

Chapter 2



Sectoral Progress

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SECTORAL PROGRESS

1. RURAL HOUSING SECTOR

1.1 Turning Survival into Success

The Government of Pakistan, with assistance of a number of international financial institutions, launched an ambitious owner driven Rural Housing Reconstruction Programme (RHRP) in the 9 earthquake affected districts of AJK and NWFP. This programme has in many ways proved to be ERRA's flagship project, which together with the Livelihoods Cash Grants programme, is an intervention that not only addresses the primary needs of people in the immediate post-disaster period, but also serves longer term disaster risk management objectives for the affected region. The programme espouses a homeowner-driven approach, whereby, homeowners have been given charge of the reconstruction of their houses, with the financial and technical assistance of the Government of Pakistan, and a range of its implementation partners. This programme has met with extraordinary success in meeting the extremely challenging objective of reconstructing

construction methods in the earthquake affected region. It is a testimony to the success of the programme that it now stands fully donor-funded and has attracted US \$ 867 million from international donors thus becoming the single largest donor funded sector of ERRA.

1.2 Major Outputs and Outcomes

So far, 323,002 of the 463,000 completely destroyed houses have been reconstructed to seismic resistant standards; and, the remaining 140,000 partially and negligibly damaged houses, restored and structurally rehabilitated. As a result of this impressive physical progress, the Government of Pakistan has, through ERRA and the Pakistan Poverty Alleviation Fund (PPAF), managed to disburse around US\$ 1.285 billion to more than 600,000 beneficiaries since the start of the programme in April 2006. This constitutes about 86% of the overall estimated cost of the programme of around US\$ 1.5 billion. The process comprises four tranche disbursements, preceded by three tier inspection carried out by the inspection teams. ERRA has disbursed the

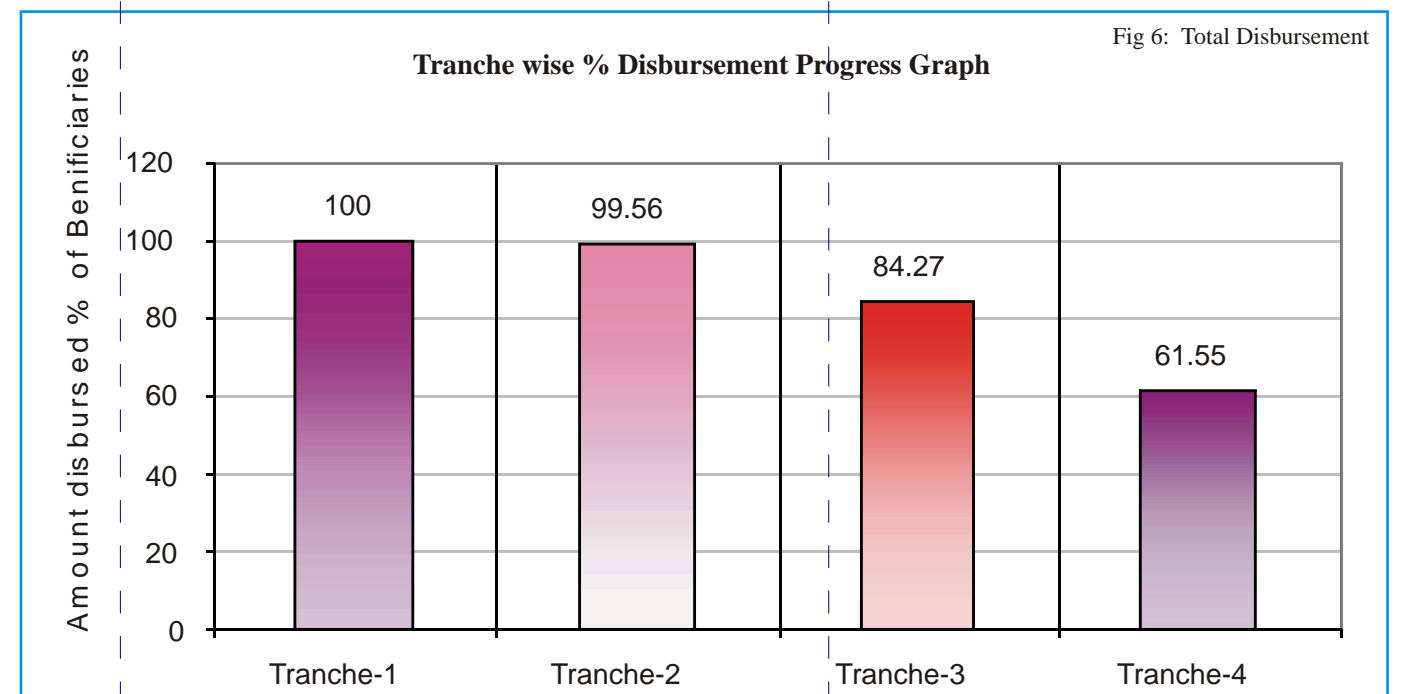


Fig 6: Total Disbursement

600,000 destroyed and damaged houses to seismic resistant construction standards. The project has achieved much more than just brick and mortar, it has been able to induce safer living standards and

second housing tranche to 99%, third tranche to 81.22% and fourth tranche to 52.9% of the beneficiaries in addition to the first tranche that has been disbursed to 100% of the beneficiaries. During the course of the

processes; automation of previously manual inputs towards correction and redressal of grievances; bringing down of grievance correction and redressal times by a factor of 8-10; and elimination of grievance backlogs

? A mammoth transition from Army to UN HABITAT has been smoothly affected since May 2008, for carrying out inspection and certification of rural houses scattered across the huge canvas of the earthquake affected region. This was by means an easy feat, considering that replacing the implementing agency, like Army, for inspections involved huge transfer of databases, institutional responsibilities and providing field orientation and community introductions to the new players. However, this was unavoidable, since the Army could not stay longer and assist with inspections, and it was imperative that an adequate overlapping gestation period was allowed before any new partners could take on this huge task. In addition to ensuring the continuity and transfer of administrative functions, it was extremely important that the Army duly passed on all technical engineering information to the new UN-HABITAT inspectors in order to retain



A newly married couple engaged in building their house

institutional memory and avoid inconsistencies in the inspection regime and certification criteria. This transition was also prompted by the goal of capitalizing the laurels achieved during the past and ensuring their sustainability by creating links between different government departments and compiling the engineering lessons learnt and shared with the various relevant educational institutions.

? Commencement of documentation of the various facets and themes of the earthquake

housing programme through a documentary, thematic case studies and a post-disaster housing tool kit with support from the UN-WB Global Facility for Disaster Risk Reduction and Recovery (GFDRR).

1.6 Some Lingering Issues/ Challenges

? In spite of ERRA's best efforts, there are 4000 cases which have been declared as non compliant beyond rectification. These cases are being written off and will forfeit their right to claim the housing subsidy from ERRA that has invested a lot in terms of focused assistance to such cases but to no avail. However, these cases constitute only a minuscule percentage of the total number of houses to be reconstructed under the programme. The current challenge is to bring another 14,000 non-compliant but rectifiable cases into the fold of compliance through adequate classification and diagnosis of such cases through ERRA's Non Compliance Referral System (NCRS) and later adoption of retrofitting measures by such homeowners. This will also require targeted information raising, sensitization and technical training and assistance campaigns over the next few months.

? Similarly, 23,342 houses are likely to be written off from the programme due to utter lack of progress from such homeowners after the receipt of the second tranche of the rural housing subsidy. ERRA tried all possible means to impress upon such people to start the reconstruction and as a last resort help of elected representatives was sought for making use of their political influence to deal with the impasse. How far this effort of ERRA bears fruit, remains to be seen.

? Although inspection and certification responsibilities have for the time being been transferred to UN-Habitat, from a sustainability perspective, these, along with the necessary documentation, data and records will need to be ultimately inherited by the concerned local and provincial authorities. There would thus be a need for maintaining an optimal presence of implementation partners for a considerable period for the completion of pending caseloads, consolidation of records, and subsequent transfer of knowledge, databases, and administrative functions to the successor agencies.

The Story of Rahmat Jan, a 65 year's old widow from Muzaffrabad

A widow Rahmat Jan, 65, was living with her two sons in village Dhakan Padhar, of Muzaffarabad District. Her house collapsed in the earthquake killing her two sons and a daughter-in-law. After the quake she shifted with her grandchildren to a tent of her nephew who is a mason and a member of the Village Reconstruction Committee (VRC). He has taken Master Self Labour training.

With the help of her nephew she decided to build her own house and sought the help from the Village Reconstruction Committee (VRC), which identified her as vulnerable and decided to help her. The project staff paid regular and frequent visits to provide technical assistance in order to meet ERRA standards. The whole team is satisfied with the construction standard and has passed the house. The house is almost complete and she will be shifting soon. She is happy to live in her new seismic resistant house without any fear of earthquake. According to her, it was a dream which has come true.



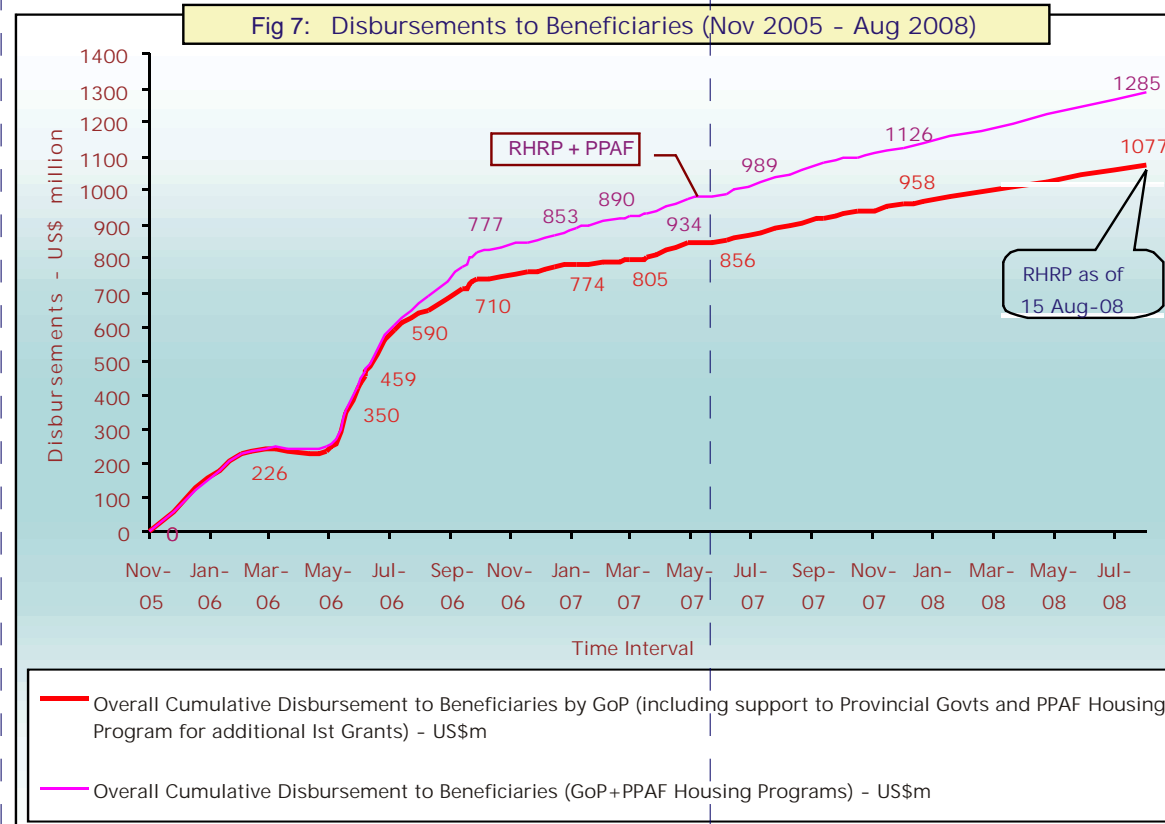
The Story of Saleem, a 32 years old mason

Saleem, 32, is a resident of UC Panjgran of District Muzaffarabad. He is married and has a son. He used to live in his own house prior to the earthquake. The house was completely damaged while his family was safe. He is a mason by profession and was working in Dubai. Therefore he came back to support his family. According to him, the situation was terrible when he arrived. Being a mason, he wanted to help the people in reconstruction of their houses. The transportation of the construction material and its cost was one of the major issues while living in the hilly areas. Understanding the need of the community, he bought a crush machine and a dye for making blocks. In the mean time, he came to know about the project activities ERRA's Rural Housing Programme and thus contacted the field staff for establishing a VRC along with other community members. He did not have any knowledge of seismic resistant reconstruction designs and techniques although he was a mason. He along with other skilled laborers got extensive training in seismic resistant reconstruction, which according to him is very useful. The reconstruction process is taking pace as community and skilled labor has been trained while Saleem is providing some of the construction material (crush and blocks) according to ERRA standards at reasonable rates to the surrounding communities. Saleem is planning to go back to Dubai for work after settling down his family.

Table 8: Rates of Housing Reconstruction (Physical Progress) across AJK and NWFP
(Data Source: ERRA RME Report of 04 August 2008)

	Houses to be reconstructed	Plinth Level Inspection and Certification Rates			Lintel Level Inspection and Certification Rates		
		% Inspected	No. Certified	% Certified	% Inspected	No. Certified	% Certified
AJK	208,330	100%	192,800	93%	93%	123,400	59%
NWFP	143,064	100%	125,567	88%	88%	117,742	82%
Overall	351,394	100%	318,367	91%	80%	241,142	69%

This table only represents the disbursement of ERRA and does not include payments made through PPAF



The graph represents the disbursement of ERRA and PPAF.

2. URBAN DEVELOPMENT SECTOR

The 2005 earthquake caused severe damage to four major cities: Muzaffarabad, Rawalakot and Bagh in AJK and Balakot in NWFP. ERRA Urban Development programme covers reconstruction, rehabilitation and redevelopment effort in these four quake-affected cities.



Urban Development Work in progress

The programme aims at providing safe housing, improved city environment, modern physical and social infrastructure to urban dwellers through complete Master Planning and redevelopment of urban areas. The mission of the Urban Development Programme is to "Build Back Better Planned Cities". ERRA's Urban Development Strategy comprises following four components:

2.1 Payment of Urban Housing Subsidy

As in the Rural Housing Programme, construction of houses in urban areas is also owner-driven. Nevertheless, contrary to rural housing, urban residents are legally obliged to follow the building and other construction related regulations. In urban areas 25,500 houses were assessed and declared eligible. A sum of **PKR 2,896 billion** has been paid to **100 percent** eligible beneficiaries.

2.2 Town Planning and Development of Four Cities

The planning work on urban housing and redevelopment started in June, 2006. Within a time span of 12-months, all the master plans of four cities were prepared. The plans have been made with a view to enhance the functionality, social service delivery and sustainability of cities through comprehensive and integrated development. Socio-economic linkages are also created between physical development and overall economic

development of the area.

2.2.1 Muzaffarabad

The master and micro planning of city is complete and land acquisition is in process. The project has been approved by ECNEC. The Project Management Unit (PMU) is being established at site. The estimated cost of the project is US\$ 353 million which is being financed through Preferential Buyer's Credit of EXIM Bank, China.

2.2.2 New Balakot City

The New Balakot City is being developed on 15,599 Kanals of land on a scenic site close to Mansehra and old Balakot City. A sum of PKR 1.5 billion has been disbursed to NWFP Government for land acquisition of the city. The estimated cost of the project is **US\$ 200 million** out of which US\$ 130 million is foreign funding. The Gaddafi Foundation, Libya; Saudi Fund Loan and DFID are major financiers of the New Balakot City Development Project. The City Development Project includes 31 sub projects of Roads, Bridges, Water Supply, Drainage, Sanitation, Electrification, Sui Gas, Health, Education, Commercial and Civic Amenities.

The development work has started at site and 30 % development work of Phase-I has been completed. The work includes construction of roads, water supply, drainage and sewerage system of the city.

Designs of the Markazi Mosque are being prepared. Projects worth US\$ 25 million have been indicated to Gaddafi Foundation including Tehsil Headquarter Hospital, Girls and Boys Degree College, Primary Schools, Core Commercial Area and Markazi Mosque.

2.2.3 Bagh

The Master Plan has been prepared and approved, micro-planning has been entrusted to NESPAK and land acquisition is in process. Prime Minister of Pakistan, who is also Chairman of ECNEC, has granted anticipatory approval of the Project. Priority Projects indicated by community worth PKR1.0 billion are being launched. The estimated cost of the Project is US\$ 120 million, which is being financed by GoP.

2.2.4 Rawalakot

Master Plan has been completed and approved. Rawalakot is being developed as a tourist attraction and NESPAK is working on detailed micro-planning of the

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Reconstructed Road in EQAAs

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transfer the funds to DRU or the concerned executing agency on submission of certified bills of the contractor

? PERRA/SERRA undertakes routine monitoring while ERRA carries out impact monitoring as part of overall reconstruction programme.

3.4. Challenges Related to Infrastructure Development

? Under developed and thin construction supply market in the EQAAs is not positioned to fulfil all reconstruction requirements in EQAAs.

? Construction boom in the country, especially in the big cities, have attracted major builders and construction firms of the country.

? Difficult terrain and inaccessibility has made construction in EQAAs an unattractive proposition for local as well as other contractors.

? Climatic conditions in certain EQAAs only allow for 6 months of construction period resulting in slow down of reconstruction activity.

? Security concerns in EQAAs like Battagram, Shangla and Kohistan have also desisted contractors to take-up work in these areas which has slowed down reconstruction in the area.

? Non availability of skilled labour and construction material in EQAAs has made construction difficult and expensive.

? Recent increases in construction material costs especially cement and iron, which was unprecedented, has not only slowed down ongoing works but has made contractors reluctant to take-up new contracts.

3.5 Way Forward

? ERRA is proactively encouraging contractors with experience of these technologies to expedite the construction activity.

? To speed up work at the designing stage, the capacity of NESPAK is being augmented.

? ERRA is encouraging large construction companies including FWO and NLC to bid for large packages, e.g., an entire district on a design and build basis in far flung places and also in areas with security problems.

? Capacity of Provincial and State Works Department is being enhanced.

? Decisions on price escalation and time extensions have been decentralized for speedy resolution.

4. HEALTH

Vision

To provide a revitalized healthcare system which is financially viable and ensures provision of an integrated and essential package of health services, which is accessible, effective, efficient and responsive to health needs of the affected population and contributes to improved health status of the population.

ERRA's Health Sector Reconstruction Strategy aimed at following specific objectives:

- ? To ensure availability of an integrated service package at different levels of health care delivery system covering preventive and curative services.
- ? To strengthen the management and organizational system revive and sustain health services.
- ? To devise an institutional mechanism to operationalize effective emergency and disaster response system.

4.1. Damages

As stated earlier, a total of 588 facilities were either fully or partially damaged both in NWFP and AJK. However, after rationalisation and integration in line with ERRA's health strategy, the stake holders agree to reconstruct 307 improved and more comprehensive hospitals. The cost of reconstruction was estimated to be around PKR 13.96 billion.

Table 9: Health Sector Buildings in NWFP and AJK

Health Sector Buildings		
NWFP	AJK	Total
148	159	307

Out of the total damaged facilities, 183 have been pledged by different donors/sponsors while the remaining are being constructed through GOP funding. The current reconstruction statistics in building sector are:

Table 10: Health Projects at Different Stages

Stages	NWFP	AJK
Planning	26	51
Under Construction	28	51
Completed	13	14

The reconstruction plans prepared for Health Sector not only targeted reconstruction of damaged infrastructure but also deliberated to improve the healthcare service delivery such as rationalized reconstruction, quality of care, provision of healthcare and access for disabled, capacity issues i.e., human resources availability, on job trainings for health care providers/ managers and preparation of district health plans.

4.2. Initiatives for Better Health Care Delivery System

4.2.1 Rationalised Reconstruction and Rehabilitation of Health Facilities

The objective was to reconstruct the health facilities to meet the needs of the target population. Based on this a number of health facilities were upgraded to the next level, some health facilities were relocated to appropriate locations close to target population. This strategic intervention is targeted to improve the quality of services as well as utilization of health systems.

4.2.2 Provision of Health Care Services and Disease Control

A need based revised service delivery package was designed for each level of healthcare systems with focus on needs of women and children.

Disease prevention and control has been accorded top priority. Disease Early Warning System was initiated for outbreak prevention and control during the emergency phase.



Basic Health Unit Chinari, AJK

Due to its effectiveness, it is being continued to date and efforts are directed to make it a permanent feature of health system.



Operation Theatre of Tehsil Headquarter Hospital Gari Habibullah, Mansehra

4.2.3 Rehabilitation Programme and Improving Access for the Disabled

Earthquake rendered a number of people disabled. Special needs of the target population were addressed by making all health facilities barrier-free. A community-based rehabilitation programme, along with establishment of medical rehabilitation for the persons with disabilities was also planned and implemented.

Based on the population health needs, the service package for each level of health facilities was revised, with focus on both preventive and curative health services. The service packages were divided into core

and additional services depending upon the target population and staff availability. Psycho-social support is made part of Primary Health Care services. Service units such as blood transfusion units, neurosurgery, psychiatric and nephrology, etc, were added. Special attention is given to provide immunization to children under five years of age by ensuring availability of well-equipped EPI centres at each health facility. Nutrition advice services, especially for pregnant women and children, are ensured at each BHU.



A Kidney Patient being examined by a doctor at Kidney Dialysis Centre, AIMS, Muzaffarabad

All health facilities are made barrier free (disability-friendly). A two-pronged programme for the

Table 11: Cost Distribution of Health Facilities

Interventions	Facility/Service	Cost (PKR m)
Reconstruction	307	13960
Prefab	137	1376
Technical Assistance		125
Electro medical Equipment		295
Ambulances	54	108
Vehicle	11	36
Provision of Human Resource	MO, WMO, Tech. etc.	70
Service Delivery	MCHC, EPI, DEWS etc.	75
New Services:		0
	Blood Transfusion	22
	Neuro Surgery	15
	Rehabilitation	18
	Dialysis	18
	Mental Services	20
Total		16,138 (US\$ 260 million)

rehabilitation of disabled was launched in collaboration with National Institute of Handicapped, comprising of Medical Rehabilitation and Community Based Rehabilitation.

With the collaboration of Population Welfare Ministry, Family Planning services are ensured at each health facility.

4.3 ERRA Interventions

ERRA, in coordination with Departments of Health of

AJK and NWFP, took up construction of 307 health facilities with improved service delivery through an essential package, including nutrition and immunization services. The quality of service was enhanced through provision of Psychiatry, Kidney Dialysis, Neurosurgical and Blood Transfusion Services along with the provision of electro-medical equipment. Ambulances were also provided to improve the referral system.

HIV-Positive Mother benefits from Improved Infection Prevention Practices

On a routine weekly visit by one of PRIDE's Public Health Officers, Farida Shah, to Rural Health Centre (RHC) Chatter 2 in Bagh District, met a 27-year-old lady from nearby Nazarpur village who had come for antenatal care. The lady, Shamshad Bibi, was nine weeks pregnant with her third child. Shamshad's husband, a truck driver, was diagnosed with AIDS three years back at a hospital in Rawalpindi when he was admitted for the treatment of repeated respiratory problems. Shamshad herself was subsequently found to be HIV-positive when tested at the District Headquarter Hospital, Bagh.



Farida counselled Shamshad, who appeared completely ignorant of her condition except for the fact that she was carrying a report indicating her HIV-positive. Farida's counselling included matters relevant to safe delivery, breastfeeding, modes of transmission of HIV and the importance of screening of the remaining family members.

The RHC staff was very apprehensive and reluctant to conduct Shamshad Bibi's delivery at the health facility. However, Farida Shah counselled them about using appropriate infection prevention practices that have been introduced by PRIDE as part of the SBMR approach. This includes use of 0.5% chlorine solution for decontaminating medical instruments an easy and cost-effective way to prevent the spread of deadly viruses including HIV. Safe disposal of medical waste is also critical to prevent infection from spreading, and RHC Chatter 2 now has an incinerator and waste disposal pit.

With basic infection prevention practices in place, it is feasible and safe for RHCs such as Chatter 2 to conduct deliveries and provide other healthcare services to any and all clients - irrespective of their HIV status or the presence of other more common infections. PRIDE has, to date, supported 30 health facilities in Bagh and Mansehra Districts to establish effective infection prevention practices, including facilitating priority action planning, on-the-job training and mentoring and providing basic, low-cost, equipment and supplies.

The staff at RHC Chatter 2 gave their assurance that they are now willing to conduct Shamshad Bibi's delivery at the health facility, using best practices for infection prevention. PRIDE is also working with the staff to improve a wide range of maternal and child health services so that Shamshad Bibi's child will not only have a good start in life, but good health and access to quality health care for years to come.

5. EDUCATION

Vision

To restore equitable access to high quality education, while focusing on better infrastructure facilities, teacher development and also capacity development of district education officers for improved service delivery.

In line with the stated vision, ERRA undertook both hard and soft interventions aiming not only on rebuilding the institutions but also on quality improvement through teacher training, development of curriculum and psycho-social training for students and teachers to bring them back to normal life.

5.1 Targets

As per initial damage assessment, a total of 5,344 educational institutions were reported damaged. The following table provides the break-up of damaged facilities.

Table 12: Targets of Education Sector			
Buildings	NWFP	AJK	Total
Primary	2322	1788	3112
Middle	235	237	472
High	121	157	278
Higher	30	25	55
College	13	36	49
Vocational	6	0	6
University	1	1	2
Private	0	0	0
Total	2766	2578	5344

ERRA and its partners' efforts made it possible to re-functionalize all educational institutions in EQAAs in three months resulting in saving academic year of the students of the area. To achieve this objective over 30,000 tents were provided during this time and then there were annual replacements, depending on the conditions. Corrugated galvanized sheets of iron were also distributed to the institutions on need basis. Over 600 transitional shelters have also been erected in different educational institutions helped by different partners of ERRA. Another 600 transitional shelters are under construction in 2008 by our partners.



Govt Girls Primary School Buzbela

5.2 Progress Review

The enormous task of seismically safe reconstruction, furnishing and equipping of 5,344 educational institutions in EQAAs started in the aftermath of recovery and relief phase. As per strategy, it was decided that 25% educational institutions will be taken up for survey and planning in the first year and 37.5% each in the second and third year.

During first year (June 2006-June 2007), 1086 educational institutions were taken up for survey and design by NESPAK. Another 400 institutions were sponsored by different INGOs and agencies and their designs for construction were also whetted by NESPAK for approval. During second year (June 2007 June 2008), 1625 education institutions were taken up for survey and design by NESPAK, while about 300 additional educational institutions were sponsored by INGOs and agencies.

As per strategy, a total of 4,052 institutions were taken up during first two years. Leaving aside 203 facilities having different land related issues, activities on the remaining 3,849 facilities have been initiated. The current reconstruction status including both undertaken by GoP and donors/sponsors in education sector is as under:

Table 13: Overall Progress Review 2006-08	
Targets for the year 2006-8	4052
Planned	3849 (94%)
Designed and Tender Documents Prepared	3054 (75%)
Awarded	1330(32%)
Completed	175 (4.3%)

GoP funded institutions provincial/ state level updates are as under:

Table 14: Progress Review 2006-08	NWFP	AJK
Targets for the Year 2006-8	1540	1259
Planned	1540	1259
Designing and Tendering	590	555
Awarded	404	276
Completed	5	0

5.3 Soft Interventions

ERRA also undertook strategic interventions to improve the overall quality of education. Agencies like UNICEF, USAID, etc, in collaboration with ERRA, developed training materials on disaster mitigation, pedagogy and subjects and altogether imparted training to 9,378 teachers; 3,427 SMCs have been trained and 4,169 SMCs have been activated. ERRA also provided standard designs for school furniture for providing better learning environment to the students and improving the overall school ambiance.



State-of-the-Art Govt Boys High School
Chhattar Plane, Mansehra, NWFP

5.4 New Initiatives

Due to the quantum of work and hindrances faced in the reconstruction activity through conventional technologies, ERRA has decided to expedite reconstruction of education sector through adoption of following alternate fast speed light weight construction techniques:

- ? Cold form light steel galvanized construction (800 schools have been designed using this technology and 303 have been awarded to contractors and 350 are in tendering process)

- ? Structural Concrete Insulated Panels (SCIPs). 50 schools have been awarded where this technology will be employed
- ? ACC (Aerated Concrete Construction). This technology has recently been approved by ERRA's technical consultants and a proposal for construction of 100 schools is in active consideration.

6. WATER AND SANITATION (WatSan)

Vision

To improve the quality of life of people in the earthquake affected areas by reducing risks to public health through provision of equitable, sustainable and reliable supply of safer water and appropriate sanitation services.

ERRA's WatSan Sector Strategy at following specific objectives:

- ? To rehabilitate and construct all public and community owned drinking water supply, sanitation and solid waste management systems damaged or destroyed as a result of earthquake
- ? To expand, improve and upgrade the affected water supply and sanitation system for increased disaster preparedness and enhanced service delivery in line with the national policy
- ? To restore, build and strengthen the capacity of relevant government departments, agencies and institutions, NGOs, CBOs and other partners
- ? To bring about behavioural changes in favour of safer hygiene practices.

6.1 Progress Update

By August 30, 2008, 1482 Water Supply Schemes have been completed benefiting over 1.10 million people. All schemes are functioning satisfactorily. To improve and upgrade the affected water supply schemes for increased disaster preparedness and enhanced service delivery, the water quality of these completed schemes was tested for physical, chemical, and biological parameters. In addition, 25,000 Nerox filters were distributed during relief, and 21 water quality testing kits were provided by partner organizations to the line agencies.



Clean drinking water at the doorstep

For long term, water quality monitoring and testing WHO is supporting to establish 8 water quality Labs (4 each in AJK and NWFP). PCRWR has already functionalized 2 Water Quality labs one in Mansehra and other in Muzaffarabad. Community Training Programmes were conducted by partner organizations, where as training workshops held for line agencies, in collaboration with PRCWR, WHO and UNICEF in which 67 senior and middle managers, as well as field staff from line agencies were trained.

Table 15: OVERALL IMPLEMENTATION STATUS OF WatSan				
State / Province	Total	Planning Stage	Const Stage	Complete Stage
NWFP	1926	278	915	733
AJK	2862	1537	304	1021
TOTAL	4788	1815	1219	1754

As part of interventions in sanitation, ERRA plans to facilitate the required component selected from options for drains, street pavements, public toilets, and slaughter houses for each selected site. PC-1s have been approved for 25 sites and work has already started on 13 sites.

During the early recovery phase, 66,000 low cost pit latrines were constructed. Construction of sanitary latrines in houses was made mandatory in the rural housing strategy of ERRA and this is being implemented accordingly. PC-1s for 17 sites have already been approved in the sub-components of solid waste management.

To restore, build and strengthen the capacity of relevant government departments, agencies and institutions, PC-1s were approved for repair and reconstruction of 45 office and residential buildings. Although no physical work has yet been started, 28 schemes are in the design stage. Eight WatSan Coordinators have been appointed to PERRA, SERRA and DRU to enhance their capacity and two more are being recruited.

To bring about behavioural changes in favour of safe hygiene practices, partner organisations have supported and arranged community mobilization and hygiene promotion programmes for all completed water supply schemes. A total of 1150 schemes were executed through community participation to enhance sustainability, effectiveness and efficiency.

To provide water supply and sanitation facilities to earthquake affected areas, out of the total 4,080 damaged schemes, 1,482 have been completed and 1,158 are under construction. Additionally, 1,199 schemes are at the tendering stage and 241 are under planning.

Out of the 25 sites (628 sanitation schemes), work has started on 13 sites and for all 25 sites PC-1s have been approved.

Similarly, out of 23 solid waste management schemes, work has started on 7 schemes and for 20 schemes PC-1s have been approved.

Out of total 120 WatSan office buildings, 63 are sponsored and out of remaining 57 buildings, PC-1s have

been approved for 45 buildings against GOP funds.

To build the capacity of ERRRA staff, WatSan Sector, with support from Water and Sanitation Programme (WSP) of the World Bank, arranged training on documentation, case study writing and media management skills. Similar training will be carried out for SERRA/PERRA and DRU level staff in Muzaffarabad and Abbottabad as well.

Fig 8: Overall Implementation Status of WatSan

