

**Emergency assistance to IDPs from the conflict in
Khyber Agency,
Khyber Pakhtunkhwa, Pakistan**

“PROJECT COMPLETION REPORT”

*July, 2012
To
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Social Efforts for Education & Development - SEED

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Summary

War on terror has engulfed many countries around the globe. The sufferings of the human being affected by this war seem to be never ending. The conflict has recorded rapid growth for it being multi dimensional with clash of beliefs as a major driving force in resisting the dominance and repercussions of actions of few ripples down to common people who are not aware of what, why and how it happened.

The Internally Displaced Persons (IDPs) from one of such conflict are from the Khyber Agency in FATA. These people had been living since centuries with deep-rooted traditions including the justice system and rights to earn through whatever means they felt was necessary that did not affect their system and people. Since independence in 1947, these people have been extended with special privileges by the government under the agreement reached between the tribal elders and the founder of the nation.

The war against terror, being fought in Afghanistan, gradually reached Pakistan. The “*Tribals*” settled in the bordering areas were the first one to taste the horrors of the war. It is a general perception among the masses that they were suffering from the war which they did not start and thus did not own. In order to confine and crush the militants who have taken up arms against the government and have made lives of people difficult, the government launched military operation in Khyber Agency some three years back and which is still continuing. Due to resistance against the operation, the security situation of the province remains volatile. Incidents of deadly attacks on government functionaries and its sensitive installations, diplomats and sometimes on common people are frequent. In numerous incidents, UN, INGOs and NGOs personnel have been attacked, abducted and threatened while some lost their lives in the line of duty which further increases the risk of implementing projects and reaching the communities in need.

The majority of the peace loving people living a normal life in Khyber Agency were forced to leave the area and shift to Peshawar, Nowshera and other locations. They were given support and shelter by the permanently settled people in and around Peshawar, Nowshera, Charsadda and Mardan. UN, INGOs and NGOs immediately became active and tried to help and support them with whatever resources they had.

Social Efforts for Education & Development (SEED) also stepped forward for their support and carried out in-depth need assessment survey of IDPs and conceived a short-term project catering to basic needs of the IDPs and the host families who have been supporting these IDPs through their meager resources. The proposal of supporting IDPs was shared with **Diakonie Katastrophenhilfe (DKH)** in order to secure funding from donors. The proposal was accepted by **Act Alliance** and funds were released to provide IDPs with large water tanks with stands to build their water storage capacity within their premises, supply of clean drinking water, improving their environment through provision of latrines, health and hygiene education with essential hygiene items and extended cash support by training and working on installation of water tanks and temporary dry pit latrines. In line with SEED’s approach towards contribution and highlighting the role of females, special emphasis was made on their participation in the installation process and it was ensured that a fixed share of cash for work amount was paid directly to females.

During short period SEED, being implementation partner, was able to reach out to more than 10,000 beneficiaries settled in far flung areas and were in dire need of help and support. In total 850 IDP families were targeted in 10 villages in districts of Peshawar and Nowshera. 850 water tanks with stands were distributed to enable beneficiaries to store clean drinking water. To save environment, control open defecation and to build healthy habits, 850 temporary dry pit latrines were distributed to target households. In order to encourage them, Cash for Work component was incorporated as an integral part of the Project. CFW component was divided into two portions 1). for males to install water tanks, dig pits for the latrines and assemble the wooden structure of latrines, and 2). for women to install slab and wrap sheet around the latrine structure. IDPs were specially trained by the SEED Engineers and Master Trainer in techniques of installing the tanks and assembly and erection of latrines.

Another most important component of the Project was Health & Hygiene. 850 health and hygiene kits were distributed among beneficiaries comprising items required to maintain good health and hygiene such as soap,

washing soaps, tooth pastes, tooth brushes, nail clipper, comb, lice comb, towels, etc. The SEED's experienced Health & Hygiene Promoters took 113 sessions at all the target locations with good number of females and children participation.

In order to assess the impact of the project, Pre-KAP and Post-KAP Surveys were conducted and results were noted, assessed and analyzed. On completion a marked improvement has been observed however, health and hygiene requires a regular intervention at certain intervals to reemphasis and develop healthy habits primarily due to the fact that socio-economic conditions in the area are deteriorating and affordability level is going down which sometimes forces people to compromise on basic necessities.

In order to give some relief, SEED included supply of clean drinking water in the Project. During the Project period, SEED was able to supply more than 12 million liters of clean drinking water to the beneficiaries through arrangement of water tankers for refilling water tanks.

In order to cover up deficiencies and fill up the gaps due to certain delays in implementing the Project's components in full, it was decided to extend the period for about another two extra months for continuation of certain activities. During the extended period supply of clean drinking water was continued and Additional health & hygiene sessions were conducted besides distributing additional H&H kits for replenishment of essential items required to maintain and sustain healthy habits. Health & Hygiene sessions focused on food and food safety, prevention of diarrhea, malaria and dengue and management of waste water and solid waste were held.

All the activities were monitored on regular basis and wherever pointed out, relevant adjustments and improvements were incorporated in the plans. A close coordination between Partners was kept at all times with regular monitoring visits from officials of both Partners and interaction with the community.

The whole concept and broad objective of the Project was based on one single motive;

“Helping the Human Beings in Need”

1. Social, Political and Economic Framework Conditions in the Reporting Period

1.1 In the Country and in the Region

Pakistan's political setting remains fluid, with ongoing power struggles between the executive and judiciary. Rampant inflation and unemployment, along with serious energy shortages have elicited considerable economic anxiety in Pakistan. Such concerns weigh heavily on already constrained civilian government. Pakistan's troubled economic conditions, uncertain political setting, perilous security circumstances and history of troubled relations among the neighbors present serious challenges.

In international forums it is being portrayed that a stable, democratic, prosperous Pakistan actively working to counter militancy will be vital to the world peace. The major concerns regarding Pakistan include regional and global terrorism; stability in neighboring Afghanistan; restraining India for negative propaganda against Pakistan; domestic political stability and democratization; nuclear weapons proliferation; human rights protection and economic development.

The international intervention in resolving major issues in Pakistan while not devoid of meaningful successes, have seen a failure to neutralize anti-western militants, reduce extremism and to contribute sufficiently to stabilizing Afghanistan. Domestic terrorist bombings and other militant attacks became a near-daily scourge and continue at a high rate to date with extremism spreading beyond western tribal areas and threatening major Pakistani cities. While rating Pakistan on global scale it has been remarked that "Pakistan is the most dangerous country in the world today. All of the nightmares of the twenty first century come together in Pakistan: nuclear proliferation, militancy, street crimes, unstable political government, military operations and above all, international terrorism."

1.2 In the Project Area

During implementation period of the Project, escalation of terror activities in and around Peshawar sent a shocking wave in the general public and particularly among the communities hosting IDPs. By and large the behavior of host communities is fast changing and IDPs have started to look for places to hire houses on their own instead of living with host family. This sudden change in the situation was closely monitored by SEED. During assessment and implementation it was noted that this movement only affected number of indirect beneficiaries whereas the number of directly benefiting families i.e. 850, was achieved.

In view of changed security situation, local people, as a precaution, started organizing local armed groups for protection against any attacks from Taliban and miscreants from the adjoining areas. These groups are locally called "*Lashkar*" (*Group of locals equipped with arms to ensure security of their respective areas*). Due to killing of the local leader along with his four companions in July the area remained in the grip of fear. The relationship between locals and IDPs which were never cordial historically further deteriorated. The killing of Political Tehsildar in a car bomb carried out in main Matani bazaar further widened the gap between locals and IDPs. Local communities blame presence of IDPs as one of the major reasons for these killings. In retaliation locals have started showing their might by openly exhibiting fire arms and increasing movement of the *Lashkar* in the area.

At the end of year 2012 the Country again suffered worst terrorist blows. Karachi, among the largest cities of the world, is continuously sufferings from target killings taking lives of more than 2,000 people. A wave of bomb blasts in Karachi also paralyzed city life and is raising serious questions on the capability of the government to control situation.

Peshawar, once a peaceful city and famous for its hospitality, has been riddled with terrorist attacks at the close of the 2012. December, the last month of 2012, has again seen worst terrorist attacks. The planned attack on Peshawar airport with numerous casualties forced people to become more insecure as it is heavily guarded being an air force base as well.

Attacks were coordinated on Polio Teams in Karachi and then in Charsadda in which precious human lives were lost in performing their duties for the noble cause. The Polio Team members who lost lives in Charsadda on December 19, 2012 had a devastating effect on the SEED's management and staff as they were closely related to one of its colleague. Due to this incident, SEED was forced to immediately withdraw its AA WASH Project's H&H Promoters from the field for few days till such time things settled down.

While people were still in shock due to these incidents when terrorists struck another huge blow when Mr. Bashir Ahmed Bilour, a seasoned politician of Khyber Pakhtunkhwa and Senior Minister in the government was targeted and lost life during a suicide bomb attack in Peshawar.

The year 2013 also started with sad news when on the very first day six females and one male staff of local NGO were targeted and gunned down in Swabi when they were returning home from Ujala Community Center being run by Support With Working Solutions (SWWS). The center established in Sher Afzal Banda provides health and education services to poor people of the area. The attack was so severe that all seven workers died on the spot.

With all such drastic events unfortunately becoming a routine, the decision makers and political parties seem to be more inclined towards elections and tug of war towards forming government rather than uniting to control or taking effective measures towards safety and security of common people.

2. Location of the Response

IDPs situation in the province is not permanent, the number keeps on changing with each passing day and movement from places to places still continues. At the time of preparing project proposal, 7 union councils with IDPs population were identified for interaction. The ever-shifting movement of IDPs also led to changes in some of the locations. The escalated terror activities in and around Peshawar also forced SEED's staff "NOT TO VISIT" certain locations where government functionaries and local leaders had advised to stay away from the area as militants had become instrumental again.

Beside security concerns, second reason for change in locations was decision of the Provincial WASH Cluster whereby they wished to accommodate as many organizations as possible yet avoid replication and duplication. During the cluster meetings SEED was requested to shift from some portions of Union Council Badaber.

Due to presence of armed *Lashkar* the elders of IDPs also quietly put it to SEED's field staff to be on the guard. In Panjkatha and Afridiabad, local elders and members of the ABGs had temporarily refused to provide any protection to SEED's staff during the distributions and especially during female staff meetings for delivery of health & hygiene sessions.

The rift between locals and residents of the adjoining Khyber Agency is not a new phenomenon. The settling of IDPs with a few host families or renting residential facilities is not being welcomed by a large majority of the locals. They are waiting for an opportune moment to force IDPs to vacate their areas. Any facilitation to IDPs is also not viewed positively as well. It is perceived that relief items provided to IDPs under various banners may encourage IDPs to stay indefinitely – a notion highly unacceptable to the locals.

The overall situation in the Project area, by and large, remained "business as usual". However, a couple of incidents which took place in a particular pocket forced the Project staff to briefly suspend activities at Panjkatha and Afridiabad and withdraw completely from Qaziabad where the retrieval of situation was not possible. In all, 76 sets of water tanks, stands, latrine sets and health & hygiene kits were planned for Qaziabad which were shifted to Yaqoob Garhi and Hindu Kali and distributed among IDPs that were not registered at the time of preparation of proposal.

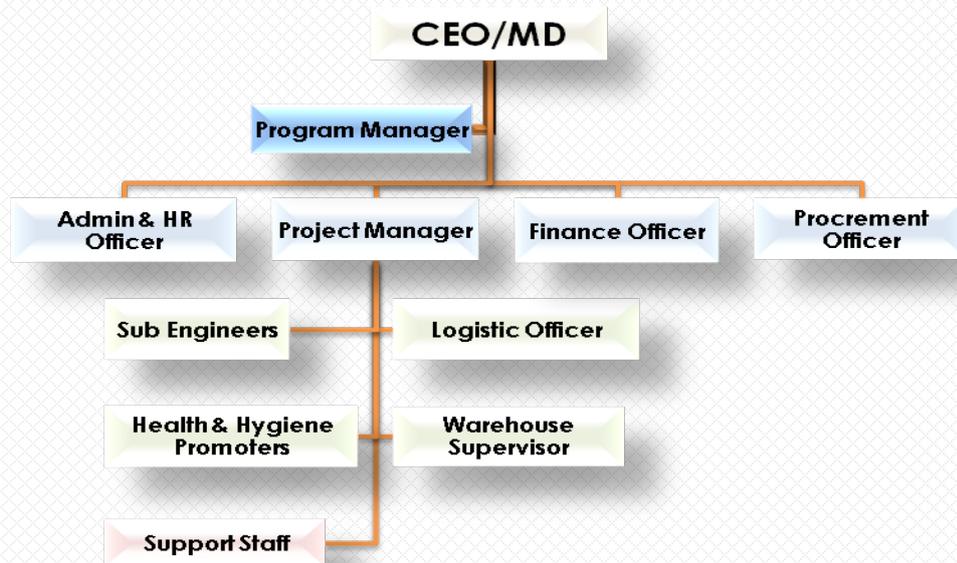
Overall it was observed that community response in target location of district Nowshera was more receptive, cooperative and secure as compared to target locations of district Peshawar. The major reason for poor response in the target locations of district Peshawar is close proximity of these areas with adjacent tribal areas and agencies bordering Afghanistan where militants have easy access and are active in achieving their ulterior motives and targeting government functionaries and installations.



3. Changes with regard to the Project Holder during the Project Period

3.1 / 3.2 Project's Organizational Structure & Personnel

In order to implement the Project smoothly, a team of experienced, energetic and dedicated people having a strong spirit to help community at fast pace in emergency situation was formed and entrusted with the task of implementing designed components in a short period. A comprehensive Orientation Session was planned to brief the team on each and every component of the Project along with responsibilities of every team member in achieving the desired results. The DKH team from Peshawar office was also invited for participation and their inputs. To accomplish the Project's designed tasks, following organizational structure was finalized to launch the Project at full swing:



3.3 Cooperation with Other Organizations and Aid Agencies

During the assessment stage as well as in implementing the Project various organizations were taken into loop wherever required. In order to identify IDPs from Khyber Agency, National Database and Registration Authority (NADRA) was contacted to obtain authentic data and details of IDPs who have registered themselves. Their names, father names and Computerized National Identity Card (CNIC) numbers were obtained and an internal database was created. A team of Social Organizers (SOs) was sent to various potential locations of districts of Nowshera and Peshawar where clusters of IDPs have settled and were in need of assistance. The SOs, after verification from the available CNICs, obtained detailed data from 850 IDP families which were to be targeted in the Project area. The data was collected on an Assessment Form developed for the purpose.

The Provincial WASH Cluster Committee was also updated on Project's related information.

The NOC from Provincial Disaster Management Authority (PDMA) was obtained for the Project.

As per procedure and in view of the volatile security situation it was required by all the organizations working in the development sector to obtain NOC from the 11 Core of Pakistan Army. All the codal formalities required for NOC were completed before issuance of NOC.

4. Implemented Project Activities and Results Achieved

The WASH Project comprised of following multiple activities was carried out in the target locations to benefit 850 IDP families:

4.1 Community Participation

All social development sector projects designed by SEED primarily concentrate on the “**Community Participation Approach**” and building their capacities at sustainable levels. SEED at the start of the Project identified pre-groups at each identified target location. The members of these pre-groups, both males and females, participated actively during the SEED’s assessment stage and provided valuable inputs and support in identification of IDPs and their immediate needs.



Once the Project took off, these pre-groups were converted into Activity Based Groups (ABGs) for males and Health & Hygiene Committees for females. The Male ABG and Female H&H Committee comprised of six members each. In total 10 Male ABGs with 60 members and 10 Female H&H Committees with 60 members were formed, ensuring representation at every level at each location. A Terms of Partnership (ToP) was signed placing responsibility on members and indicating importance of the role they were expected to play in coming days.

4.1.1 Project Beneficiaries

The Project components were calculated to facilitate 850 IDP families affected from the conflict in Khyber Agency. A proposed total of 7,140 beneficiaries were calculated on the basis of 8.4 persons per family. As against the proposed targets, during the Project period following beneficiaries were reached:

NUMBER OF TARGET & ACTUAL BENEFICIARIES

Beneficiaries	No. of Families Reached	Males	Females	Children	Proposed Targets	Actual Achieved
Direct	850	1,685	1,905	3,737	7,140	7,327
Indirect	273	917	960	1,195	2,550	3,072
TOTAL	1,123	2,602	2,865	4,932	9,690	10,399

4.1.2 Comparison of Planned and Actual Implementation: It was planned that the beneficiaries will be selected from locations that could be formed into cluster for convenience sake. At the time of proposal it was envisaged that a total of 7 ABGs in target communities will be formed, oriented and empowered to participate in decision making and managing WASH activities during and after the completion of the Project. During the Project’s implementation communities were far more responsive than what was envisaged. SEED had to accommodate the overwhelming response and formed 10 ABGs and 10 Female H&H Committees instead of 7 covering all the target locations with 120 active community members instead of 84.

The direct beneficiaries consisted of 850 IDP families from Khyber Agency while indirect beneficiaries comprised of the families who had moved to these areas much earlier and had been settled there for decades. As against proposed 425 households of indirect beneficiaries a downward trend was observed in the settlement of direct beneficiaries with host families. We were able to identify 273 households who still had accommodated direct beneficiaries with the



number of family members of indirect beneficiaries was found to be on higher side. Most of the direct beneficiaries after taking refuge initially with indirect beneficiaries had opted to live on their own by hiring small low cost houses while few of them got hold of pieces of land on low cost long-term lease and preferred to construct livable mud houses for themselves.

4.2 Procurement of Items

To facilitate IDPs, number of essential items were identified, procured and distributed during the Project period. The responsibility of procurement of items was shared between DKH and SEED as per following details:

Sr. No.	Items	Procurement Responsibility
1	Water Tanks (150 Gallons/675 liters capacity)	Diakonie
2	Water Tank Steel Stands	Diakonie
3	Dry Pit Temporary Latrine Sets	Diakonie
4	Health & Hygiene Kits	Diakonie
5	Provision of Becti Kits	Diakonie
6	Supply of Clean Drinking Water through Tankers	SEED

4.3 Distribution of Material

Material received was distributed as per the following detail:

District	Union Council	Location	# of Families	Stand	Latrine Sets	H&H Kits
NOWSHERA	Dag Ismail Khel	Speen Qamar	54	54	54	54
		Turkman 1	83	83	83	83
		Turkman 2	58	58	58	58
		Hindu Kali	60	60	60	60
	Dag Besud	Batai	76	76	76	76
	Jalozai	Maira	53	53	53	53
		Yaqoob Garhi	146	146	146	146
Sub Total (Nowshera)			530	530	530	530
PESHAWAR	Shahbkhel	Panjkahta	195	195	195	195
	Shiekh Muhammadi	Afridi Abad	83	83	83	83
	Pishtakhara	Akhun Muhammad Landai	42	42	42	42
Sub Total (Peshawar)			320	320	320	320
TOTAL			850	850	850	850

Comparison of Planned and Actual Implementation: On August 07, 2012, the team was mobilized in view of receipt of material in the field as per above schedule shared with the vendor. However, from the very first day supplies started getting erratic with receipt of incomplete sets and quantities. The supplies were not as par with the committed schedule and vendor and source of supply failed to honor commitment of timely and complete deliveries. At a location where the distribution should have been finished in one day, took more than a week for the supplies to reach in desired numbers thus putting additional burden on the resources set aside for the activity as well.

As is evident from the distribution dates, the time consumed by the delays affected numerous other activities as well which then also had to be compromised and rescheduled due to team's engagement in completing distribution process. The major impact was felt on supply of clean drinking water, training and installation of latrines, CFW and health and hygiene component.



In the initial phase of distribution students from colleges were also requested to contribute their efforts as volunteers and get exposure of communities in need in difficult times. The basic idea behind this approach was to educate upcoming generation on issues faced by people in distress and to respond and contribute their resources when ever such situation arises.

4.4 Training on Installation of Material

It was catered for in the Project that for installation of water tanks and latrines, beneficiaries will be engaged and trained by the Sub-engineers and Master Trainer. At all target locations interactive technical training sessions were held with large participation of beneficiaries. Based on the concept of community participation, beneficiaries after training were motivated to install material on self help basis for which they will be rewarded with cash amount to both male and female members separately. The male members were given responsibility of erecting latrine structure and were also advised to train their women on placement and fixation of slab. The installation of water tank was the responsibility of male member only.



Comparison of Planned and Actual Implementation: As planned the training on installation and fixation of structure of latrines was conducted by Sub-engineers and Master Trainer at all the target locations to the beneficiaries. In Afridiabad, however, few of the beneficiaries didn't opt to install temporary latrine structures provided by SEED. The main reason being provision of material for permanent latrines along with Rs. 10,000/- per latrine for construction by IRC in the month of September to IDPs settled in target locations identified and intervened by SEED.



4.5 Cash for Work

This component was designed to motivate and encourage IDPs to earn money by utilizing their learned skills on one hand while building technical capabilities through training. It was required that both male and female members of the family should collectively carry out this task. The process of CFW payment was also divided into two parts. The male member to be paid for installation of water tanks @ **PKR 350/-** while for latrine **PKR 1,050/-** was paid for three working days @ **PKR 350/-** per day. Similarly female was paid **PKR 1,050/-** for fixation of slab @ **PKR 350/-** per day. In total a single IDP family received **PKR 2,450/-** for 6 working days. All cash payment made against CFW for latrines and water tanks to each beneficiary was duly recorded.



Comparison of Planned and Actual Implementation: Out of the 10 target locations, CFW payments at only two locations were not completely paid as planned. In Maira, 32 males plainly refused to allow their females to collect their share of CFW. They reasoned that their religious belief and traditions does not allow such relaxation to women to come out of the houses and provide their thumb impressions and they being the family heads are

authorized to take all decisions. At the other location, Afridiabad, due to provision of permanent latrines by IRC, 17 households didn't opt to install temporary latrines thus CFW payment was also not paid. As for the share of females only 44 came to collect CFW payment while 39 females did not come although SEED's team made repeated visits to the area.

It was the standard practice of SEED's team to brief community on the process of CFW payments being followed. All male members were paid by the SEED's male team after relevant verifications while female CFW payments were handled by the SEED's female staff after verifying through CNIC of male members who had been paid CFW. SEED completely understood religious and traditional trends of the target area and community therefore it devised the process which was successful in all target areas except Maira where community's male's stubborn approach became hurdle in accomplishing the task in full and Afridiabad where the task was not complete and female members could not reach to get their share of CFW.

4.6 Clean Drinking Water Supply

It was SEED's responsibility to supply clean drinking water to IDP families during the Project period. It was envisaged that once storage capacity is created within IDPs premises the supply of clean drinking water facility will enable beneficiaries to meet their urgent requirements for minimum 3 days. In order to select the supplier, a tender was advertised in the newspaper. A Tender Committee was formed to open tender in front of bidders, evaluate and select the supplier. The detailed water supply plan indicating the storage capacity and supply schedule at each location was shared with DKH and the supplier.



On timely completion of distribution of water tanks by mid August, the supplier was required to fill water tanks and a rotational cycle of filling the tanks was prepared whereby water tanks at each location were to be filled on every 3rd/4th day.

The filling of water tanks could not be followed as the storage capacity could not be created in time due to delays in supplies. This also led to taking emergency steps by supplying water in scorching heat of August to beneficiaries. The supplier was asked to send water tankers of 10,000/12,000 liters capacity to the target locations so that beneficiaries could fill and store water in available storage arrangements and could get some relief in the holy month of *Ramazan*. The heads of ABGs were informed that IDPs, for the time being, could store water in their available storage arrangements till such time water tanks are distributed in their areas.



Comparison of Planned and Actual Implementation: It was proposed that 850 target families will be provided clean drinking water for a period of 90 days. However, the delay of one month in approval of Project squeezed the period to 60 days. It was planned that the distribution of water tanks to all the 850 families will be complete by mid of August and we will be left with 60 days till October 15 to supply water as per schedule developed and shared with DKH and supplier. When it came to actual implementation, the delays in supply of water tanks, which continued till September 25, severely affected the creation of storage capacity in target locations due to which schedule of water supply got disturbed as complete filling of water tanks could not be carried out in most of the locations. In the Project period till October 15, 2012, only 6.98 Million liters of clean water could be supplied. However with the extension in the time frame of the Project the proposed target of around 12 Million liters was achieved. During the total Project period following quantity of water was supplied in the target locations:

4.7 Health & Hygiene Session/Kits/IEC Material

Overall the literacy rate among IDPs is very low. The trend of sending children to school especially female children is usually not taken seriously. The major factors for such approach and mentality is lack of government educational infrastructure at low cost, destruction of available facilities by militants in recent years, lack of economic activities to generate income which in turn increased poverty levels and decreased the affordability of people to invest in a child education, and role of *Madrasas* where cost is very low while some are free also.



In such scenario one can easily assume that education on Health & Hygiene may not be a priority which is evident from the living pattern of people, poor sanitation conditions of the area surrounding their dwellings, non-availability of basic medical facilities, clinics, hospitals, Basic Health Units (BHU), etc.

In view of the above situation, it was proposed that a detailed Health & Hygiene exercise need to be carried out in target areas to educate beneficiaries with special emphasis on females and children so that they should at least get a grip on basic requirements of living a clean and healthy life. To ensure participation, Female H&H Committees were formed at each location. A formal Terms of Partnership (ToP) was signed to place responsibility on female members.



The essential hygiene items were packed in a bag and distributed during Health & Hygiene Sessions. A demonstration was also given by Health & Hygiene Promoters on usage and benefits of each item contained in the bag.

Distribution of IEC Material: As part of educating IDPs on health & hygiene, SEED also widely spread IEC material among the females and children. A set of educational pictorial books highlighting importance of health & hygiene, informative posters and coloring books and color pencil boxes especially for children were distributed in all the target locations. ABGs and Female H&H Committee members were requested to motivate beneficiaries to study and adopt ways and means mentioned in IEC material which helps keeping family in good health. Following IEC material was distributed in the target locations:



Comparison of Planned and Actual Implementation: During the project period 1,905 females in IDP families and 3,737 male & female children were identified. During health & hygiene sessions 1,681 females and 1,827 children participated in the sessions conducted by SEED in all the target locations. The participation of females was 88% as against the proposed output of 60% which shows a very healthy sign and interest of females in educating themselves in health and hygiene. As against proposed output of 50% participation of children we were able to achieve 49% participation.



The enormous participation of females will in turn cover the small deficiency in achieving the children target as improved practices of health and hygiene of a family in general rests on the shoulders of female members of the house.

In extended period however, SEED was able to conduct 63 more sessions thus touching 113 sessions as against proposed 72 sessions till January 15, 2013. The effects of delays on the implementation of various components faced in the 1st Phase of the Project were efficiently compensated by SEED in delivery of health & hygiene messages.

5. Implementation Time Table

The proposed time lines to implement and complete the designed Project's activities and components and actual implementation are compared as per the following Project 1st Phase Weekly Plan:

PROPOSED Vs **ACTUAL PROJECT WORK PLAN**

Activities	Jun 12		Jul 12				Aug 12				Sep 12	
	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2
Establishment of site office and warehouse	Proposed	Actual										
Staff hiring and their orientation	Proposed	Actual										
Procurement request to DKH	Proposed	Actual										
Formation & orientation of male ABGs & female H&H committees	Proposed	Actual										
Receipt of material in the warehouse & field	Proposed	Actual										
Development of water tank & latrine installation as well as refilling plan	Proposed	Actual										
Training of local laborers in latrine installation												
Initiation of water through tankers, chlorination of water, installation of water tanks and latrines. Provision of cash for work to IDPs												
Distribution of H&H Kits												
Hygiene promotion sessions along with the distribution of IEC material												
On site monitoring visits by the funding partner												
Quick impact study of the intervention												
Project reporting												

As against the proposed time lines to complete the activities, the actual implementation although started in the 7th month on one hand but on the other hand we were able to achieve implementation of major portion of designed components as per the actual Project Work Plan.

The time lines of implementation of following major activities deviated from the proposed work plan:

6. Goals Reached and their Impacts

6.1 Comparison of specified goals with goals actually reached

Planned	Achieved
To save and protect lives and reduce the troubles of the most vulnerable IPDs of Khyber Agency in Khyber Pakhtunkhwa, by providing WASH / Health & Hygiene education, income generation activities and provision of NFIs.	Project was implemented as planned benefitting 850 IDP and 273 host families with WASH / Health & Hygiene education, income generation activities under Cash for Work and provision of NFIs.
Result # 1 (R1): 7 men and 7 women ABGs in 7 villages of the targeted UCs formed, oriented and empowered to participate in decision making and manage WASH facilities.	10 men and 10 women ABGs were formed against targeted 7 each. These ABGs were oriented in project objectives and used in identifying the potential beneficiaries as per the criterion. Community mobilization, selection of final recipients of project inputs, verification of cash for work tasks, supervision of tanks and latrines installation and delivery of water through tankers was the major tasks performed by these ABGs besides coordination with SEED.
Result # 2 (R2): Effective community-managed water and sanitation delivery system developed by providing 850 water tanks, 850 stands, 850 latrine sets and income generation through cash for work by involving 1,700 men and 850 women.	850 water tanks, 850 stands and 850 latrines sets were provided to the IDP families as planned and all these items were duly installed. At Maira, due to the traditional factor, the men refused to allow their women to provide thumb impressions and collect cash for work money. Instead of 76, only 44 women received payment under cash for work. Similarly, Afridiabad was dropped due to security concerns and whatever payment was made till the day of decision was taken as final. In men, 22 households remained did not receive any payment under cash for work. Hence a total of 1,654 men against a total of 1,700 and 779 women against target of 850 received payments under cash for work.
Result # 3 (R3): Communities, especially women adopt improved hygiene practices and observe improved cleanliness at individual and household level with provided 850 Health & Hygiene Kits.	Health and hygiene kits were distributed to all 850 IDP households. The results of KAP Survey clearly show the improvement project interventions have brought in the lives of these IDPs.

6.2 KAP Surveys

To assess the impact of Project's components before and after implementation, a Knowledge, Attitude and Practices (KAP) Survey was conducted by the SEED's team. The questionnaires utilized for Pre-KAP and Post-KAP surveys are attached at **Annexure 13**.

6.2.1 Pre-KAP Survey

The objective of the Pre-KAP survey was to assess the current situation of the health & hygiene practices and usage of existing hygiene, water and sanitation facilities by the target community. The survey concentrated on the following key issues:

- To assess the knowledge, attitude and practices of the IDPs towards water and sanitation;
- To identify risky behaviors which need to be targeted under health & hygiene promotion activities;
- Random selection of target beneficiaries; and
- Proper intervention based on the findings.

Methodology: In order to assess the above issues a KAP Surveys were conducted in the targeted UCs of districts Nowshera and Peshawar.

Target Area: The primary data was collected and was used for need identification and development of proposal. On the basis of the collected data, meeting with the elders and district government officials took place and later on the targeted UCs finalized for WASH interventions.

Lack of basic WASH facilities: The target areas are located in the periphery of districts of Nowshera and Peshawar with poor WASH facilities which have been further exhausted by the overwhelming population. Due to concentration of IDPs and poor WASH facilities, the IDPs in the target areas are highly prone to water and sanitation borne diseases.

Concentration of most vulnerable IDPs: The targeted areas also have a high percentage of IDPs who are elders, young children, old women, IDPs suffering from various ailments and most of all jobless youth who are highly prone to falling into the hands of negative elements due to current instability and terrorism in and around these districts.

Inadequate relief or lack of assistance: Several agencies have supported IDPs but most of this assistance has been in Food, NFIs & WASH but due to the adverse situation of the area and the flood of 2010, still lot of gaps are present in the areas related to WASH which needed immediate mobilization of resources.

Selection of Respondents: The beneficiaries were interviewed randomly from the identified IDP families from initial targeted locations. Before the initiation of Project's activities at full swing, Pre-KAP Survey was conducted in the target locations with following random sample size:

PRE-KAP RANDOM SURVEY SAMPLE SIZE

Districts	Union Councils	Villages	No of Families	Sample Size
Nowshera	Dag Ismail Khel	Speen Qamar	54	9
		Turkman Camp	141	17
	Dag Besud	Batai	60	16
		Maira	76	17
Sub Total			331	59
Peshawar	Shahabkhel	Panjkata	195	33
	Sheikh Muhammadi	Afridiabad	83	23
	Pishtakhara	Akhun M. Landi	42	13
Sub Total			320	69
GRAND TOTAL			651	128

Randomly selected sample size was reached for filling the Pre-KAP Survey form among the families which were registered by SEED during assessment at the proposal stage. On completion of the survey, the data was entered into the data bank to be used for comparative purposes against the results of Post-KAP Survey.

Number of questions pertaining to health & hygiene, water and sanitation were asked from the beneficiaries and their responses were noted on the questionnaire. The response and results received from the sample beneficiaries at individual location for Pre-KAP survey have been placed at **Annexure – 13** for reference.

6.2.1.1 Analysis of Pre-KAP Survey Data

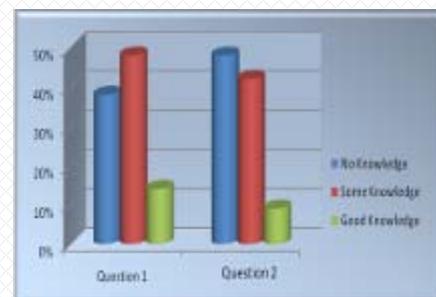
The Pre-KAP Survey was conducted before the initiation of implementation of Project's components to assess the current situation of the beneficiaries living conditions, habits and practices being followed in maintaining health & hygiene. The overall data gathered has been compiled for Pre-KAP Survey and is presented in the following table:

COMPILED PRE-KAP SURVEY RESULTS

No	Questions	Response (Overall Averages)						
		No Knowledge	Some Knowledge	Good Knowledge				
1	Why is it important to wash your hands?	38%	48%	14%				
2	List the three most important times when you wash your hands.	48%	42%	9%				
3	Why do people use soap when washing their hands or body?	46%	37%	17%				
4	How often do you use soap when you wash your hands?	Never 52%	Sometimes 36%	Every time 13%				
5	What are these three biggest problems you face with water?	Insufficient quantity 15%	Inconsistent supply 2%	Lack of clean water 0%	Distance from sources 1%	Time required to collect it 1%	Lack of storage 73%	Cost 9%
6	What is your source of water?	Hand Pump 16%	Well 23%	Tube Well 0%	Others 62%			
7	Do you treat your drinking water to clean it before use?	Never 88%	Sometimes 30%	Every time 2%				
8	Do you know three ways to treat your water to make it safe for drinking?	No Knowledge 68%	Some Knowledge 30%	Good Knowledge 2%				
9	How do you store your water at the house?	Don't need to store as source is very near 9%	In indigenous containers 48%	In modern plastic/ steel containers 40%	Others 3%			
10	Do you cover stored water?	YES 46%	NO 54%					
11	Why it is important to cover water storage?	No Knowledge 55%	Some Knowledge 38%	Good Knowledge 7%				
12	Why is it important to clean water storage containers?	No Knowledge 56%	Some Knowledge 33%	Good Knowledge 11%				
13	How often do you clean your water storage containers?	Daily 0%	Weekly 2%	Monthly 28%	Irregularly 46%	Never 23%		
14	What do you do with any waste water?	No Knowledge	Some Knowledge	Good Knowledge				

		56%	38%	5%	
15	What are the dangers caused by waste water?	No Knowledge	Some Knowledge	Good Knowledge	
		68%	28%	4%	

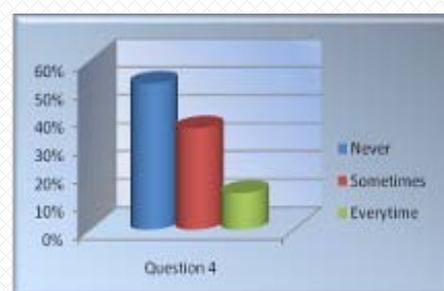
It can be seen that when it comes to washing hands (Question 1) and the important times to wash hand (Question 2) the response of “**Good Knowledge**” is on a very lower side while respondent do have “**Some Knowledge**”. The matter of concern is the big percentage of respondents who possess “**No Knowledge**” on the basics of washing hand. We have received an overall average of only 9% who possess “**Good Knowledge**” which measuring by all standards is considered as negligible response.



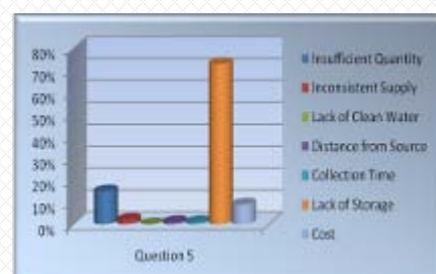
The knowledge of the community on usage of items required such as soap and tooth paste (Question 3) in keeping good health and hygiene is also on the lower side. Only 37% on an average have “**Some Knowledge**” on using soap while 46% on an average do not have the basic knowledge of utility of soap for cleaning.

However, when educating and emphasizing on the regular use of soap, tooth paste and other hygiene products, important factors such as affordability, purchasing power, large family size of the beneficiaries and current socio economic conditions must be kept in mind. Buying these items in large numbers regularly in a month is required which greatly upsets their limited budget. In such situation they are most of the time forced to buy the essential item and compromise on health & hygiene items.

The percentage (56%) of not using soap (Question 4) for cleanliness is on the higher side. Due to the factors highlighted above it is assumed that this habit is neither being practiced by most of the respondents nor is developed in the community. The response also clearly indicate that majority of beneficiaries do not have basic knowledge, practices and know how on how to live a healthy life and keep their living environment clean. These results are a matter of concern where it can be seen that a major portion of the community is spending life with no knowledge and in turn unknowingly damaging and compromising on the existing and up coming generations as well as the environment. On an average 36% of target beneficiaries have “**Some Knowledge**” on the health and hygiene which strongly needs to be increased and reinforced by regular intervention till such time visible change is noticed.

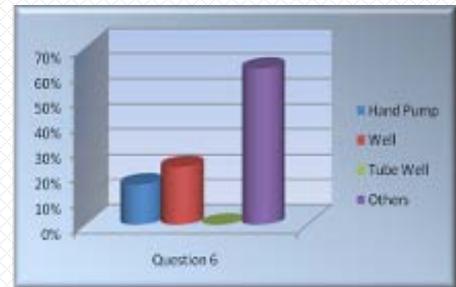


Another most important item required to live and sustain human life is “**Clean Water**”. During the survey, numerous questions were asked from the respondents relating to water and its storage, availability and its usage pattern and behavior.

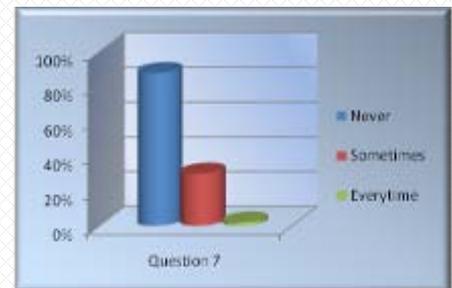


During the survey most of the respondents (73%) had problem of storing water and were also facing with insufficient supplies (Question 5). When they were told that they will be provided with a storage tank with large capacity, a visible relief was noticed and reported by the surveyors.

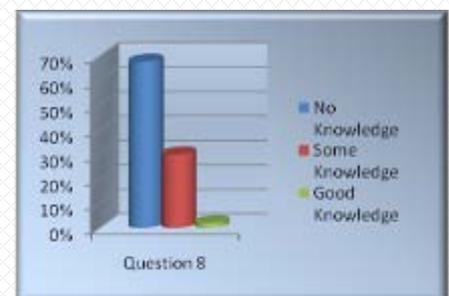
The responsibility of sufficient supply of clean drinking water in a systematic way to the general public rests with the government. However, due to various reasons this has not been implemented by the concerned departments. Due to shortage of supply the general public is forced to create and arrange water sources on their own but in an unorganized way. Regarding IDPs who are settled temporarily, they mostly arrange water (Question 6) through other sources (62%) i.e. buying water from permanently settled population who have managed water source by spending large amounts and are not willing to give water for free, collecting limited water quantities from the depleted government water supply system, from dug wells within the houses and few hand pumps in their area.



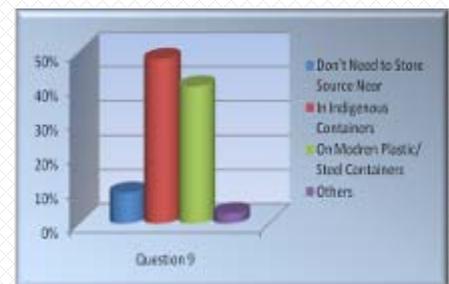
The response in consuming and handling water was also not encouraging. Regarding treatment of water to clean it before drinking (Question 7), on an average 86% of the respondents said they did not treat it because it is a general impression in Khyber Pakhtunkhwa that water quality from natural resources and underground water is very good and is clean and healthy. In view of this, majority of the people do not take cleaning of water seriously.



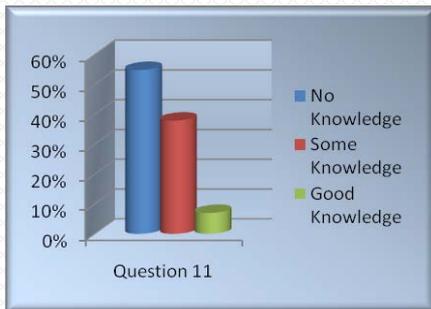
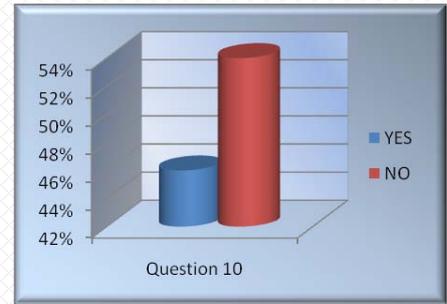
In general the most common treatment of cleaning water (Question 8) was by boiling it before consumption. They were not aware of other treatment methods such as through sunlight exposure and local filters which are the most cost effective methods, treatment with chlorine tablets and commercial filters/purifiers. The boiling of water adversely effects the environment in a way that mostly the IDPs are using wood as their primary source for fire and are gradually depleting the bushes and trees in their surrounding areas. Another major reason for adopting these alternatives for their energy need is the non-availability of natural gas in their areas and high cost of electricity. The government is already faced with severe electricity and natural gas shortages and is unable to meet the growing demand.



Since most of the IDPs can't afford the large storage facilities, they store water in indigenous containers (Question 9). Most of these containers are old and are not covered as well. In fact whatever utensil they have in the house they start using it for storage purpose. Some of the respondents have also bought or have been donated with modern plastic cans and steel containers as well but with limited storage capacity.

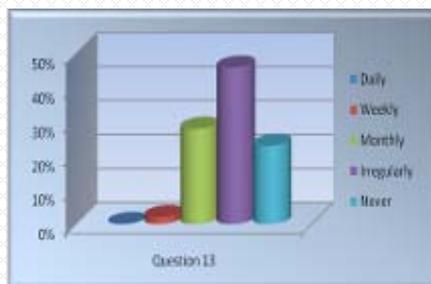
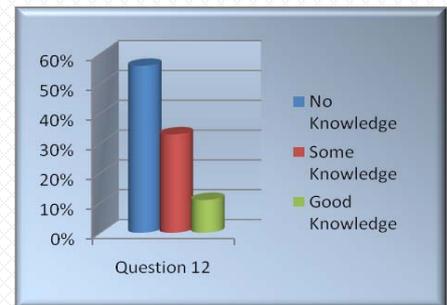


As described above since most of the storage containers are old, indigenous and small they are not kept covered as well (Question 10). The lack of awareness and casual approach of the respondents towards this very important factor leads to complications in the day to day lives of the people. Even modern plastic containers which are donated to them and are also available in the market come along with a proper cover but due to lack of awareness the covers are usually misplaced and these containers are placed in open places without realizing that they are exposed to all sorts of impurities present in the surrounding environment and are susceptible to contamination.



After observing and getting response of the beneficiaries, they were probed to see if they have knowledge on the dangers of uncovered containers (Question 11). It was found that majority of the respondents are even not aware of the dangers lurking around their uncovered containers. In their view since they fill their containers regularly, so it is clean and does not possess any impurities and is safe for consumption and use.

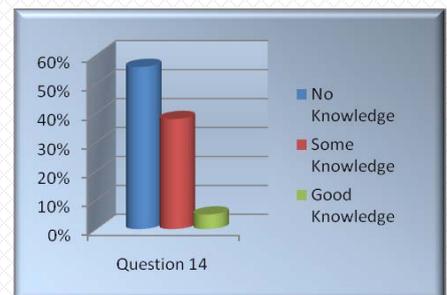
In continuation to the previous question they were also asked about importance of cleaning their water storage containers (Question 12). As was seen in the response towards handling water containers, majority of the respondents were not aware of the importance of cleaning the containers. They did not even knew the advantages of cleaning water containers and how it can prevent them from major problems if they make habit of cleaning containers frequently before filling them.



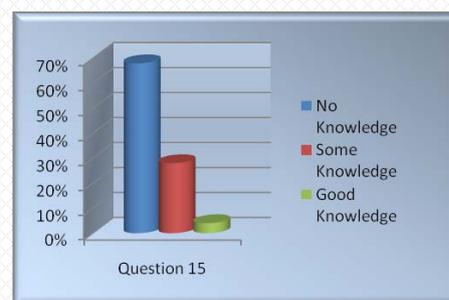
The habit of cleaning their water storage containers was also not found encouraging (Question 13). It can be seen that the majority of the respondents clean containers irregularly while a good number of respondents don't even bother to clean the containers. This particular segment of the community needs to be educated thoroughly which will lead to reduce the dangers they are faced with due to un-cleaned and

contaminated storage containers. Through regular intervention and refreshing the health and hygiene education, their habits need to be up-graded a step further till such time a visible change is noticed.

Another important area which required concentration and emphasis was the knowledge they have in handling the waste water (Question 14). It can be seen that 56% of the respondents do not possess the basic knowledge on handling waste water which is left after use and is full of impurities and sometimes contaminated. The respondents who had "Some Knowledge (38%)" responded that they simply throw away the waste water after use.



In total 68% of the respondents are unaware of the dangers caused by the waste water which is impure and contaminated (Question 15). The living pattern of beneficiaries also enhances spreading of waste water within their houses due to large family size with children movements all day long in all portions of the premises. The knowledge on types of dangers is also very limited which is further deteriorating their living environment. The high risks of spread of number of water borne diseases where medical facilities in the area are close to non-existent is a major point of concern and on top of that when affordability of medical treatment is also low.



6.2.2. Post-KAP Survey

On completion of distribution and conducting health & hygiene sessions in all the target locations, post-KAP Survey was initiated in the same target locations where Pre-KAP Survey was conducted and same respondents were again contacted to obtain their responses to assess the difference of their knowledge on the questions related to health and hygiene. Following was the random sample size of Post-KAP survey:

POST-KAP RANDOM SURVEY SAMPLE SIZE

Districts	Union Councils	Villages	No of Families	Sample Size
Nowshera	Dag Ismail Khel	Speen Qamar	54	9
		Turkman Camp	141	17
	Dag Besud	Batai	60	16
		Maira	76	17
Sub Total			331	59
Peshawar	Shahabkhel	Panjkahta	195	33
	Sheikh Muhammadi	Afridiabad	83	23
	Pishtakhara	Akhun M. Landi	42	13
	Sub Total			320
GRAND TOTAL			651	128

Same number of questions pertaining to health & hygiene were asked from the same beneficiaries and their responses were noted on the questionnaire for Post-KAP Survey. The response and results received from the beneficiaries at individual locations for Post-KAP Survey have been placed at **Annexure – 13** for reference.

6.2.2.1 Analysis of Post-KAP Survey Data

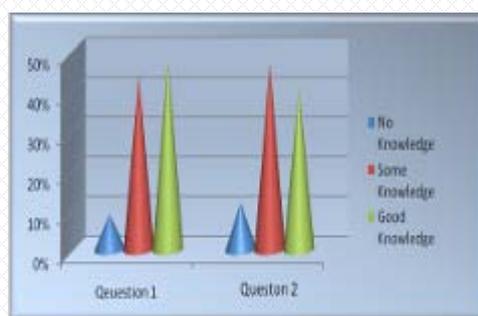
The Post-KAP Survey was conducted on delivery and completion of major components of the Project. The overall data gathered has been compiled for Post-KAP Survey and is presented in the following table:

COMPILED POST-KAP SURVEY RESULTS

No	Questions	Response (Overall Averages)		
		No Knowledge	Some Knowledge	Good Knowledge
1	Why is it important to wash your hands?	9%	44%	48%
2	List the three most important times when you wash your hands.	12%	47%	41%
3	Why do people use soap when washing their hands or body?	9%	42%	48%

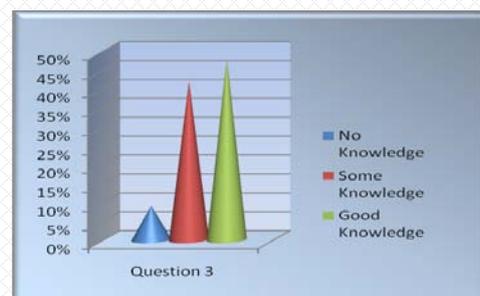
4	How often do you use soap when you wash your hands?	Never	Sometimes	Every time				
		19%	45%	37%				
5	What are these three biggest problems you face with water?	Insufficient quantity	Inconsistent supply	Lack of clean water	Distance from sources	Time required to collect it	Lack of storage	Cost
		35%	9%	0%	12%	2%	-	42%
6	What is your source of water?	Hand Pump	Well	Tube Well	Others			
		16%	23%	-	62%			
7	Do you treat your drinking water to clean it before use?	Never	Sometimes	Every time				
		32%	47%	21%				
8	Do you know three ways to treat your water to make it safe for drinking?	No Knowledge	Some Knowledge	Good Knowledge				
		21%	55%	23%				
9	How do you store your water at the house?	Don't need to store as source is very near	In indigenous containers	In modern plastic/ steel containers	Others			
		-	1%	99%	-			
10	Do you cover stored water?	YES	NO					
		98%	2%					
11	Why it is important to cover water storage?	No Knowledge	Some Knowledge	Good Knowledge				
		15%	54%	31%				
12	Why is it important to clean water storage containers?	No Knowledge	Some Knowledge	Good Knowledge				
		14%	52%	34%				
13	How often do you clean your water storage containers?	Daily	Weekly	Monthly	Irregularly	Never		
		-	13%	39%	39%	9%		
14	What do you do with any waste water?	No Knowledge	Some Knowledge	Good Knowledge				
		22%	48%	30%				
15	What are the dangers caused by waste water?	No Knowledge	Some Knowledge	Good Knowledge				
		28%	53%	19%				

The prime objective was to determine the change in the behavior and practices and to assess the impact of health & hygiene component on the target beneficiaries before and after implementation. The responses of the beneficiaries were noted along with observations of the surveyors of the houses as well as surrounding areas of IDPs in the target locations. The respondents of Pre-KAP Survey were requested by the H&H promoters that to be present in all the H&H sessions as they would play an important role in assessing the impact of H&H during Post-KAP Survey. Same questions were posted to these respondents and their responses were noted.



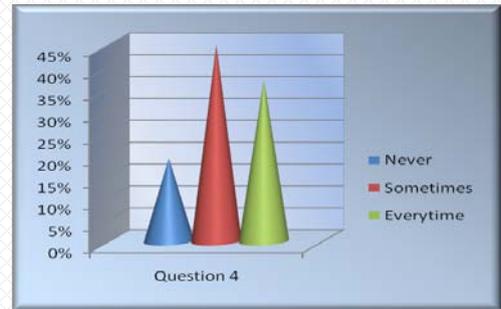
It was seen from the response that most of the respondents are now aware of the importance of washing hands and how it plays its role in healthy living (Question 1 & 2).

A good percentage of the respondents also had become aware on the times when it is necessary to wash hand to avoid transfer of germs and impurities.

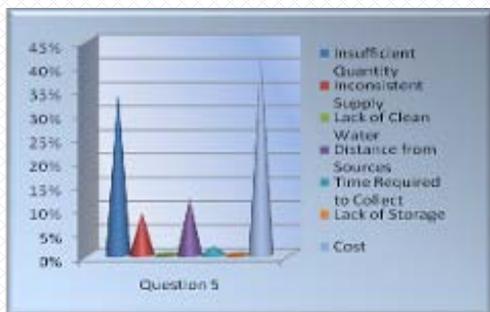


They had also adopted practice of instructing their children to wash hand especially before taking meals and after using toilet.

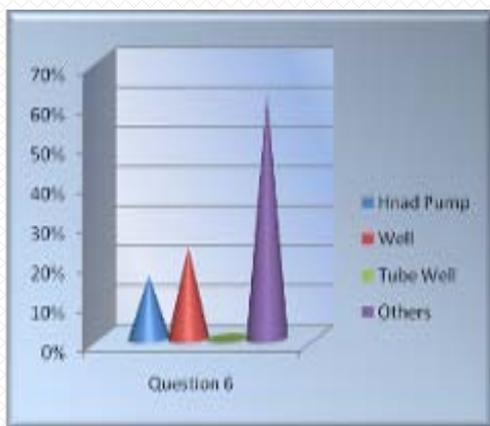
The distribution of Health & Hygiene Kits to the beneficiaries also played a key role in developing habits and practices on usage of items required to keep clean (Question 3). As indicated earlier affordability to purchase such items is a major factor hindering the regular use. Although beneficiaries have started using these items which they have received free but since the H&H Kit contained a limited quota so it can't be said for sure whether they will continue this practice in the long run or not. As for the time being when they have limited stock available and in their use good responses can be seen.



A marked improvement in using soap to wash hands has also been seen (Question 4).

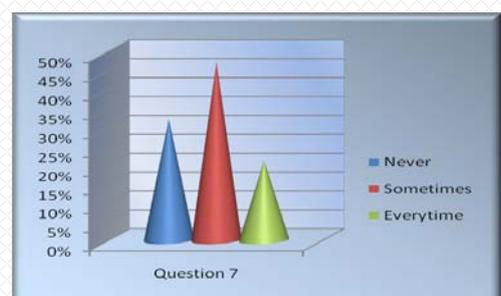


The responses against the problems faced with water before and after implementation of Project's components were compared (Question 5). It was noted that before supply of water tanks most of the respondents were having problem of large storage facility in their houses. It is encouraging to note that SEED and Diakonie has successfully created this facility in a short period of time although to limited number of people. However, people still face problem in affording to buy water from other sources or creating their own source of water and are faced with insufficient supplies which in-turn leads to limited usage and avoiding usage for maintaining health and hygiene.



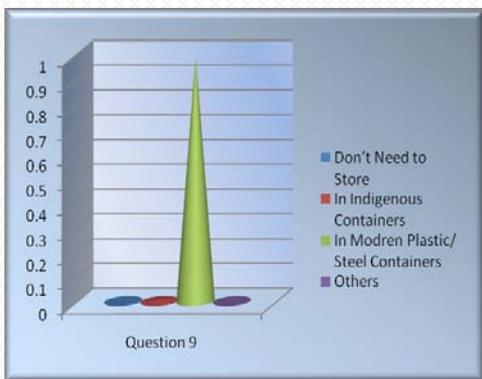
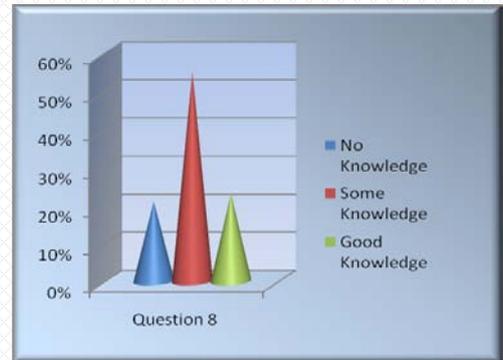
Regarding sources of supply of water (Question 6), as indicated earlier, people still are dependent on other sources to obtain water for their use. Some of the respondents also had thoughts that the water being supplied through water tankers will continue for long period and were satisfied that their problem has been solved. However, they were told that this is a temporary arrangement as NGOs also have limited resources and it is the responsibility of the government to develop water supply systems in their areas and they must put their genuine demand to the concerned departments.

The treatment of water (Question 7) before use still remains a sensitive issue. The general thinking of people that natural underground water of Khyber Pakhtunkhwa is clean and healthy is deep rooted since long. The percentage of not treating water before consumption is still on higher side. Although this particular issue has been very forcibly emphasized in health and hygiene sessions



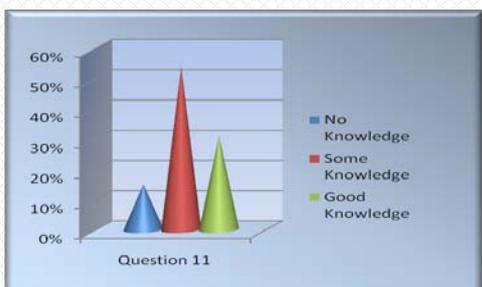
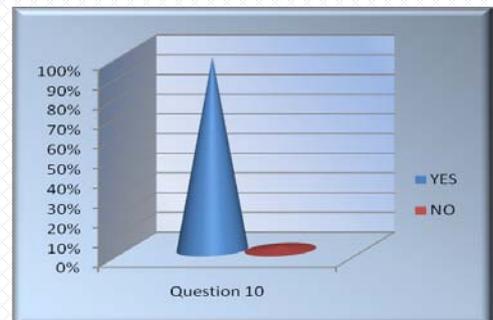
and comparatively number of respondents have started treating water, but results are still not encouraging as these are linked with the provision of energy resources required to clean water through boiling.

In view of the energy cost factor involved in treatment of water (Question 8), the beneficiaries were advised to use sunlight as the primary source of cleaning water especially for drinking as this a natural and cost free method available round the year. The second option given to the people was boiling the water however they were also advised to think on the depleting trees and bushes in their areas which will have huge impact on the environment in the long run. The other methods are either beyond their affordability or are not available in their areas.



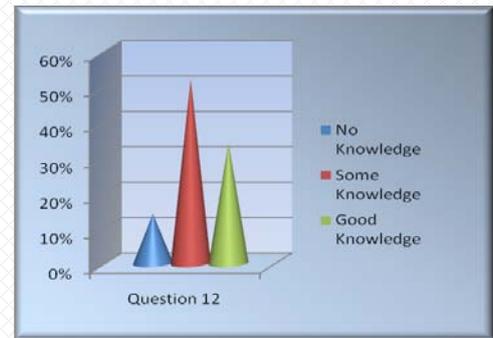
The distribution of water tanks under this Project has created a large storage capacity within the premises of the target households and has also reduced burden on the indirect beneficiaries. Almost 100% of the target beneficiaries have responded that they now store water in a modern plastic containers (Question 9) referring to the water tanks supplied under the Project. Although these types of water tanks are available in the local market but are expensive for the IDPs who are facing difficult times to meet the ends.

Question 10 was designed to know the trend among the beneficiaries on covering the water storage containers they use as keeping containers covered also greatly reduces the risk of contamination of water. By supplying water tanks with cover, the risk of contamination has been reduced to great extent. 98% of the respondents have indicated that they now cover their water tanks at all times and are also taking water out of the tank by taps thus further reducing risk of impurities which can enter by taking water directly from the tank.

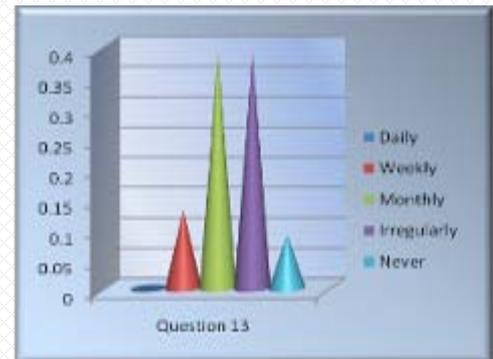


Most of the respondents have gained “Some Knowledge” on the importance of covering the water storage (Question 11). They have become aware to some extent that keeping water storage covered keeps container free of contamination and will prevent dangerous insects to enter.

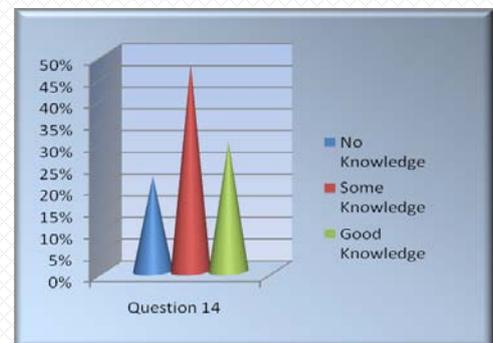
In response to Question 12 regarding importance to clean the storage containers, most of the respondents now know that cleaning will reduce contamination and will also keep water without odor or bad smell for a long time and they will be able to have clean water for consumption. It is encouraging to note that 52% of the respondents now have “Some Knowledge” while 34% possess good knowledge on the importance of keeping water storage containers clean at all time to avoid risks associated with it.



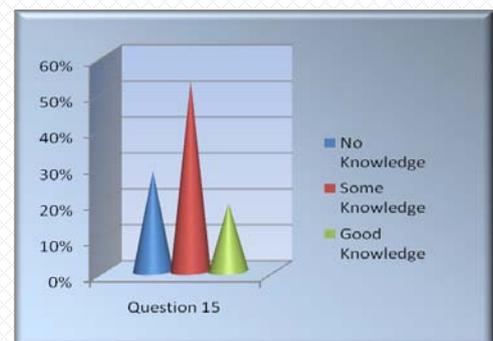
Comparitively before and after the sessions a difference in cleaning of water storage containers has been observed (Question 13). During the Pre-KAP Survey 28% respondednts cleaned containers monthly while 46% cleaned irregularly. In the Post-KAP Survey the percentage of beneficiaries cleaning the water container on monthly basis has risen from 28% to 39% while the persentage of beneficiaries who used to clean containers irregularly has dropped from 46% to 39% which is a healthy sign and can also be seen as an improvement towards basic health requirements.



In order to keep the living environment clean, handling waste water and its disposal (Question 14) plays a vital role in preventing infectious diseases. Preventing the spread of infectious diseases requires breaking the chain of infection transmission. Special emphasis was placed on waste disposal during H&H sessions. The sessions were conducted on environmental hygiene and practices in treating diseases to educate the community on the dangers of waste water. At the time of Pre-KAP Survey 38% had “Some Knowledge” while only 5% had “Good Knowledge” on waste water disposal. After the sessions, 48% have now gained “Some Knowledge” while 30% as against 5% have “Good Knowledge” on the disposal of waste water. The respondents are now cautious on waste water and they try to dispose it off in a safe manner by throwing it properly or draining it away.



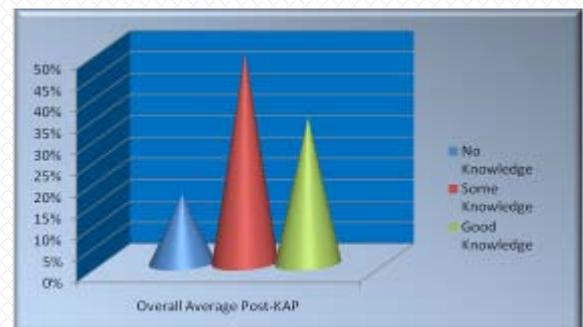
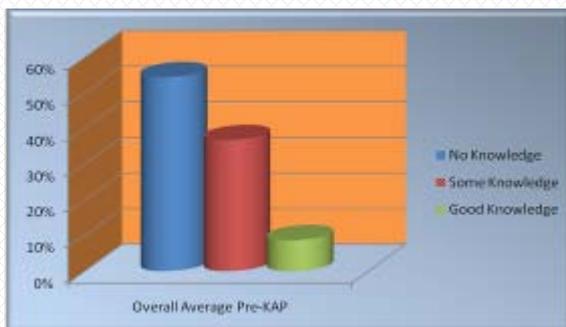
We also noted a good change in knowledge on types of dangers associated with waste water (Question 15) before and after the H&H sessions. At the Pre-KAP Survey stage 68% of the respondents had “No Knowledge” on the dangers of waste water while 28% had “Some Knowledge” and only 4% possessed “Good Knowledge”. However, during Post-KAP Survey only 28% had “No Knowledge”, 53% had gained “Some Knowledge” while respondents with “Good Knowledge” increased to



19%. Most of the respondents who have adopted proper water disposal are now aware that it allows germs to spread, can be a breeding ground for mosquitoes especially dengue and other insects apart from spreading dirt all around the house.

Overall the response of beneficiaries towards questions which were posted to know the No, Some and Good Knowledge during Pre-KAP Survey, 54% of the respondents had “No Knowledge”, 37% had “Some Knowledge” while only 9% had “Good Knowledge” on the health and hygiene related information and issues. The large percentage of beneficiaries having “No Knowledge” on the basic health & hygiene issues requires immediate and consistent intervention. It seems a long way keeping in view the overall environment they are living in or have faced in the past. Having limited support and faced with tough socio-economic situation where it is hard to find respectable earnings and competition is fierce between the locals and IDPs, little efforts and concentration is placed on such issues which results in an uneducated population growth with multiplication of all sorts of problems on daily basis.

After conducting the sessions, through Post-KAP Survey the overall response of beneficiaries for “No Knowledge” had come down to 16% as compared to 54% during Pre-KAP stage, 50% had gained “Some Knowledge” as compared to 37% during Pre-KAP Survey stage. 34% of the respondents gave answers which were treated as “Good Knowledge” while at the Pre-KAP Survey stage the overall percentage was just 9%.



From the above it can be assumed that we have been able to enhance the knowledge of 38% of the respondents from “No Knowledge” to “Some Knowledge”, 13% more respondents were added in the “Some Knowledge” bracket and 25% of the respondents who had “Some Knowledge” now possessed “Good Knowledge”

It is pertinent to mention that although the sessions were conducted on regular basis and during Post-KAP Survey the memories of the respondents may be fresh in responding towards the questions, but as highlighted above the sustainability of such education will be for short or long term is yet to be seen. Developing good habits and adopting useful health & hygiene practices is an ongoing process which needs to be refreshed till such time a visible change in attitude is witnessed. The most important factor governing the attitudes of the people is the economic stability and stable and long term earning so that they could afford to keep their living environment neat and clean.

7. Monitoring and Evaluation Activities

7.1 Monitoring and Evaluation Activities in the reporting period

The monitoring and evaluation responsibility was shared by the Program Manager and Project Manager on behalf of SEED while representatives of Diakonie's Peshawar Regional Office in coordination with SEED's field office also paid regular visits to the field to monitor different activities being carried out by the field staff. Following monitoring activities and tools were used for verification and cross check of field staff:

- Program Manager's random visits to field to monitor implementation of various components of the Project by the field staff.
- Project Manager's visits and presence during distribution of material.
- Project Manager's personal presence at all the locations during Cash for Work payments made to all the beneficiaries.
- Discussions of Project Manager with the ABGs on the procedure being adopted by SEED and its field staff for implementation, adjustments required to facilitate the beneficiaries and rectification of problems, if any.
- A Consultant having expertise in Monitoring & Evaluation was hired by SEED for the task and field visits and M&E Reports were generated in line with the Project's Log Frame Analysis (LFA) and submitted to SEED Head Office. Where ever required, the recommendations and improvement suggested were implemented to further fine tune the process adopted in achieving the results.
- Presence of ABG and Female H&H Committee members at each location during implementation of Project's components.
- Signatures/thumb impressions of ABGs and Female H&H Committee members on the relevant formats authenticating completion of tasks.
- Signatures of ABGs members on Completion Certificates of SEED for each target location indicating completion of distribution of water tanks, tank stand, latrines sets, distribution of health & hygiene kits, Cash for Work, distribution of IEC material and supply of clean drinking water during 1st Phase and extended period.
- The field staff was instructed to take pictures of various activities at all the locations and submit for record.
- Daily briefing by field staff to Project Manager on activities carried out on return from the field.
- Completion and submission of different formats developed against each activity indicating the receipt of Project's components by the beneficiaries.
- Close coordination with representatives of Diakonie's Regional Office, Peshawar on their field visits to monitor distribution of material, training and installation of water tanks and latrines, Cash for Work, Health & Hygiene Sessions and supply of water through tankers.
- Monitoring visit of Diakonie's Head of Mission, accompanied by CEO, SEED on October 10, 2012 to Speen Qamar, district Nowshera to personally observe various components implemented including installation of water tanks and latrines and interaction with the community of Speen Qamar, Turkman Camp, Yaqub Garhi and Hindu Kali on the Project activities carried out by SEED during the Project period.

ANNEXURE (Separately Attached)

- Annexure – 1:** Need Assessment Form
- Annexure – 2:** PDMA's NOC for AA WASH Project
- Annexure – 3:** Terms of Partnership (ToP)-Male Activity Based Groups (ABGs) – English Version
- Annexure – 4:** Terms of Partnership (ToP) - Male Activity Based Groups (ABGs) – Filled Sample
- Annexure – 5:** Terms of Partnership (ToP)-Female Health & Hygiene Committees – English Version
- Annexure – 6:** Terms of Partnership (ToP) - Female Health & Hygiene Committees – Filled Sample
- Annexure – 7:** Reporting Format - Material Distribution
- Annexure – 8:** Reporting Format - Cash for Work – Latrines & Water Tanks Installation
- Annexure – 9:** Reporting Format - Health & Hygiene Kits Distribution
- Annexure – 10:** Health & Hygiene Session Plan (First Phase)
- Annexure – 11:** Health & Hygiene Session Plan (Extended Phase)
- Annexure – 12:** Reporting Format - H&H Session Participants
- Annexure – 13:** Pre-KAP Survey & Post-KAP Survey Questionnaires
- Annexure – 14:** Pre-KAP Survey Results
- Annexure – 15:** Post-KAP Survey Results
- Annexure – 16:** Water Test Results with Becti Kit – Project's 1st Phase
- Annexure – 17:** Water Test Results with Becti Kit – Project's Extension Period
- Annexure – 18:** Completion Certificates – English Version – Project's 1st Phase
- Annexure – 19:** Original Completion Certificates – Project's 1st Phase
- Annexure – 20:** Completion Certificates – English Version- Project's Extension Period
- Annexure – 21:** Project Implementation – A Pictorial View