

WASH Response to Flood Affected Population of UC Nawara, District Jacobabad, CMIS# 632

Final Narrative Report



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Project Summary

Project CMIS #	632			
Supported/Funded By	CWW- RF/OFDA			
Implementing Agency¹	Fast Rural Development Program (FRDP)			
Project Duration <i>(original & Revised as a result of CE.NCE)</i>	3.5 Months (March 27, 2014 – July 11, 2014)			
Total Project Budget	16,751,393 PKR			
Total reached Beneficiaries	Age	Male	Female	Total
	Under 18	1513	1486	2999
	Above 18	1086	1226	2312
Location	Union Council(s)	Tehsil(s)/Taluka(s)	District(s)	Province(s)
	Nawara	Jacobabad	Jacobabad	Sindh
Reporting Person with Designation/contact no./email	Mazhar Hussain Monitoring, Evaluation & Reporting Officer 0722652985			

¹ Implementing agency of Sub Grantee



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Executive Summary (1 Page)

In 2012 District Jacobabad was hit by heavy floods worse than ever with an affected population of 890,000 (91% of the population). The target UC Nawara is one of the severely affected UCs of Jacobabad.

Currently implemented WASH project was designed on the basis of baseline carried out in 21 uncovered villages of UC Nawara. The purpose of the project was “to reduce morbidity and mortality associated with waterborne diseases and hazards resulting from a lack of safe drinking water, sanitation facilities and improved hygienic practices in target villages of UC Nawara”.

The project has fulfilled the gaps caused by flood in accessibility, availability and safe storage of safe drinking water through rehabilitation of 40 lead-handpumps and provision of jerry-cans to 750 families and sanitation needs in terms of rehabilitation of 250 latrines. The project has also contributed to enhance safe hygienic practices of target communities. Continuous hygiene promotion sessions were delivered (242 Sessions) and of hygiene kits were distributed among 750 families. These interventions ultimately raised the socio economic condition of the target communities by establishing open defecation free environment with reduced risk of spreading preventable diseases.

The project was based on participatory approach; the target communities were involved in project interventions by organizing them through Village Level Committees (VLCs). The beneficiaries of the project including Latrine, Jerry Cans, and Hygiene Kits were identified through these VLCs. They were also responsible for site selection of Hand pumps and latrines to ensure easy access to rehabilitated facilities and address gender sensitivity.

The project is implemented smoothly and all targets are achieved. Some of the Major challenges include lack of access roads infrastructure and broken bridges, hot summer weather, scattered villages & households and communities internal disputes. These challenges were diffused by active mobilizations, Through lack of access roads and broken bridges delayed the targets but community cooperation contributed in completion of project. Community internal dispute issues were specifically focused by providing equal participation to all community groups in VLC formation and beneficiaries selection was made as per agreed criteria without focusing on any



race, cost or religion. The effective complaint response mechanism also contributed in reduction of security risks as the community complaints were addressed on priority basis.

Pre-Planning based on ground realities and involvement of communities in planning ensured timely completion of project. Speedy procurement process could ensure completion of project without NCE. Designing and approval of field level data collection formats (CGRNs, VLC/Beneficiary MoUs, CRM banners, Work Completion certificates etc) could save at-least 10 working days but these issues also contributed in delay of project completion.

Project Progress (2-3 pages)

Activities Process and Progress:

1. Staff Hiring and Capacity building of project Staff:

Staff of the project was hired as per FRDP recruitment policy. Before Project start date, CVs were called from public through News paper advertisement in Provincial level News Paper “Daily Kawish”. The TORs/ JDs and application form for all positions were displayed on FRDP website: <http://frdp.org.pk/SubPages/career.html>. A procurement committee was formed comprised of 3 members including Executive Director, Finance & Admin Manager and HR Officer. After long listening and short listing, the potential candidates were called for interview. Those who were unable to conduct in person interview due to some reasons including long travel, engagement in other job or any other valid reasons, were interviewed through “Skype”. The successful candidates were offered jobs through offer letters and after acceptance were advised to join FRDP project office Jacobabad.

Initial project orientation session was conducted by FRDP management and further Concern RF Program Coordinator, Program Engineer and Procurement & Logistic Officer conducted a detailed workshop with project stop and filled the gaps in their capacity regarding implementation of project.

2. Pre-Test:

FRDP had conducted need assessment earlier in the targeted villages and designed project proposal on that assessment. After discussion with RF M&E Coordinator, the findings of that assessment were replaced by Pre-KAP and FRDP conducted 5 Focused Group Discussions (FGDs) to analyse water need per person per day. The findings of FGDs were shared in Pre-KAP Report.

3. Community Mobilization/Formation of VLCs:

Through First Contact, The Social Mobilizers (M+F) visited targeted villages and had meeting with village elders, influential’s, Religious scholars and Women elders/influential’s (Traditional Birth Attendants, Religious Teachers etc). These influentials were the purpose of the visit and call of Mass Meeting. Neutral venue



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selection, feasible time and date for villagers meeting was finalized. The issue of gender sensitivity was also discussed and options were given either to call combined meeting or separate meeting for male and female.

On the agreed time and date the project team reached the villages and had meeting with men and women of the village. In UC Nawara, men and women can set together and in only 2 places the villagers shared that women meeting should be called separately, which was organized as per need of the community.

In mass meetings it was ensured that at least the participants are representing 70% of the families. If the participants' representation was than 70% then another day of meeting was announced with the mutual agreement of present participants. During mass meetings; the team introduced themselves, FRDP and its presence and work, Project aim, objective and brief activities, introduction of Concern Worldwide/RAPID Fund and USAID was also essential part of the orientation. After orientation, the facilitators orient communities on importance of communities especially women in project implementation, their role and accountability of organization and communities. The criteria for VLC member, structure and responsibilities of VLC were also shared. The participants were given sufficient time to discuss with each other share the name of VLC with their mutual agreement. The average time taken by participants was 40 – 60 minutes to nominate names for VLC members. Those names were loudly communicated and their consent was asked by raised hand counting. After finalization of VLC names in mass meeting, the VLC was endorsed by all participants through signing/thumb impression on a Resolution. Total 19 combined (Male +Female), 2 Male and 2 female VLCs were formed in targeted 18 villages. The number of VLCs exceeds from number of targeted villages due to the reason of villages internal conflicts. In that case separate VLCs were formed in same village to ensure equal participation of all communities.

4. MoU with VLCs:

Memorandum of Understanding (MoU) format was prepared in Sindhi language to facilitate VLC members to understand it easily. The MoU highlighting role and responsibilities of both FRDP and VLCs was signed by VLC members and FRDP Officials. The major points of agreement included identification of beneficiaries, Site selection, arrange NOC for hand pumps, provision of unskilled labour, security of supplies, Participatory monitoring and conflict management.

5. Identification and selection of beneficiaries:

The VLCs were oriented on criteria of beneficiaries for latrines, hand pumps, hygiene kits and jerry cans. The criteria for latrine was to focus only those families who were using latrine before 2012 floods and now their latrine is destroyed whereas latrine remaining exist. For hand pump; only those hand pumps will be rehabilitated which were destroyed in 2012 floods and community is facing hardships in fetching safe water for drinking. The hygiene kits and jerry cans will be provided to all targeted 957 families.



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For latrine beneficiaries; the VLC initially identified potential beneficiaries and shared list with FRDP. The Social Team and Engineers visiting every household/family to verify either the identified families are as per criteria. After initial verification, some gaps were found. FRDP again sensitized VLCs on Beneficiaries selection criteria. Revised lists were shared by VLCs. M&R Officer and Project Coordinator verified those beneficiaries. Meanwhile CRM mechanism was also established and criteria for beneficiaries were displayed in the villages. Those individuals who had complaints regard their non selection were also addressed through visits, interviews, information from other villagers and at every village, a final list of beneficiaries was prepared and shared with RF. RAPID Fund officials also randomly verified beneficiaries and site of hand pumps and appreciated FRDP for on ground work.

6. Procurement of Project Supplies and Construction:

In the first week of the project inception, procurement process was initiated by developing TORs for award of contract through bidding process. Tender Notice was advertised in one local “Kawish” Newspaper and one National Newspaper (Daily Express published from 3 regions). The tender documents were made available on FRDP website to facilitate interested vendors in easy access to tender file. At project office Jacobabad, the Procurement officer was responsible to provide tender documents to the vendor upon their visit before tender opening. On 10th April, 2014, Tenders were opened in presence of procurement committee, observers from RF and Vendors representatives. Comparative statement was prepared in presence of vendors and displayed on Multimedia Projector. Samples were verified on same day and next day. The gaps identified in submitted samples and tender files were communicated with vendors and advised to submit revised samples and documents (Demand Draft etc) by next working day. The procurement process took longer than expected time and delayed by 17 days (target completion date April 26, 2014, actual completion time May 11, 2014) due to some issues with a vendor shortlisted for lot# 6 & 7. Detailed Tender Minutes, Report and file is shared with Concern RF Islamabad.

7. Sit Selection for Latrines and Hand pumps:

The project social and technical team in consultation with male and female VLC members identified Sites for rehabilitation of latrines and hand pumps. For latrine site selection, the engineers ensured that the latrine site is as per DDR measures and its drainage is safe and does not affect environment through stagnant water. The social team involved female beneficiaries of the latrines and ensured that latrine site is on visible place and protection measures are addressed. For communal hand pump rehabilitation, it was ensured by engineers that the sites is near to drainage channel or soak away pit can be constructed. The social team with support of male and female VLC members ensured that site is undisputed and all beneficiaries have easy access to hand pump. Women and girls protection issues were also addressed in site selection. At every site (150 latrines and 40 hand pumps) separate site selection format was filled.



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8. Supply of construction material to construction sites:

Latrine and hand pump material were delivered to Ware house excluding bricks, sand, crush, cement and gravel. These five (5) items were directly supplied to field. For field level direct material supply a mechanism was established; The vendor supplied material to agreed site of village, FRDP procurement and Logistic Officer received the supply and engineer check the quality of material as per agreed sample. GRNs were issued from FRDP to vendor. FRDP further handed over the supply to VLC and received GDNs. On the same day or next day, in the presence of FRDP official (SO, Engineer or Logistic) VLC would distributed the material to the beneficiaries as per counted quantity. A CGRN would be signed from the beneficiary on site or next day. After completion of supplies, a VLC member signed the CGRN.

Hand pump supplies were directly handed over to VLCs and GDNs were signed from chairpersons/general secretaries.

9. Rehabilitation of Latrines and Hand pumps:

The latrines were rehabilitated by trained mesons through contractor where as unskilled labour was provided by beneficiaries. The engineers and VLCs ensured quantity and quality of construction work through on site monitoring, check ratio of sand, crush and cement and curing of constructed latrine and hand pump for 7 days.

A total of 250 latrines and 40 hand pumps are rehabilitated in 18 villages.

10. Printing of IEC Material:

IEC materials were designed by FRDP, The material contained pictorial messages, narrative messages and after approval from Rapid Fund, The material were published and utilized during Hygiene Sessions. At ever villages, same material with pictorial messages were displayed in visible places on banners, so that community can get messages.

11. Delivery of Hygiene Sessions:

To raise awareness regarding importance of safe hygienic practices and support communities in adopting safe hygienic practices, FRDP conducted Health Hygiene sessions with male, female and children of the target communities. In Hygiene sessions major focus was on Personal, domestic and environmental hygiene, hand washing with soap before contact with food, after using latrines and cleaning. A total of 242 sessions conducted.

12. Distribution of Hygiene Kits and Jerry Cans:

To enhance target community capacity in safe drinking water storage, 750 families were provided 2 jerry cans with capacity of 10 litres each. To facilitate target community in adopting safe hygienic practices, similar 750 families were provided a hygiene kit comprised of essential hygiene items including 4 bathing soap, 4 laundry soaps, 2 dish washing soaps in a bag with USAID, Concern Worldwide and FRDP logos.

13. Formation of O&E Committees and their capacity building:

At every village level, Operation and Maintenance (O&M) Committees were formed. The VLC members identified the members. The committees were provided one day

capacity building training to enhance their capacity on operation and maintenance of rehabilitated hand pumps. Every committee was provided a tool kit per hand pump to equip them with essential tools and spare parts. Total 40 tool kits were distributed among O&M committees. Proper muster roll for tool kit distribution and attendance sheet for training participants is filled.

14. Water Quality Tests:

Water Quality pre and post test were carried out. Immediate after initial completion of borehole water quality test was carried out to calculate TDH. If in case the TDH was more than 10, bore was rejected and new bore was dig out until the TDH value became as per standard. After completion of installation of hand pump Post test were carried out. All 40 hand pumps post test are conducted and safe for drinking. Detailed Water Quality report is attached.

15. Post KAP Study:

After completion of project soft and hard activities, a Post KAP study was conducted. Questionnaire was prepared in consultation with RF. 93 questionnaires were filled from respondents of all 18 villages. FGDs were conducted to gather qualitative information. A detailed Post KAP report is annexed.

1. Agreed indicators and progress on those indicators

Indicator	Baseline value	Project target value	Achievements	Reached Beneficiaries			Remarks	
					M	F		Total
3200 people (1632 female and 1568 male) directly benefiting from these water supply infrastructure program.	60% of Population are lacking access to safe water for drinking	3200 individuals	94% of the target population have access to safe water for drinking through water supply infrastructure program	Under 18	1422	1397	2819	94% of the actual reached population is mentioned and segregated by age and sex.
				Over 18	1021	1152	1773	
40 test result with 0 fecal coli forms per 100 ml sample	Risk of 80% contamination	40 Post tests	40 Post Tests conducted and Water sources are secured from contamination.					
15 Liters/person/day collected from all sources for drinking, cooking and hygiene	4.5 liter water per person per day	15 liters/person/day	14.3 liters water per person per day is collected for drinking. Cooking and hygiene	Under 18	1134	1240	2374	



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40 village water user committees active at least 3 months after training	0	40	23 Village Level Committees are active. 18 O&M Committees are active and functions (O&M and VLCs are formed on village level)					In villages where more than one hand pump is rehabilitated. One O&M committee is formed for those HPs. So the No. of O&M Committee is reduced from planned but the purpose is fulfilled. Instead of HPs, O&M Committee is formed per village.
750 of Households with no evidence of feces in the living area	80 house holds	750 households	<i>Beneficiaries Criteria for Latrine rehabilitation was changed and the project target those families whose latrines were destroyed in 2012 floods. Thus instead of 750 HH, the latrines were provided to 250 families.</i> 74% of the houses were found with no evidence of Human feces in living area.					
250 household latrines completed and clean	0	250	100% Household latrines completed. 91% of the latrines are clean.	Under 18	521	477	998	
				Over 18	312	366	678	
2868 people (1460 female and 1408 male) receiving direct hygiene promotion.	57	2868 individuals through 228 Hygiene Sessions	2692 individuals through 242 Hygiene Sessions. (Estimated 2 sessions with every participant)	Under 18	524	625	1149	The total target population was estimated as 6821 (7 ind/family) where as actual population covered is 5311(5.6 ind/family). The project target was to cover 42% of the population through HHP where as FRDP covered 51% of the actual population.
				Over 18	734	809	1543	
764 households who store their drinking	267	766 House	750 Households who store their	Under 18	564	713	1277	

water safely in clean containers		holds	drinking water safely in clean containers	Over 18	792	964	1756	
764 households with soap and water at a hand-washing location	267	766 House holds	71% of the target house hold have soap and water available at washing place	Under 18	435	828	1263	
				Over 18	718	659	1377	
2007 Number of respondents who know 3 of the 5 critical times to wash hands	57	2007	61% of the respondents who know 3 of the 5 critical times to wash hands.					
764 Number of household whose drinking water supplies contain 0 fecal coliforms per 100 ml sample	210	764 House Holds	750 HH have narrow mouthed water storage containers.	Under 18				
				Over 18				
40 Number of water points that are clean and protected from contamination (targeted number of hand pumps are 40)	-	40	All 100% (40 Water source are functional. Protected and cleaned)					

2. Process/ Quality monitoring (for instance selection criteria, how and at what level different processes/ quality of the activities were monitored? CFW monitoring etc.)
3. Complaints of the standards like HAP, Sphere

CRM (200-300 words)

Effective complaint response mechanism was established at village level. The social organizers and M&E officer during meetings will communities share process of CRM, its process and Confidentiality of the complainer. At every village Complaint numbers including FRDP project office, Concern Worldwide Complaint number and USAID hotline numbers and emails were displayed.

At every village a sealed complaint box was also installed. Village community was encouraged to drop their complaints in complaint box and every after 2nd week senior

FRDP officials (M&E, PC, ED or Auditor) will open the complaint box and will respond to complaints.

Total 6 complaints were received relevant to the project and addressed. Effective complaint response mechanism contributed in building trust of community on FRDP and project and also contributed in reduction of security risk of field staff.

Progress on Cross Cutting themes (200-300 words)

Cross cutting themes were addressed at every stage of the project. To ensure women participation in project interventions, women segment of society were provide representation in village level committees. In those villages here men were not willing to form combined male and female committees, separate women committees were formed. Women and girls were specifically involved in site selection of latrine and hand pumps rehabilitation to address their needs especially cultural gender sensitivity and protection.

During hand pumps installation, environmental protection was ensured through treating waste water. In those sites where drainage was available the waste water was linked to drainages or channels. The sites where there was no possibility of drainage, a soak away pit was constructed to avoid stagnant water.

Apron of Hand pumps were constructed 2 feet above NSL to ensure DRR measures. Similarly Latrines were rehabilitated 1.5 feet above NSL and door of latrines were specifically installed to open outside to reduce injury risk during hazard.

Vulnerability (Individuals from beneficiaries reached)

Special Person ³	Chronically Ill ⁴	Widows	Orphans	Minorities	Infants ⁵	Elderly ⁶
2	3	12	0	0	0	2

Coordination with relevant government authorities⁷ (200-300 words)

Immediate after inception of project, the Deputy Commissioner, Jacobabad was oriented on project objectives, target area and deliverables. The DC ensured his support and cooperation in

³ Included disabled, Psychologically ill

⁴ Disease HIV, Asthma, Polio, Cancer, Diabetes, Heart diseases according to <https://www.health.ny.gov/diseases/chronic/>

⁵ Less than 1 year age

⁶ Above 60 years age

⁷ These include NDMA, PDMA, DDMA, UN, clusters and other line departments) at district, Provincial and Federal level, national/international NGOs and UN agencies



implementation of project. During project period the district administration was informed regarding project activities and achievements.

Problems / Issues / Constraints and Coping Mechanism (200-300 words)

Major challenges include lack of access roads infrastructure and broken bridges, hot summer weather, scattered villages & households and communities internal disputes. These challenges were diffused by active mobilizations, Through lack of access roads and broken bridges delayed the targets but community cooperation contributed in completion of project. Community internal dispute issues were specifically focused by providing equal participation to all community groups in VLC formation and beneficiaries selection was made as per agreed criteria without focusing on any race, cost or religion. The effective complaint response mechanism also contributed in reduction of security risks as the community complaints were addressed on priority basis.

Lessons Learnt (200-300 words)

11. Lessons learnt during the project and appropriate actions taken.

12. Lesson learnt in the completion stage and will be incorporated in the next same context of project.

Pre-Planning based on ground realities and involvement of communities in planning ensured timely completion of project. Speedy procurement process could ensure completion of project without NCE. Designing and approval of field level data collection formats (CGRNs, VLC/Beneficiary MoUs, CRM banners, Work Completion certificates etc) could save at-least 10 working days but these issues also contributed in delay of project completion.

For implementation of same context of project, FRDP proposes to design, develop all project record keeping formats in the inception workshop of project and should be approved from RF with first week of project inception. This will save precious time.



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Tender opening session should be planned in start of the week or mid week (Mon or Tuesday) so that vendors, Project Staff and RF staff (observers) can have 3 to 4 working days to finalize it. As in current project the tender was opened on Thursday April 10, then the stakeholders had only one working day to finalize the process and the market was closed on Friday so vendors could not replaced samples on time. Similarly Project staff and observers had also Saturday and Sunday off, So the next meeting was conducted on Next week Tuesday, (After 5 days).

Case Studies

Sweet water source not only quench thirst but also maintains good hygiene...

Provisions of potable water in village Kundal Khan Jakherani has immediate benefits for people need, WASH intervention in communities, is an important part of creating long-term change in infrastructure and health.

Village Kundal Khan Jakherani is located in Deh Mulaan Rato of UC Nawara, Taluka and District Jacobabad. The total population of village is 35 households having 42 families with 215 individuals. The village has history of disasters since 2010 floods; later the village was devastated by 2012 and again in 2013 floods. Two (2) hand pumps were damaged due to floods and now only a sweet water hand pump is functional which is at the distance of 935 feet from the village. It was difficult to fetch water from huge distance for drinking, cooking and cleaning on daily basis, availability of one sweat water source anxious to 215 people to breathe at ease as water is basic source of human being.



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Mr. Kundal Khan Owner of village is 86 year old mentioned that we are facing water problem since 2012 that is intolerable for lives, he said that innocent girls of village fetch water from 935 feet distance that hurts the feelings, people who were prosperous before the series of disasters are facing many challenges being a client of doctors because of unhealthy life without sweat water, and having a low income not allowed us to install lead pump from huge distance.



A girl fetching water in traditional pot to sustain their lives

FRDP with the support of Concern Worldwide/USAID-OFDA took intervention in village to provision of water facility, through village committee feasibility for hand pumps were assessed to provide them 2 hand pumps according to their population. FRDP did 10 times digging for bore hole to find out sweat water source surrounding the village for installation hand pumps. Each hand pump was joined with two bore connection to maintain the water table.

An analysis was carried out to evaluate the quality of water. Water samples were collected. In testing Five physicochemical and Biological parameters (pH, Arsenic, total dissolved solids TDS, Turbidity, Fecal Coli form) have been observed for both sample and Result compared with world Health Organization (WHO) drinking water guidelines to avoid the water borne diseases and to access a safe drinking water.



Water quality officer evaluating quality of water

Ganj Bakhat wife of Rahib Jakherani said that FRDP has come to us and showed very much concern for our problem. This means a lot to us, and their action has brought a hope and optimism for us. We were totally in misery, we didn't think that we could share our



Installed sweat water hand pump



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problems or we could have solution to our problems. But now we are hopeful about future and now we believe that every end has a new beginning. We feel very confident that FRDP has initiated its activities and we believe that with the solution of our main problem of sweat water will bring peace of mind for us.

A Case Study of Communal Latrine

Village Mujeeb Rehman Jakherani is situated at 19.5 KM from Jacobabad city, major profession of the village is farming on the land of others however some people do works on shops in Jacobabad city. Total population of the village is 36 households having 39 families with 208 populations. FRDP with the supported of Concern Worldwide/USAID-OFDA carried out a detail assessment by following the criteria at the start of the project and identified 9 locations for constructing communal latrines in village. After constructing and handing over the latrines, another unstructured survey was conducted for program impact, detail evaluation and documenting this case study. Beneficiaries of latrines were interviewed in informal and unstructured method. It was revealed from discussion with the beneficiaries that, before constructing communal latrine, there were no managed facilities for defecation and they used to go to the nearby bushes and fields for defecation.

Mr. Majjan, 44 years old man, shared his feelings that since he is old and remain sick most of the time and he managed very hardly to go out from his dwelling for defecation. He further shared that women used to wait for night or darkness so that they are to be not observed by people while going for defecation. While doing open defecation, they used wooden pieces, stone or clods for cleanness. Beneficiaries shared their feelings with the research team that during open defecation they could not maintained their privacy especially for females it was a serious matter and they always needed to have another women for a company during open defecation in bushes and field.



Usage of communal latrine and beneficiary Majjan is been interviewed



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Cleanness of the visited latrine was observed by physical inspection which show community owned the latrine. During discussion with the beneficiaries it came to the front that they used to get bath in water channel or ponds once in every two weeks but after placing the bath room they get it twice in a day by using soap and towel. They shared that females were the most affected segment of the community in getting bath when there was no proper arrangement available for bathing facilities. There was no culture of hands-washing practices with soap after defecation before communal latrine, they just defecated in the open down there and that was it.

Lesson Learnt/Analysis

- Restoration of privacy, security and human dignity by using communal latrine
- Easily access to latrines within the community
- Communal latrine can make significant support to decreasing open defecation so long as it working condition is good enough to encourage usage
- Diseases can be controlled by discouraging open defecation and disposal of feces in latrines
- It can be managed to use latrine facilities at any time of need
- Developing habits and bringing positive changes toward the latrine use and proper bathing

Annexure

In the annex attach these documents necessarily.

- 4Ws matrices, which has been shared with clusters of WASH, Shelter etc.
WASH Cluster and UNOCHA is inactive in Sindh Province so 4-W, matrices are not shared.
- Beneficiaries List having Household data
Attached as Excel Sheet
- Any data formats required for the Project i.e. infrastructure schemes with technicalities
- Document related to coordination with other entities including Govt. Departments, UN Agencies etc.
Attached in Zipped Folder