PAKISTAN
Sanitation Country Paper

SACOSAN-V 2013
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INTRODUCTION

Pakistan is sixth most populous country in the world with an estimated population of 184.35 million\(^1\). It is scattered over 800,000 square kilometers and came into being in 1947. The country is divided into five provinces namely Punjab, Sindh, Balochistan, Khyber Pakhtunkhwa (formerly North West Frontier Province) and the relatively smaller Gilgit-Baltistan, as well as three territories, namely Federally Administered Tribal Areas (FATA); Azad Jammu & Kashmir (AJK) and the Islamabad Capital Territory (ICT).

During 1950–2011, Pakistan’s urban population expanded over seven-fold, while the total population increased by over four-fold. Pakistan has an estimated median age of 22 years with 60% working population. With a 2% growth rate of population, Pakistan had a population density of 231 per Sq. Km in 2012-13. Due to the uneven distribution of population, its density in Pakistan varies dramatically, ranging from scarcely populated arid areas, especially in Balochistan to some of the highest urban densities like Karachi and Lahore. During 1990–2003, Pakistan sustained its historical lead as the second most urbanized nation in South Asia with city dwellers making up 36% of its population\(^2\). Furthermore, 50% of Pakistanis now reside in towns of 5,000 people or more.

An estimated one-third of Pakistan’s population (58.7 million people) lives below the poverty line on the basis of head count ratio\(^3\). Furthermore, 46% rural households fall below the poverty line compared to only 18% urban households. On the basis of income, 21% population of Pakistan earns less than US$ 1.25 per day and nearly three-fifths of the population (60%) lives with income less than US$ 2.00 per day\(^4\). Pakistan is categorized as one of the poorest countries in the world, and poverty is particularly felt by Pakistani women, nearly 40% of whom can be termed as poor and of these nearly 30% can be considered both economically and socially poor, i.e. having a low social status against international indicators assessing status in societies\(^5\). The UNDP’s Human Development Report 2013 ranks Pakistan at 146th with a Human Development Index (HDI) value of 0.515. The report shows a gradual increase in the value of HDI from 0.504 in 2011 and 0.503 in 2010, though Pakistan’s rank has slipped slightly during 2012.

STATE OF SANITATION

In recent years, the construction of toilets has increased. The Pakistan Social and Living Standards Measurement (PSLM) survey of 2011-2012 revealed that 72% households were found to be using flush toilets, with 10% using non-flush toilets. Urban rates for flush toilets were 97%, while rural rates were 58%. The households with no toilets accounted for 18%. In rural areas of Pakistan, access to flush toilets has increased from 51% in 2007-08 to 58% in 2011-12. Households with no toilet in rural areas have declined from 35% in 2007-08 to 27% in 2011-12. Punjab with 78% is at the top followed by Khyber Pakhtunkhwa 71%, Sindh 61%, and Balochistan 37% for access to flush toilets.

As per PSLM 2011-2012, in the lowest quintile, only 45% have flush latrine and 36% have no latrines. On the other hand, in the highest quintile, 91% have flush latrines and only 6% are without toilet. This indicates inequity of toilet facilities among different income groups.

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1 Economic Survey of Pakistan 2012-2013, Ministry of Finance, Pakistan
2 Economic Survey of Pakistan 2012-2013, Ministry of Finance, Pakistan
3 ArifNadeem and Nazim Ali, Cluster Deprivation, District Profile of Poverty, SDPI Pakistan 2012
4 World Development Indicators, The World Bank 2013
5 United Nations Country Team, Pakistan, Common Country Assessment, September 2011
According to the JMP report 2013, Pakistan made significant progress of reducing open defecation from 52% in 1990 to 23% in 2011 with a 3.9% annual rate of decline. Only 47% Pakistan’s population is using improved sanitation depicting a wide disparity among urban (72%) and rural areas (34%). Nearly a fourth (23%) of the population of Pakistan is still practicing open defecation and one out every three persons in the rural areas of Pakistan defecate in the fields.

As per PSLM 2011-2012, only 24% households of Pakistan have access to underground and covered drains, 42% have access to open drains and 33% live with no system. The ratio of no system and open drains for rural households are 49% and 45% respectively. This portrays the poor state of sanitation system in rural areas of Pakistan. The inequity of provision of a sanitation system is further visible from the fact that 57% from the lowest quintile are with no system while only 16% from the highest quintile are with no system. Similarly, only 7% from the lowest quintile have access to underground and covered drains whereas for the highest quintile it is 42%. Moreover, three-fourths of households of Pakistan live without any garbage collection system specifically 95% of rural households.

Since the adoption of Pakistan Poverty Reduction Strategy Papers, Pakistan has witnessed a growth on pro-poor expenditures from 4.3% in 2003-2004 to 9.59% in 2011-2013. The share of expenditures made on water and sanitation has increased from 0.16% of GDP in 2010-2011 to 0.18% of GDP in 2011-2012, and this also accounts for about 2% of the total pro-poor programme spending made by government of Pakistan. The current budget allocation does not provide a dedicated budget line or sectoral overview of sanitation in Pakistan but an analysis conducted in 2012 revealed that about a third of the total drinking water and sanitation budget is spent on sanitation. Pakistan spent PKRs 36 billion on water and sanitation in 2011-2012 compared to PKRs 22 billion in 2008-2009 showing an incremental growth of 20-25% each year. Table 1 presents key indicators for the status of sanitation in the country.

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6 The variations are due to the different definitions used in the surveys. Further, the JMP 2012 report used regression analysis based on PSLM 2009-10 data.
Table 1 – Status of Sanitation

<table>
<thead>
<tr>
<th>Indicator Area</th>
<th>Selected Indicators</th>
<th>Source</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>1 Access / Practice</td>
<td>% of household using improved sanitation (flush toilet)</td>
<td>PSLM 2011-12</td>
<td>72%</td>
</tr>
<tr>
<td></td>
<td>% of household practicing open defecation (no toilet)</td>
<td>PSLM 2011-12</td>
<td>18%</td>
</tr>
<tr>
<td>2 Health and Education</td>
<td>% of schools with functional toilets separate for boys and girls (overall for government schools)</td>
<td>PRSP II 2012</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>% of schools having functional hand washing facilities (overall government schools with usable water)</td>
<td>PRSP II 2012</td>
<td>61%</td>
</tr>
<tr>
<td>3 Equity</td>
<td>There is gap in improved sanitation coverage by wealth quintile (1st quintile with no toilet)</td>
<td>PSLM 2011-12</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>% of total water and sanitation budget allocated and utilized</td>
<td>Discussions with Govt</td>
<td>75%</td>
</tr>
<tr>
<td>4 Finance</td>
<td>% of total sector budget allocation to sanitation and hygiene</td>
<td>PRSP II 2012 and MTDFs</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>% of total sanitation and hygiene budget utilization</td>
<td>PRSP II 2012 and MTDFs</td>
<td>40%</td>
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Fig 2 – Development and Current Expenditure in Water and Sanitation- (PRSP 2011-12 report)
In the last few years, there has been an increase in investment in sanitation that is evident from the 2012-2013 budget analysis of Punjab where sanitation has about 50%-54% share in total water and sanitation allocations. As per the Sector Status Report of 2012, Pakistan is in need of PKRs 268 billions (US $ 2.68 billions) for total sanitation to achieve the target of 100% improved sanitation. Similarly, the service delivery assessment report of Punjab 2013 indicated a need of PKRs 180 billion for rural sanitation in Punjab province, which has the highest numbers of communities with open defecation.

INSTITUTIONAL SET UP FOR SANITATION SECTOR

Under the Constitution of Pakistan, the areas of local government, drinking water supply, sanitation, solid waste, rural and urban development are provincial subjects. Since the 2001 Local Government Ordinance, municipal services including water supply and sanitation services are the responsibility of the Tehsil Municipal Administrations (TMAs) across the districts. The four provincial governments of Pakistan have adopted or are adopting new local government ordinances (LGOs) 2013. The new LGOs 2013 envisages the restoration of the old mayoral system for the metropolitan cities, and chairman led district councils. The rural-urban divide has once again been instituted; in rural areas the union councils and zila (district) councils will be responsible for services; while in urban areas and the metropolis, metropolitan, municipal corporation, municipal and town committees will be restored. Currently, there is a period of transition with no elected local governments and the TMAs are still in place, albeit headed by an administrative figure. Local body polls have been pending since October 2009. Urban water and sanitation authorities in Punjab and Quetta and the Karachi Water and Sewerage Board were entrusted to deliver municipal services under supervision of the local governments in City District Governments, provincial capitals and large cities.

The government of Pakistan enacted its 18th Constitutional Amendment in April 2010, with revised National Finance Commission 2009, which resulted in shift of legislative and administrative authority from the Federation to the Provinces. Resultantly, 17 federal Ministries including all social services like education, health, environment, women development, etc. have been devolved to the provinces. With the decentralization plan effected from 1st July 2011, the Division of Climate Change (formerly Ministry of Environment) now serves as the focal point for coordination of WASH in Pakistan. It is the custodian of National Environmental Policy 2005, National Sanitation Policy 2006, National Drinking Water Policy 2009 and National Climate Change Policy 2012. Furthermore, the Planning Commission and the Ministry of Finance also have critical roles. The Planning Commission holds the authority for approving provincial development programmes and coordinates and approves projects prepared by the Provinces that cost more than Rs. 100 million (about US$ 1 million). The Ministry of Finance allocates resources, is the secretariat of the National Finance Commission and transfers funds to the provinces.

The responsibility of planning, funding, regulating, monitoring and service delivery rests with the provincial governments who have delegated that role to the Local Governments through the earlier LGO 2001 and now the recent LG Acts of 2013 passed by respective provincial assemblies. The sector is overseen by a number of departments, including Local Government, Rural Development, Works and Services, Health, Education for WASH in schools and Public Health Engineering.
Departments (PHED). The Local Government through TMAs works with PHED for seeking technical support in infrastructure development especially in relation to complex schemes. These provincial departments are now working through an integrated approach to envision and design common implementation plans that are owned by multiple departments and supported by all major support organizations working in the sector.

SANITATION POLICY

The National Sanitation Policy 2006, developed by the Climate Change Division of Government of Pakistan (formerly Ministry of Environment) through provincial and national consultations, provides a broad framework and guidelines to all governments (federal and provincial) to enhance and support sanitation coverage in the country through the formulation of sanitation strategies, plans and programmes for improving the quality of life of people and a providing a healthy work environment. The National Sanitation Policy 2006 envisions the following: creation of an open defecation free environment with safe disposal of liquid and solid waste and the promotion of health and hygiene practices in the country; develop and utilize sewage and water treatment facilities for domestic and industrial use; and promote the concept of behavior communication change through Community Led Total Sanitation and carry out public awareness programmes.

The provinces sought guidance for policy formulation from the National Sanitation Policy 2006. Punjab has drafted a sanitation policy in 2011, which is awaiting the approval and it provides a framework to guide and support provincial institutions, District Governments, Tehsil Municipal Administrations, Water Utilities and communities for improving sanitation services. The Local Government and Rural Development Department of Government of Balochistan framed the Provincial Sanitation Strategy and Action Plan in February 2008 in pursuance of the National Sanitation Policy 2006. This is being revised and updated in light of the 18th Constitutional Amendment. In Sindh province, a Sanitation and Solid Waste Strategy 2011 was approved in 2012 with a commitment of US$ 10 million. Khyber Pakhtunkhwa has a draft sanitation strategy awaiting approval. Azad Jammu and Kashmir has approved a sanitation policy in 2008, and are developing its programmes in line with this strategy. The enactment of the 18th Constitutional Amendment empowered the provinces with more autonomy in allocation and distribution of resources. The institutional and civil society partners are supporting the provincial governments to develop necessary vision and strategic directions to achieve the sanitation for all.

SANITATION MONITORING SYSTEM

There are challenges of coordination for monitoring and reporting due to complexities in the roles and responsibilities of different stakeholders. There is lack of systematic data collection by TMAs and service providers for onward collation and analysis at the departmental level as performance reporting of sanitation services are multifaceted and challenging. While each project/scheme does in theory have a project cycle- based on a series of documents from PC-1 to PC-5, the end of project evaluation stage (PC-V) is rarely undertaken, bypassing yet another institutional monitoring mechanism.

8 Punjab Service Delivery Assessment Report, WSP World Bank 2012
The federal PRSP involves a yearly review process led by the Ministry of Finance. Coverage is tracked through national household surveys and sector investments tracked through provincial submissions. At the provincial level several mechanisms exist for providing overviews: Poverty Reduction Strategy Papers (PRSP) Report, Medium Term Development Framework (MTDF), Medium Term Budgetary Framework (MTBF) and Annual Development Plans (ADP). Generally, the ADP provides the basis for planning, but current arrangements do not support a comprehensive assessment or access to capital expenditure on sanitation and hygiene. In absence of a template for a Sector Performance Report, it is difficult to consolidate the input and output data to have an overall picture of the sector i.e. investments, operational costs, output/outcome data, etc.

Presently, there are three reports/sources that provide information about access to water and improved sanitation. These are Pakistan Social and Living Standards Measurement Survey (PSLM), Multiple Indicator Cluster Survey (MICS) and Joint Monitoring Programme (JMP) of WHO and UNICEF. It is pertinent to note that there is a lack of consistency in the definitions used by various surveys and there is difference at the federal and provincial level on the definition of what constitutes safe and improved sanitation. The development of Management Information System (MIS) for Drinking Water and Sanitation has been started a few years back and is still in the piloting stage in Punjab and Azad Jammu and Kashmir. The new MIS shall be based on GPS data creating decision-making and analytical scenarios for the government to develop effective sanitation programmes. Under public sector development programme financed by Government of Pakistan, the Climate Change Division has started a development of national MIS for WASH from July 2013 and this is likely to be completed over a period of three years.

Currently, it is not possible to ascertain the collective outputs of Water and Sanitation work done by different stakeholders across the country. Thus, there is need to develop a sector wide management information system having consistent Monitoring and Reporting formats, and district, provincial and national hubs should be established for information collection and dissemination. The stakeholders of sanitation in Pakistan proposed 22 Indicators for reporting, and process for data collection for these indicators to be aligned with national and provincial data collection streams. The provincial partners showed willingness to streamline their processes for reporting of these indicators.

Each province has, at varying degrees of development, a monitoring framework. A Development Project Management System (DPMS) supports this. There is a whole directorate for monitoring and evaluation called Directorate General Monitoring and Evaluation (DGME). The DGME may have offices at divisional level, but does not have enough presence at district level. For monitoring of drinking water and sanitation indicators to be institutionalized, it is essential that monitoring of the sector is contextualized within the broader monitoring framework of the province and that key stakeholders like the Bureau of Statistics, DGME, planning, reforms and those involved with management information systems facilitate information management for drinking water and sanitation.

SANITATION PROMOTION APPROACHES AND INITIATIVES

A draft National Sanitation Action Plan (NSAP) 2010-2015 derived from the National Sanitation Policy, is a roadmap for the national government to achieve MDGs. It was envisaged that provincial sanitation plans would be developed in line with national sanitation action plan to serve as dynamic and functional document. However, with enactment of the 18th Constitutional Amendment from
July 2011, the context of NSAP for the provinces has changed. Although water and sanitation were already managed at the provincial level, the perspective of coordination and allocation of resources at the provincial levels changed because of the 18th Amendment. NSAP attempts to integrate sanitation with health, education, and national development policies and plans with the aim of achieving universal coverage, reducing rural-urban disparities, and specifically focusing on the poor. It acknowledges that any substantial progress on the sanitation front would depend on the incorporation of citizens’ participation, the institutional role of private sector, effective review and implementation mechanisms down to the local level, and allocation of adequate funds to the sanitation sector.

Pakistan Approaches to Total Sanitation (PATS) developed under the leadership of Climate Change Division of the Cabinet Secretariat, (former Ministry of Environment) has been successfully rolled out in Pakistan with the support of Provincial Governments UNICEF and civil society partners. PATS underpins an Integrated Total Sanitation approach that seeks for sanitation demand creation, sustaining the demand through supply side interventions, promoting participatory hygiene, attaining 100% adequate drainage and wastewater treatments, linkages development with duty bearers and knowledge management and accountability. PATS extends an active social mobilization strategy by building a cadre of human resources who inspire and empower the communities to construct technically sound and viable latrines which are connected to a secure disposal system and achieve total sanitation status, sustainably adopt hygiene practices and continuously use improved sanitation facilities. PATS calls for humanitarian-development nexus in sanitation programmes and includes sanitation marketing strategies to achieve total sanitation in an urban or rural human settlement. Large scale sanitation programmes following PATS approach have been implemented by sanitation sector partners in the aftermath of 2010 floods which affected the whole country. Evaluation of these programmes and subsequent sanitation programmes in response to floods in 2011 and 2012 has helped refinement of programme design under PATS, especially in harmonizing humanitarian-development interventions. It is estimated that more than 8 million people have achieved ODF status as a result of at scale programmes under PATS since its launch in March 2011. Another achievement of PATS approach is that all sanitation sector partners have adopted it and sanitation programmes implemented under this approach at scale are being adopted by the government in terms of funding and implementation.

Presently, the Provincial Government Departments with the support of international and national partner organizations have worked on developing policy frameworks and strategies to address sanitation issues. These efforts have culminated in adoption of scaling up rural sanitation programmes by the provinces that are targeted to promote synergies and develop linkages among key actors for the overall sector development. These programmes are being implemented through various departments (i.e. Local Government, Public Health Engineering, Health, Education and district administration etc.) coordinated by the local government departments. The partners seek to apply this outcome/Open Defecation Free (ODF) jurisdiction-based approach to the Pakistan context - with a special emphasis on a private enterprise model for scaling up.

The scaling up of PATS in Punjab has been piloted successfully with an innovative approach by creating collaboration among Community Development unit of PHED with local communities and health workers called Lady Health Workers (LHWs) of Health Department in 2011-2012. The interventions focused on raising awareness for behavior change among the target communities. The process has successfully achieved its target of 140 ODF villages, and is now extended into six
districts. This successful demonstration resulted in creating an impetus among the Local Government Department of Punjab who developed a sanitation framework and has secured US$12 million from the Government of Punjab for drainage and litter free components to be integrated with the sanitation programme in addition to its regular budget. An institutional capacity development programme for the department of Local Government is being developed with the support of national and international partners. A review of 2012-2013 budgetary allocation of Punjab showed a ratio of 50:50 for sanitation and water. Generally, budgetary allocations of PHED and Local Government for sanitation are largely driven with hard component like laying sewer lines and drainages.

The Local Government of Sindh has also approved a scaling up approach of sanitation with endorsement of the Provincial Sanitation and Solid Waste Strategy 2011. The Local Government Training Institutes will act as training hubs for the staff of local government working at the Union Councils and Teshsil levels along with other key stakeholders. The Government of Sindh made a commitment of US$10 million for a scaling-up approach for sanitation, and the provincial government has constituted a steering committee having wider representation including health to provide guidance and direction for scaling-up rural sanitation. The department of Health in Sindh will support the behavior change through 23,000 LHWs working in the province.

In Khyber Pakhtunkhwa province, over 300 villages have been made ODF through CLTS and SLTS approaches implemented by the civil society partners with the support of the Local Government Department of KP province. The Provincial Government also notified a working group to provide strategic direction for scaling up sanitation. A special campaign for sanitation and improvement of municipal services in urban areas of the province has been started in September 2013. An incentive and rewarding infrastructure schemes for ODF village has been initiated in the province with the support of institutional donors. National and international sector partners are scaling up this reward approach for ODF villages. In Balochistan, a BCC strategy for the operationalizing the scaling up of the sanitation is being developed. PHED and Local Government worked with civil society organizations to construct the latrines in flood-affected areas.

In Azad Jammu and Kashmir (AJK), the Government has taken the initiative of a separate budget line for drinking water and sanitation. In the proposed budget 2013, the government allocated funds for the scaling up of sanitation through reward schemes under annual development programme for ODF villages. State of AJK has started a mobile based water and sanitation survey covering 5% of its villages with 60 questions providing wealth quintiles, behavior change, water quality, access for water and sanitation, sanitation marketing, open defecation status, poverty proxies, etc. All of which is gathered through mobile application with GPS stamp and analyzed through GIS.

The Government of Punjab adopted PATS and under the ChangaPani Project in Lahore has tested the model of component sharing. The project encourages community share in laying water supply and sewerage lines in their lanes, and now the government of Punjab allocated US$10 million for the replication of ChangaPani in urban areas of Punjab Province under its annual development programmes. Similarly, Sindh Cities Improvement Programme (SCIP), started by Government of Sindh, seeks to improve the water quality, wastewater management, and solid waste management (SWM). The programme has established North Sindh Urban Services Corporation, South Sindh Urban Services Corporation and Central Sindh Urban Services Corporation for an estimated 4-5 million residents in participating secondary cities in Sindh Province.
A significant component of PATS is School Led Total Sanitation (SLTS). The SLTS approach is used for promotion of good health practices where children largely helped in changing perceptions at community level. The usage of a forum like the teacher-student WASH club proves highly successful in imparting hygiene communication messages at scale. Additional enabling factors such as training programmes for school teachers, capacity building and awareness raising of village based development organizations, coordination and support for the district level government education department play significant roles in the programme’s success. SLTS is being used as opening intervention in PATS programme at scale in transition from humanitarian to development as it provides opportunity to mobilize the disaster affected communities with dignity, pride and self-respect.

DIFFERENT ASPECTS OF SANITATION

School Sanitation

Government of Pakistan has given special emphasis on the integration of WASH in schools within the Education Sector, and this is acknowledged in the national education policy 2009 that identifies provision of missing facilities especially toilets and drinking water is critical for retention and quality education. According to PRSP II 2012 report, 63% of primary schools have water facility and 62% schools have latrine/toilet facility. In short, three out of every five students in primary education have access to water and sanitation in schools. A regional overview of provision of school toilets is given below.

Fig 3 – Schools with Toilet Coverage – PRSP 2011-2012 Report

The Annual Status of Education Report (ASER) 2012 compiled by civil society organizations of Pakistan showed 61% of government primary schools had useable water facility compared to 55% in 2011, while 50% of government primary schools had a functional toilet compared to 43% in 2011. The percentage of private primary schools with useable water facility were 84% and 75% were found
with a functional toilet in 2012. Half of all government primary schools and $\frac{1}{4}$ of private primary schools in Pakistan are without toilet facilities. The Ministry of Education in 2010 developed and adopted national standards for child friendly inclusive education that underpins provision of WASH as a critical component for a healthy and protective environment for the children. The child friendly school manual for Pakistan includes WASH especially the hygiene component with hand washing and personal hygiene components.

Government of Pakistan initiated a dialogue related to Menstrual Hygiene Management (MHM) in selected schools, primarily understanding the scope of education impacts and challenges across cultural backgrounds. A study conducted at the national level showed WASH facilities in schools are not supportive to management of menstrual hygiene; majority of the girls rely on mothers and sisters for MHM related information; little information is provided or discussed at school level\(^9\). Most girls reported using reusable torn cloth during menstruation, but reported difficulties washing and drying the cloth due to lack of privacy. A broad-based research into MHM barriers faced by girls in schools and at home, what adolescent girls want to learn about MHM and how information can be made available. Similarly, a capacity development programme in WASH for distant pre-service teachers training programme has been initiated with Allama Iqbal Open University of Pakistan. The project has developed videos of WASH manual for trainee teachers, which is broadcasted by Pakistan Television under its virtual training support to the distant students.

The Climate Change Division of Government of Pakistan joined hands with International Agencies and national organizations including UNICEF, UN HABITAT, WSP, Plan International, WaterAid, PIEDAR, UNILEVER, and Mobilink for the Celebration of Global Hand Washing Day 2012. Together over 500,000 children across the country were reached with messaging on the importance of hand washing with soap. Mobilink’s mass distribution of text messages encouraging good hygiene practices were linked with UNICEF’s provision of soap to 250,000 children and lessons to half a million children on hand washing and other good hygiene practices.

**Urban Sanitation**

Significant improvements in the availability of flush toilets were achieved during the nine-year period ending 2011-2012 when the nationwide availability in urban areas increased from 89% to 97%. In addition, the non-availability of toilets decreased from 5% to 1%. These improvements were reflected across the four provinces. According to PLSM 2011-201, the no toilet in urban areas ranges 0% in Sindh, 1% in Punjab, 2% in Khyber Pakhtunkhwa and 4% in Balochistan. There is high level of sewerage coverage in almost all the cities served by WASAs despite the poor conditions in urban slums and katchiabadi.
Fig 4 – Urban sanitation systems by Quintile- PSLM 2011-2012

Data on coverage by wealth quintile in urban areas of the provinces shows high inequity in access of a primarily urban service (i.e. flush toilet connected to a public sewer). In urban areas of Pakistan, only 20% from the lowest quintile are living with underground/covered drains while 61% in the highest quintile have underground/covered drains. Similarly, only 16% from the lowest quintile are without any system whereas only 2% from the highest quintile are without any system in urban areas of Pakistan. Two-thirds from the 1st quintile and a third in the 5th quintile are with open drains.

There have been some positive sanitation innovations at the grass-roots level in Pakistan, such as Orangi Pilot Project (OPP) that has successfully mobilized the community and built self-financed, self-maintained sewers for over a million people in Karachi. The OPP model is replicated across the country especially Government of Punjab adopted the component sharing and self-maintained sewers under ChangaPani Project in Lahore. The OPP approach is being copied by civil society organizations like Lodhran Pilot Project, Pakistan Poverty Alleviation Fund, etc.

The level of sewerage coverage in nine major cities in Pakistan, as reported by the WASAs in 2011, states that two of the cities, Islamabad and Peshawar, had 100% coverage. These were followed by the two major cities of Lahore with 87% coverage and Karachi with 80%. The five remaining cities had coverage ranging from 70% in Faisalabad to 12% in Quetta. The apparently high urban coverage likely hides the fact that the proportion of urban households with individual connections to piped sewerage falls behind aspirations. Coverage of public sewerage has barely increased over the past decade, and as a result, the share of the sewage generated reaching the wastewater treatment plants has increased only slightly. Although there are some sewerage collection systems, typically discharging to the nearest water body, collection levels are estimated to be no greater than 50% nationally, with only about 10% of collected sewage effectively treated.
On the operational front, virtually all “Urban Water and Sanitation Authorities” (WASA’s) are faced with a grim fiscal situation. Incomes from sanitation tariff’s and other sources have generally stagnated while recurring costs have grown due to rapid salary increases, electric bills and other costs. Outside the large cities the urban population is spread over a large number of small and intermediate towns are serviced by “Tehsil Municipal Administrations” (TMAs) who are always short of funds. Limited by poor tariff structures and with no mandates or capacities for generating other “revenue sources”, virtually all of TMAs and WASAs are heavily reliant on annual provincial transfers that keep them afloat. WASA/TMA specific pro poor policies or plans for urban areas are largely unavailable. Multi-stakeholder reviews of sub-sector performance do not take place. Annual or quarterly reviews are typically held at the agency and ministerial level, but not by all of the key stakeholders including civil society, the private sector and citizen’s forums. Sub-sector reviews are normally project and/or Annual Development plan (ADP) specific and do not cover the entire sub-sector.

The collection of fecal waste and its treatment remains an issue across all urban areas. While sanitation coverage has grown over the years, and collection efficiencies have improved, nearly 100% of the sewage is disposed of without any treatment on nearby lands or into water bodies. Although treatment facilities exist in about a dozen major cities, in some cases these have been built without the completion of associated sewerage networks, and the plants are often either under-loaded or abandoned. In areas where there is abundant surface water for households to abstract (such as in parts of Punjab), the lack of treatment adversely affects the quality of those supplies and hence wastewater treatment becomes much more important as a means to protect a low cost water source than in other areas where water supplies are more costly and independent of pollution levels. A long-term strategy for wastewater management is needed that focuses on the use of appropriate and affordable technologies, and that seeks to give wastewater treatment economic value through reuse.

Mixing of sewage with drinking water supply lines is a growing concern and challenge to eradicate Polio virus from Pakistan. Ageing infrastructure coupled with intermittent pattern of water supply is causing tremendous problems in urban areas of Pakistan in general and situation gets worst in informal settlements and slums. Polio Virus has been detected in in some urban informal settlement while testing the water quality. Special focus on urban sanitation programming is being done by the sanitation sector partners, in high-risk Polio affected districts, in collaboration with the service providers, city administration and the provincial governments. Polio eradication with WASH interventions as an entry point is reducing political and security sensitivities attached with it. WASH infrastructure builds confidence with community before Polio vaccinators launch their campaign and provides enabling environment where Polio virus can be contained.

**Sanitation and Health**

The outbreaks of Dengue in Punjab and other provinces are a wake up call. Dengue flourishes in small water collections in and around the house, in particular in drinking water vessels. Piped drinking water can prevent the exacerbations from Dengue. In Punjab, over 12,000 people were infected and close to 300 people died from Dengue. During 2013, concerted awareness efforts yielded fruitful results, and only 442 cases were reported in Punjab without any causality. The recent resurgence of Polio in Pakistan, especially following the floods suggests pollution of water reservoirs
as one causative factor. Rural Sanitation Programme was initiated with high priority to Polio-affected districts to ensure that Pakistan may not be left as the last global outpost in the control of polio.

In 2013, the Local Government and Community Development Department (LG&CDD) Punjab established a Disease Surveillance and Control Cell (DSCC) to monitor key water borne diseases. The Cell is linked with the Punjab Information Technology Dashboard, which generates information for each district of Punjab with the support of health department of the Punjab. The DSCC extracts information for each Tehsil Municipal Administration and transmits to relevant TMAs along with disease alert for key deviations. Regular follow up and monitoring is done by the LG&CDD. Presently, a capacity development plan for TMAs is initiated to extract and extend online information for retrieval at TMA and provincial levels.

![Image]

**Diarrhoea Under Five Years as per PSLM 2011-2012**

As per PSLM 2011-2012, there has been a slight decrease in the proportion of children under five suffering from diarrhoea i.e. from 11% in 2010-11 to 8% in 2011-12. All provinces have shown a decline in diarrhoea prevalence except Balochistan. Although Pakistan still has a high Under 5 Mortality Rate of 72 per 1000, but the above progress is very encouraging as Pakistan achieved the target of under-five diarrhea.

Lady Health Workers (LHWs) are the frontline health force that works for promotive and preventive health care. It has 84% coverage of target population by 2011-2012.10 PATS identified the potential of using LHWs as community resource persons at selected places for improved sanitation and hygiene. Partners in Pakistan have to exploit the potential of LHWs by virtue of their easy access to women and children. In Punjab, UNICEF engaged LHWs programme to include PATS behavioral change materials in the curriculum of health workers. Similarly, health department Sindh showed willingness to deploy 23,000 LHWs for behavioral change for improved sanitation and hygiene. A district-based prevalence of Trachoma survey at selected districts of Pakistan has been conducted to identify priority districts with high prevalence of active and blinding trachoma caused by poor sanitation. PATS at scale programmes are helping in reduction of non-diarrheal diseases like Hepatitis, pneumonia, Tuberculosis and malnutrition.

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10 Pakistan MDG Report 2012, UNDP Pakistan
Reaching the Unreached

The monsoon floods of 2010 affected 78 districts covering an area of 100,000 square kilometers, impacted a population of more than 20 million (nearly every 9th person in Pakistan) and caused over 1980 reported deaths. In 2011, the normal monsoon rain became torrential rains in August and triggered severe flooding in various regions of the country particularly in Sindh and Balochistan. Over, 9.2 million people were initially affected, more than 1.5 million homes damaged or destroyed and over 400 people killed in Sindh province alone. Floods occurred in September 2012 had affected more than 5 million people. Balochistan, Punjab and Sindh provinces were the hardest hit, with some districts inundated with floodwaters for the third consecutive year.

The incidence of water, sanitation and hygiene related diseases, including acute diarrhea, among the affected population had been major concerns in these floods. In Pakistan, diarrhoea is the leading cause of mortality for children under 5 with 116,000 children perishing each year. The gap between the real progress and the MDG target for sanitation increased because floods washed away the gains made in the sanitation sector in rural areas. The Division of Climate Change and UNICEF conceived and developed a strategy to upscale rural sanitation in flood-affected areas. In collaboration with the Government of Pakistan, UNICEF, Plan International Pakistan, UN-Habitat, IRSP, PRSP, MuslimAid, Islamic Relief, WaterAid, AKRSP, NRSP, LPP and other organizations and communities, this strategy was implemented in the form of a new rural sanitation programme in 34 districts of Pakistan to safeguard and protect their health from water-borne diseases. The programme used “triggering” as an entry point and placed a larger focus on behavioral change for sanitation and hygiene. The Programme took into account the integrated total sanitation model seeking to undertake a series of measures aiming at ensuring raising awareness through appropriate means of communication, attaining and sustaining an open defecation free status, promoting the use of secondary barriers and 100% safe management of excreta through end of pipe treatment options. The programme was conceived on the premise that a market for sanitation goods and services must be operative to meet the increase demand for sanitation improvements resulting from a behavioral change campaign.

Sanitation Technologies and Marketing

Pakistan has been working on a holistic sanitation marketing strategy to complement the supply side interventions under PATS. Under RuSFAD initiatives, a comprehensive manual has been developed to facilitate the training sessions for Sanitation Entrepreneurs (SEs) and Rural Sanitation Mart Entrepreneurs (RSMEs). Training sessions have been conducted to develop the capacities of the local entrepreneurs enabling them in gaining knowledge about the sanitation industry and the best operational methods. Moreover, the RusFAD project developed technical guidelines for End of the Pipe treatment (wastewater collection and its treatment through constructed wetlands).

Similarly, international organizations in association with local partner organizations have developed a small-scale low cost Sewage Treatment Unit (STU). The purpose of STU development is on-site treatment of domestic sewage where conventional means are not possible or available. It is loosely based on the Decentralized Waste Water Treatment Systems (DEWATS) but STU is more compact, cheap and simple. STU combines the different components of standard sewage treatment in a single compact unit to achieve its purpose.
More recently, innovative research in collaboration with University of Calgary was conducted in Faisalabad to look at the social aspects of designing an anaerobic microdigester with combined thermo-electric heat and power generation to convert human excreta to electricity, heat, methane and fertilizer. Results indicate good community acceptance and willingness for this technology. Very recently in Pakistan, potential for generating energy from waste is being tested at some places in the private sector where electricity is being generated at a very small scale. This is at an initial phase but likely to have great impact given the context of energy shortage in the country.

**Knowledge Management and Networking**

Punjab Information Technology Board (PITB) in association with Government of Punjab and the WSP organized a Sanitation Hackathon 2012 in Lahore. Experts and students from different institutions attended the event to identify technical solutions to Water and Sanitation in Punjab. The two days event focused on issues on complaint registration, certification of open defecation free villages, monitoring of street cleaning staff, detection of illegal water hydrants and location of sanitary manufacturers in rural areas. The winners from two universities are being supported by WSP to conduct pilots of developed solutions with a utility. PITB developed an android application T-Square (Toilet Square) that was validated and accepted for phase-2 of World Bank's Sanitation Hackathon.

A substantial number of learning documents have been generated in Pakistan in the last three years. The Sector Status Report of Water and Sanitation 2012 prepared for Sanitation and Water for All provides an insight of current status of access and needs for investment for water and sanitation at the provincial levels. Pakistan Water Supply and Sanitation volume I and II 2012 shared the challenges and opportunities of working with stakeholders in the context of new institutional arrangements under post 18th amendment scenario in Pakistan. For the first time, Pakistan prepared and submitted its GLASS Report 2012 that highlights the status of Pakistan in the areas of water and sanitation. Stakeholder consultations took place across the country for identification of opportunities for Global Sanitation Fund. Moreover, the evaluation report of Rural Sanitation in Flood Affected Districts in Pakistan was launched in 2013 that provided an overview of rolling out of PATS in Pakistan in emergency and complex situations.

The Pakistan Water Operators Partnership (P-WOPs) was launched in March 2011 during the Pakistan Urban Forum in Lahore. The partnership is an association of urban water and sanitation (W&S) operators of Pakistan who have been entrusted with the mandate to extend water and sanitation services to urban residents including the urban poor in their respective jurisdictions. In 2011, the Urban Unit, Planning and Development Department, Government of Punjab offered to host the secretariat. P-WOPs has developed a directory of its members that mainly covers information pertaining to each operator’s profile, its location, type or operational areas, technical and financial data and a set of dashboard indicators relating to service, water supply and sewerage coverage, efficiency etc.

**Community Wide Total Sanitation and sustainability**

The Community Approaches to Total Sanitation (CATS) has been refined in the context of PATS that seeks the promotion of people driven sanitation solutions in communities and schools. Under RusFAd programme a manual for operationalizing the PATS by using participatory rural appraisal (PRA) was developed. PATS approach seeks respect, dignity and pride compared to shame, shock
and disgust methodology being used in the past. The project deployed Social Organizers (SOs) and Community Resource Persons (CRPs) to work as catalyst for behavior change in local communities for improved sanitation and hygiene especially construction of latrines, hand washing and safe removal/disposal of human excreta, etc. The results from different phase of rural sanitation projects in Pakistan depicted a change in communities towards construction of latrines and improved hygiene behaviors.

The CRPs work in close association with village level institutions (Community Organizations, Village Organization or Village Sanitation Committee). These community institutions extend the support to the CRPs in performing their responsibilities and generating the collective will of the community towards open defecation free villages. These community institutions and schools are a key aspect to sustain the sanitation interventions at the village level and continue moving up the sanitation ladder. Further, it is critical that concept of improved sanitation and hygiene should be integral part of job description of government workers deployed at the community level for social mobilization. The involvement of lady health works (LHWs) in critical improved hygiene practices in women and children as these LHWs are responsible to make a monthly visit of each household of their catchment areas.

Due to inadequate technical capacities and modern facilities, solid waste management (SWM) became a major environmental priority especially in urban areas of Pakistan. As per PSLM 2011-2012, only 60% of households in urban areas of Pakistan have access to garbage disposal that includes 20% by private sector and 40% run by municipal administrations. As a response to the situation, the Lahore Waste Management Company (LWMC) was established to dispose the waste of Lahore on scientific basis and for making the city cleaner and pollution free. LWMC encourages communities to reduce waste at source, increases public private partnership for customer friendly services, creates safer disposal sites, and promotes international collaborations to share the benefits of learning and innovations. Some recent initiatives of LWMC include outsourcing of solid waste management functions in six megacities of Punjab and a waste to energy project. Few other models of SWM are private sector entrepreneurs like Waste Busters that are running profitable businesses for collection, recycling and disposal of SWM. The concept of Integrated Resource Recovery Center (IRRC) by Waste Concern in Bangladesh is also being piloted in Pakistan for adaptation.

**Media Advocacy for sanitation promotion**

Media plays in a critical role in creating awareness and forming public opinion, be it through television, radio, newsprint or social media like Facebook and Twitter. In order to mobilize political leadership for WASH during the Pakistan’s elections of 2013, sanitation sector partners launched a media campaign with a charter of demand for WASH in Khyber Pakhtunkhwa, Punjab and Sindh provinces in April 2013. Over a one month period, the campaign reached more than 600 electoral candidates of election 2013 with a commitment for supporting improved hygiene in their future initiatives. This was followed by a regional visit of young journalists from Pakistan to Nepal for learning about improved hygiene, sanitation and rain harvesting. A group of volunteer South Asian journalists have launched a Wash Media-South Asia forum for writing on issues concerning water, sanitation and hygiene in the region. A regional coordination committee comprising two members from each country governs the media forum. The National Press Club, Islamabad, Pakistan on August 7, 2012, Wash Media-South Asia launched a Media Scrapbook, which comprises of around 100
There is growing realization within Pakistan’s media about WASH issues. The initiatives of provincial governments and civil society organizations are being reflected in the local media like the Sanitation Sector Partners meetings of 2012 and 2013, economic impact of sanitation on GDP, global hand washing days of 2012 and 2013, pre-budgetary seminars of local government in Punjab, Sanitation and Hygiene Campaigns of Khyber Pakhtunkhwa province in 2013, launching of Lahore Waste Management Company, etc. The media continued to play its role not only in sensitization but also in alarming the stakeholders in the outbreak of polio in Karachi suburbs linking it with poor sanitation conditions.

BEST PRACTICES

Rural Sanitation at Scale in Pakistan—Transition from Relief to Development in Monsoon Flood Affected Areas

Pakistan Approach to Total Sanitation promotes solutions that integrate Participatory Rural Appraisal (PRA) for community sensitization. It focuses on respect, dignity and pride as motivations for change rather than the conventional shock, shame and disgust methodology usually employed by CLTS projects. The programme also promotes the use of safe hygienic latrines and encouraged improved hygiene behaviours through Information, Education & Communications (IEC) campaigns while supporting the establishment of markets for low-cost sanitation goods and services. Trained masons demonstrate the construction of latrines to showcase low cost options. UNICEF and the Government of Pakistan jointly with its implementing partners Plan International and WaterAid initiated ‘Upscaling Rural Sanitation in Flood Affected Districts (RuSFAD)’ reaching out to more than 7.4 million people by end of 2012. Using an innovative partnership model, the Pakistan Approach to Total Sanitation (PATS) was operationalized supporting the transition from relief to development at large scale all over Pakistan while the mode of delivery of social services changed from providing infrastructure to facilitating behavioural change and learning to increase ownership and therewith ensure sustainability.

The successful implementation of PATS at scale was facilitated in partnership and collaboration amongst a number of stakeholders, namely all levels of government, local civil society organizations, NGOs, and most importantly, the community members themselves. While UNICEF’s role focused on programme management, overall programme monitoring, and strategy development and technical advisory services in all areas of PATS, Plan International was responsible for providing leadership in implementation jointly with local NGOs. In addition, WaterAid independently monitored all programme processes at village level based on agreed upon and documented implementation standards using different monitoring tools, e.g. household survey, process observation, focus group discussion etc.

The independent monitoring processes enabled the stakeholders to know how PATS programme implementation translated into results and allowed for identification of key bottleneck factors that prevent the poorest, most marginalized gaining access to basic sanitation and adopt appropriate hygiene practices. This regularly triggered corrective action where and when the implementation processes were insufficient. The real time monitoring was complimented by regular activities to
validate PATS achievement of outcomes through household surveys, baseline, mid-term, end-term evaluation as well as pre and post KAP analysis. According to results of the final evaluation of Phase III only, the programme resulted in a 14 per cent reduction in Diarrhoea in under-5 in the project areas and savings for health expenditures for health treatment/sickness of over PKR 38 Million/USD 451,084.

**SACOSAN COMMITMENTS**

The following summarizes the progress on the commitments made at SACOSAN IV conference in Colombo.

<table>
<thead>
<tr>
<th>SACOSAN-4 Commitments</th>
<th>Progress-Scoring</th>
<th>Evidence</th>
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<tbody>
<tr>
<td>1 Work progressively to recognize the <strong>right to sanitation</strong> in programmes and projects and eventually in legislation.</td>
<td>Green: on track.</td>
<td>Though the elements of WASH rights could not be defined and established in Pakistan but there was recognition for the sanitation rights as evident from the commitment made by Pakistan at HLM 2012. PATS programme strongly underpins the elements of Sanitation Rights in the communities. The new Local Government Acts 2013 underpins violation of improved sanitation as an offence in Sindh and Punjab provinces respectively that would become effective after local bodies election expected in the end of 2013 or start of 2014.</td>
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<td>2 To develop <strong>time-bound plans and to allocate and mobilize resources</strong> for delivering on all previous SACOSAN commitments.</td>
<td>Yellow: progress but insufficient.</td>
<td>The enactment of 18th amendment in the constitution of Pakistan empowered the provinces to develop and priorities their resource allocation. Thus, the rolling out of National Sanitation Action Plan 2010-2015 and commitment of SACOSAN could not happen as the context have changed in the provinces. Frameworks for scaling up sanitation in the provinces are being developed, and provinces have or planning to constitute working groups to develop their sanitation plan with new placement of new political government in June 2013.</td>
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<td>3. Design and deliver <strong>context-specific equitable and inclusive sanitation and hygiene programmes</strong></td>
<td>Red: not on track.</td>
<td>Early recovery programme for rural sanitation led by Climate Change Division in flood affected and high-risk polio areas benefitted more than 7 million people since 2010. The initiative underpins community approaches for total sanitation while ensuring the environmental sustainability and inclusiveness by reaching the unreached communities affected by the floods of 2010, 2011 and 2012. One recent development in Sindh province by the Chief Minister Sindh is notional allocation of funds for population below 1000 for sanitation services.</td>
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<td></td>
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<td>Population below 1000 is generally left out from government interventions.</td>
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<td>4</td>
<td>Raise the profile of <strong>WASH in schools</strong> with the objective of ensuring that every new and existing school at every educational level has functioning, child-friendly toilets, separate for girls and boys, with facilities for menstrual hygiene management.</td>
<td>Development of national standards for WASH in Schools. SLTS is integral component of humanitarian and early recovery initiatives of the provincial governments and division of Climate Change. In last one year, the coverage of useable toilet facilities in schools increased from 43% to 50%. Global hand washing week has also contributed in boosting the importance of hand washing facilities in schools. WASH is being included in teacher training curriculum for pre-service teachers.</td>
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<td>5</td>
<td>Establish <strong>one national body</strong> with responsibility for coordinating sanitation and hygiene, involving all stakeholders including, but not limited to, those responsible for finance, health, public health, environment, water, education, gender and local government at national, subnational and local levels.</td>
<td>Due to enactment of 18th Amendment in June 2011, this process got delayed especially establishment of a provincial coordinating bodies. A Steering Committee at the national level was constituted in late 2012 at the Climate Change Division to oversee the implementation of the water and sanitation policy, with representation from the federal government and provincial governments including international agencies. At the national level, issue specific steering committees exist like Sanitation and Water for All (SWA), SACOSAN etc.</td>
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<td>6</td>
<td>Establish <strong>specific public sector budget allocations</strong> for sanitation and hygiene programmes.</td>
<td>There is no specific dedicated budget line for sanitation and hygiene programmes at the provincial level yet. In MTDF (Mid Term Development Framework) and MTBF (Mid Term Budgetary Framework), one can now see separate spending on sanitation. In terms of reliable systems for tracking budget utilization of sanitation funds, there is a system but its reliability is being strengthened.</td>
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<td>7</td>
<td><strong>Progressively increase</strong> allocations to sanitation and hygiene.</td>
<td>In Punjab and Sindh Province, one can see almost 50% increase in allocation in the budgets for sanitation and hygiene. The scaling of ChangaPani model on component sharing, wastewater and solid waste management initiatives in Punjab and Northern Urban Services Corporation in Sindh are key examples.</td>
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<td>8</td>
<td>Recognize the importance of people’s own contribution to sanitation and to ensure that policies and programmes empower communities to invest in and control their own sanitation solutions while protecting the poorest.</td>
<td>There is a gradual paradigm shift in the provinces from the total hardware approach to balanced approach complemented by the software programming. The provincial governments are now talking about creating “open defecation free environment”. Most community-based initiatives were undertaken in Punjab and KPK. The village sanitation committees need to be linked to the village development plan.</td>
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<td><strong>9</strong></td>
<td>Develop harmonized monitoring mechanisms with roles and responsibilities clearly defined, using agreed common indicators which measure and report on processes and outcomes at every level including households and communities, and which allow for disaggregated reporting of outcomes for marginalized and vulnerable groups.</td>
<td>Climate Change Division started the development of MIS for environment that includes WASH indicators from July 2013. The Federal Government is extending the funding, and discussions started with the provinces for their feedback to the processes, and outcome level indicators. The current MIS being used by the provinces generates input related data and is not outcome oriented. National Survey includes the coverage aspects of water and sanitation.</td>
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<td><strong>10</strong></td>
<td>Include in monitoring mechanisms specific indicators for high priority measures such as WASH in schools, handwashing and menstrual hygiene.</td>
<td>The EMIS of the Education department captures the indicator of school WASH especially water, toilet facilities, etc. There is lack of indicators related to MHM and hand washing on regular basis. School health in Punjab generated information about hygiene but it is not collated and shared with policy makers.</td>
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<td><strong>11</strong></td>
<td>Adopt participation, inclusion and social accountability mechanisms from planning through to implementation in all sanitation and hygiene programmes at the community level, particularly for the most marginalized areas and vulnerable groups.</td>
<td>There are independent systems for monitoring of WASH programmes by NGOs but specific report on WASH by the sector is missing to understand the status of participation and accountability. Village Sanitation Committees are formed for all new sanitation initiatives taken by the PHED and Local Government for scaling up the sanitation. However more efforts are needed for building necessary capacities in the provinces.</td>
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<td><strong>12</strong></td>
<td>Build and strengthen capacity for sanitation and hygiene implementation, including investing in higher education facilities, development of curricula, research and development, and knowledge exchange and partnership development.</td>
<td>Efforts are being made to strengthen this component at the provincial level. In Punjab, capacity development assessment of public sector staff has been initiated. Support to the Allama Iqbal University curriculum by PIEDAR. Introduction of post diploma on water and sanitation by Agha Khan University. At the national level, a research and advocacy fund needs to be established to support the provinces in R&amp;D, knowledge exchange and partnerships.</td>
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<td><strong>13</strong></td>
<td>Ensure the effectiveness of the SACOSAN process by committing to report specifically against these and all other SACOSAN commitments when we meet again in Nepal in two years’ time, inviting participation from ministries of finance, health, education and other relevant ministries in all future meetings.</td>
<td>The Country Paper has been prepared in consultation with relevant stakeholders from Pakistan.</td>
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FUTURE PLAN FOR MEETING NATIONAL TARGETS

In view of the urgency for concerted action, the Government reviewed its previous SACOSAN obligations and renewed its commitment to enhance access to adequate sanitation for 35 million people by 2015 to achieve its MDGs targets and 14.4 million people to reach 100% coverage for improved drinking water. It aims to achieve this by the following actions:

1. The provinces will prioritize Sanitation and Drinking Water within a Sector Wide Approach in our Poverty Reduction Strategy Paper III, Medium Term Development Framework and Medium Term Expenditure Framework

2. Support the provinces in developing provincial sectoral plans of WASH to effectively implement our national policies on sanitation and drinking water as well as behaviour change.

3. Support the provinces of Pakistan to conduct sector capacity development needs assessment and develop a human resource development plan for sanitation and scaling up of Sanitation Approaches.

4. Mobilize the political leadership for improved sanitation and constitute a parliamentarian taskforce on WASH by June 2014.

5. Establish a national monitoring framework for sanitation and drinking water based on provincial monitoring frameworks, and strengthen national and provincial information management systems, including those for health and education for improved and coordinated monitoring of sanitation and water by December 2014

6. Generate evidence through research for effective advocacy and behavioural change. A research and advocacy fund be established at the Division of Climate Change to support the action research for sanitation.

7. Work for the constitution of a National Council or Body for WASH to underpin the support for improved sanitation and hygiene, and provide guidelines and framework for the regulation of professionals and private sector organizations involved in sanitation.
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