicians mobilised for this project have demonstrated construction of the base slab, walls, plumbing works and accomplished the complete structure of a demonstration latrine.

It was ensured that neighbouring communities attended such demo sessions to avoid repeating training again, hence saving valuable time and effort.
2.6 Monitoring & Evaluation Team Visit

Allan Crawshaw from HEED led the Monitoring and Evaluation visit and was joined by Mr. Khizar Hayat, local representative of ADP. Mr. Khizar Hayat witnessed the whole occasion and praised the efforts made.

Allan was impressed by the works carried out so far and appreciated the contributions by the community and the HEED team. During his visit he made a few comments on improving construction methods for the next 45 lot. The technical team and the local committee are now aware of his comments and assured him of compliance.
2.6.1 Value Engineering

HEED Technicians and field staff thrive on providing innovative solutions and implementing new methodologies and as a result save material, time and cost.

For a number of septic pits, the top openings were intentionally kept as narrow holes, so reinforcing steel bars and concrete were not used and instead large pieces of locally dressed stone slabs were...
implemented as a local solution – HEED field staff and community came up with this innovative approach.

### 2.7 Hygiene and Health Promotion

#### 2.7.1 Initial Rapid Assessment

Like any developing country, our project area also suffers from diseases arising from a combination of poor hygiene, contaminated water and poor sanitation. Parasitic infections due to poor sanitation are reported resulting in villagers having parasitic worm infections. Such worms, whilst they may not cause death, lead to stunted growth and general debilitation. Some of the diseases arising from the poor sanitation and poor waste disposal in village Sokar as reported by the nearby Health Unit are dysentery, cholera, typhoid, schistosomiasis and trachoma. This was confirmed during this Rapid Assessment.

HEED Hygiene and Health Promoter undertook a rapid assessment of the local community to establish a baseline of the health situation before the start of the project.

Skin related disease such as scabies was found in 3 cases. Scabies is a contagious skin infection that spreads rapidly in crowded conditions and is found worldwide. Improved personal hygiene plays an important part in the prevention and control of scabies and depends on access to adequate water-supply.

Another 11 cases of diarrhoea were reported before Water Supply schemes were implemented. Diarrhoeal disease is a leading cause of child mortality and morbidity in the world, and mostly results from contaminated food and water sources.

With the water supply scheme and access to improved sanitation conditions underway, this shall have a significant impact on reducing the number of such cases.

#### 2.7.2 Combined Hygiene & Health Promotion Sessions

Hygiene Promoter conducted twenty one (21) complete sessions to date engaging the local community focusing mainly women and children to sensitise them about personal hygiene, proper use of latrines, importance of hand washing after using toilet and about general hygiene and health care practices.

The hygiene promoter also held sessions with the school children, educating them about the importance of proper defecation. The children and local community were taught about every day hygiene practices like cleaning of teeth, hand washing before and after taking meals and also nail clipping.
Through the hygiene and health promotion sessions, the mothers were trained to protect their children by preparing and using properly the ORS in case of diarrhoea and dehydration. They were also sensitised with the causes of diarrhoea and its link with the personal hygiene. They were also informed about the proper vaccination for new born.

### 2.7.3 Global Hands Washing Day

As part of our Hygiene and Health Promotion, HEED organised a Global Hands Washing Day. During which many presentations were made to the community encouraging the use of soap and cleaning hands as often as possible to avoid disease.

A small effort as simple as washing with soap has shown to reduce the incidence of diarrhoeal disease by over 40 per cent, making it one of the most cost-effective interventions for reducing child deaths from this neglected killer.

HEED representatives handed out leaflets and bars of soap to the community members and encouraged promotion of hygiene at homes.
2.7.4 Impacts to Date

It is too early to assess the impacts of the hygiene program within such a short span of time. However, it was observed that children as well as other community members are adopting the hygiene practices in their daily lives. School children were found with neat and clean school uniforms, clipped nails, cleaned hands and properly managed hair whereas women were also found in improved condition.

Further impact assessment will be undertaken as part of the Monitoring and Evaluation exercise as the project goes along as mentioned in the next section.

2.8 The Monitoring Framework

The monitoring framework is formed by the main aim of the project, the primary, and sub-objectives to address those aims, and performance targets for each objective and the indicators used to measure progress towards achieving those targets.

The development of the framework is an iterative process which is being modified as the project goes along following local community and stakeholder consultations. The following, framework presented in Table 2.1 below, provides a recent status update as evaluated by our M&E team following a recent visit as mentioned in earlier sections.
Table 2.1: Outline Monitoring and Evaluation Framework

<table>
<thead>
<tr>
<th>Aims and Objectives</th>
<th>Performance Targets/Indicators</th>
<th>Status Update</th>
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<tr>
<td><strong>Main Aim</strong></td>
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<tr>
<td>Improved health and quality of life for the local community in line with MDG targets for safe water supply and sanitation (‘ensure environmental sustainability’).</td>
<td>• Increase the percentage of community members with access to improved sanitation to 100% by project completion</td>
<td>90% achieved</td>
</tr>
<tr>
<td></td>
<td>• Reduce incidence of diarrhoea in under 5-year olds to 50% of pre-project levels by end of 2011.</td>
<td>Ongoing – a number of awareness &amp; training sessions organised</td>
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<tr>
<th><strong>Primary objective</strong></th>
<th>By 2011, in the project areas:</th>
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<tr>
<td>Sustained access for all members of the local Sokar Village community to improved sanitation and better hygiene.</td>
<td>• All target households have access to improved sanitation;</td>
<td>90% achieved</td>
</tr>
<tr>
<td></td>
<td>• School children and teachers have access to hygienic latrines at the Sokar Village primary school.</td>
<td>100% achieved</td>
</tr>
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<td></td>
<td>• at least 50% of households in the selected villages adopt improved hygiene practices;</td>
<td>Ongoing – to be reported in post project reporting</td>
</tr>
<tr>
<td></td>
<td>• 80% of community regularly perform at least 3 good hygiene practices.</td>
<td>Ongoing – to be reported in post project reporting</td>
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| **Sub - objectives** | By August 2010, in Sokar Village: |  |
| A - Community mobilisation and skills development | • 90% of people are aware of project and issues; | Yes – 100% achieved |
| 1. People in target areas are aware of project; | • 60% of Sokar residents are involved in village planning of sanitation systems and hygiene promotion; | 100% achieved |
| 2. Sanitation plans are prepared for implementation (including information about project, rapid appraisal of needs, baseline survey); | • baseline surveys and environmental analysis has been carried out; | 100% completed before physical execution of project |
| 3. Sanitation user group is formed and trained; and | • all sanitation systems have site selected | 30% female representation was possible for a mixed group. However, 75% village females have been covered under awareness campaign |
| 4. Local construction teams and hygiene practitioners and target groups are selected and available for mobilisation. | • sanitation user group has been allocated with at least 50% female participation, | Hands on Training Ongoing |
|                       | • at least 50% of all sanitation user group members trained in maintenance of sanitation systems: | To be addressed later – initial homework is in place |
|                       | • Sanitation user group is functioning and able to manage sanitation systems 1 year after project completion; and |  |
|                       | By project completion | Ongoing |
|                       | • The sanitation guidelines are finalised. | Ongoing – various sessions have been conducted including ‘Global Hand Washing Day’ |
|                       | • All teachers and local facilitators are fully trained and active in promoting basic hygiene practices through SLTS; and | HEED’s expectation was way excelled with an overwhelming response from the community and resulted in 60% plus participation |
|                       | • At least 5% of local community have participated in the construction of improved latrines. | Ongoing |
|                       | By 2011 |  |
|                       | Local sanitation user group is monitoring the SVS project according to the sanitation guidelines. |  |
2.9 Progress Summary

The following points summarise the progress to date:

- Community mobilised
- Water Committees formulated
- Material Procurement-
- Identified Latrines – Prioritising First Fifteen (15)
- Construction Activities
- Transportation of Material
- Distribution of Material
- Construction of Septic Pit
- Hands on Training
- Monitoring & Evaluation Team Visit
- Value Engineering
- Hygiene and Health Promotion
- Initial Rapid Assessment
- Combined Hygiene & Health Promotion Sessions
- Global Hands Washing Day
- Impacts to Date
- The Monitoring Framework

2.10 Programme

To date 15 of 45 Latrines have been fully completed and a further 65% progress has been made on part 2 due to reason mentioned in section 3.1.2 Current Financial Requirement.

Current anticipated date for the completion of the waterworks project is February 2011 i.e. 15th February 2011.
3. Areas of concern

The following sections highlight some areas of concern with an intention to share the situation for information and seek advice from ADP where applicable.

3.1 Challenging Cashflow

3.1.1 Brief Financial Update

Transfer of Funds - Tranche 1 amounting PKR 225,762.00 on 4th October 2010 vide Instruction No: 15301084 was received to undertake first fifteen (15) latrines of the project.

As mentioned in the earlier sections and detailed in the following section, a significant amount has already been spent in advance of receipt of Tranche 2 to support part 2 of the project resulting in 65% completion of the part 2 of the project.

3.1.2 Current Financial Requirement

After witnessing the initial 15 latrines being prepared, more community members became eager to complete the remaining required 45 latrines before the cold weather settled in. As a result more holes were being dug in parallel and the erection of timber structure was undertaken by the community for the part 2 of the project. Taking all factors into consideration especially the Health and Safety aspect of having lots of holes dug up and not covered, made the Senior Management of HEED take the decision to continue with phase 2 works. ADP’s local representative was kept informed of the activities on ground and through recent e-mail correspondence, has been advised to ADP Project team too.

Since the phase 2 works have started on site, we would kindly request the release of funds allocated for phase 2 without adding additional strain on HEED’s other project budgets.

3.2 Early Warning – Potential Budget Overrun

As mentioned in some of the earlier sections, there is a potential budget overrun risk and considering all these factors which are contributing towards an overall potential budget overrun by 10-15%. However, for such a successful project so far which is well supported by active Community Participation, HEED is happy to absorb such costs
associated with inflation factor, extra carriage costs and manpower costs from our General Fund pot.

HEED team will have a much clearer idea towards the end of this month and be reported in our next Monthly Progress Report.
4. Conclusion

4.1 Future Works

The following activities are scheduled till mid next month i.e. completion of the project on 15th February 2011:

- 100% Completion of Part 1 of the project
- 100% Completion of Part 2 of the project
- 100% Completion of Documentation
- 100% Completion of Water Distribution Extension Works
- 100% Completion of Hygiene Promotion Activity & Village Sanitation Committee able to undertake similar sessions
- Monitoring & Evaluation Framework Review
- Final Project Report at Completion

Example of Community Interest – Framed the Latrine Number!!

Source: HEED Association