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EXECUTIVE SUMMARY

Pakistan Floods Response, WASH Sector Post
Distribution Monitoring and GBV Risk Audit



ACTED International, UNICEF and WASH Sector Working Group

Executive Summary

WASH Sector - Post Distribution Monitoring and GBV Risk Audit study was jointly implemented by UNICEF, ACTED International and WASH Sector Working Partners. The study was carried out in 20 flood prone districts across 4 provinces of Pakistan i.e. Sindh, Baluchistan, Khyber Pakhtunkhwa and Baluchistan. The objective of the study was to assess to what extent post-distribution mechanism in flood 2022 was implemented as per DAC criterion of efficiency, effectiveness, appropriateness, impact and sustainability under overarching lens of GBV and WASH themes. During conduction of the study, a mixed methods approach was adopted. As an initial step, literature review of background context was carried out in relation to flood 2022 and its impact on WASH and GBV. Additionally, global and local lesson learnt, and practices were reviewed to showcase linkages on how inadequacy of WASH services compounds GBV challenges which makes local environment unsafe for women.

In the next step, Multistage cluster random sampling was used to identify beneficiary Households (1% of the total hygiene kits beneficiary HHs in each province) proportionally distributed across all the four provinces. Based on case load of distribution carried out in each province and districts, appropriate sample size was determined. After development of sample size, qualitative and quantitative data collection tools were developed which included household PDM survey tool, direct observation tool, FGDs and KII tools. Thereafter data was collected in the field through hiring and training of enumerators and subsequently findings were transcribed, analyzed and triangulated through different above stated tools. The study findings were categorized under following themes under which DAC principles were applied:

- 1) Needs Assessment and Situation on water borne diseases and participation in decision making.
- 2) Distribution of Hygiene and WASH Items/services
- 3) Safe Water and Sanitation Access
- 4) GBV Risks
- 5) Menstrual Hygiene Management
- 6) Strength of Response Mechanisms / Responding to Risks
- 7) Inclusivity

The study findings visibly indicated that project appropriately addressed needs of majority of women except Punjab where small share was involved in prior consultations and needs assessment. However, further detail analysis of Male FGD and Key Informant Interview findings indicated that women were not appropriately involved due to cultural constraints and emergency situation. Moreover, the project distribution mechanism was affected by road connectivity, logistics and outreach challenges. This led to long queues and overcrowding in the distribution points. Half of men FGD participants in each of distributed category clearly stated that items were either partially provided or not provided at all. So,

in the context of highlighted challenges, it would be a fair statement, after data triangulation, that in many instances items were not provided in timely manner and access to services/items became a compounding challenge for women.

The project beneficiaries affirmed that they required several distribution items such as Kitchen sets and Washing kits which were not in original distribution list. On the surface, beneficiaries were satisfied with the services/items, however, FGD findings elucidated that a good proportion of women and men respondents were dissatisfied with IEC material, MHM, cloth and MHM session and other accessories. In case of MHM and IEC material, women stated that information was not appropriately transferred to them as their male members attended sessions instead of them. Moreover, male members stated that items were not in enough quantity and in several instances, quality was compromised. In at-least 9 districts, women faced challenges in usage of MHM kits. Hence in many instances, MHM kits were used for other purposes such as bed sheets or towel by women, or men in their families used it as scarves during winters. The fabric was woolen material and was itchy when used for MHM purpose by girls and women. In parts of Baluchistan and some areas in KPK, men attended MHM sessions hence knowledge wasn't appropriately disseminated to women.

It was noted that more than half of the respondents had some visit to their homes for hygiene promotion, however, visits by lady health workers was only around 21%. Hence there was greater reliance on social mobilisers or NGO workers. Community largely disseminated messages on hand washing however there is less focus on water storage and food preparation aspects. The observed findings also indicated that around 39% toilets were functional, and, in several instances, there was prevalence of smell and human excreta. Moreover, 50% of fixed stations for water points were observed from sample size and only 34% were used recently although there was presence of water and soap which highlighted behavioral issues at the community level.

It was also noticed that beneficiaries didn't have knowledge of water treatment methods. Majority of respondents cover water with lid for its treatment and between 10%-21% boil or chlorinate it to some degree. In KPK and Punjab, there is a greater prevalence of boiling and chlorination. Since a large number does not practice boiling water before making ORS which may result in increase in diarrhea. Moreover, people mostly wash their hands after using toilet or before food, while for other chores such as handling sick, preparing food or attending to baby, hands are hardly washed which may again signify a behavior issue deeply entrenched within the community.

In half of the project locations, complaint addressal mechanism existed. In 2-3 instances community grievances were pointed out which weren't addressed. As complaint mechanism didn't exist in half of the locations and lack of women participation was observed, it can't be clearly deciphered whether any issues were raised by the community to the authorities. Moreover, it was evident that district government offices facilitated the identification of households and supported distribution efforts but

due to external underlying connectivity challenges and administrative issues, response was affected.

The state of water points/latrines posed grave concerns in terms of GBV risks. All provinces except KPK presented challenges. If latrines were available, they would be uncovered, weren't lit at night and didn't have any locking system. There was high trend of management of latrines through communal system which included both men and women but due to cultural constraints where women are restricted to go outside at night, management of latrines was restricted to men. The FGD findings reaffirm these points, as in at least 11 districts, needs of women weren't considered when constructing latrines. Participants also stated that temporary latrines for emergency were being constructed which was not a sustainable option in the long-term, specifically in light of specific needs of women and girls.

Going forward, it is essential for future programmes to maintain gender balance in terms of separate women focused needs assessment, consultations along with separate women dedicated trainings on Hygiene and MHM management. Door to Door methods can be used if areas have cultural barriers. Moreover, local Women Village and Community Organizations need to be mobilized for need identification, trainings and further linking women with local BHUs (Basic Health Units) and lady health workers for the provision of health services. In addition, separate distribution points, if possible, need to be instituted in future disasters for women because in several instances, communal distribution areas, affects accessibility and provision of adequate services for women.

The highlighted WASH behavioral and Latrine functionality challenges are community entrenched issues which require linkages of relief response with medium to long-term rehabilitation programmes. In this context sustained and regular trainings need to be carried out through engagement with local development partners and Government authorities on WASH principles, and gender sensitive water points/latrines. Proper risk assessment, and protocols for community WASH management mechanisms should be integrated in village development plans and regular monitoring needs to be built within roles and responsibilities of local Women Organizations.



Conclusion and Recommendations

Themes	Key Recommendations
Appropriateness of hygiene kits items for women and girls	<p>Finding: It was evident that involvement of women was affected during initial consultations due to emergency situation, cultural factors, local influencing factor, CNIC registration issues and involvement of men as prime focal points. Particularly in Rajanpur district of Punjab, only 35% of women were involved in prior consultations. Consequently it affected the appropriateness of the items in the hygiene kit for women and girls.</p> <p>Conclusion: Based on the above findings, it would be fair to state that gender aspects weren't appropriately considered in the province. Moreover, in Qambar Shahdad Kot and Thatta districts, vulnerable women were not included in the program design.</p> <p>Recommendation: To address the finding, it is important in the future to induct female social mobilizers and engage women community leaders from local organizations in Punjab in particular. Women-led NGOs working in the area can be mobilized for needs assessment and identification, and detailed consultations can be used for the incorporation of gender sensitive and responsive principles at the design stage of the projects.</p>
Timely provision and intervention	<p>Finding: The timely delivery of relief items was affected by road connectivity, flood inundated locations and logistics factors, particularly in Punjab and Balochistan, over 50% beneficiaries faced issues in receiving items in a timely manner. In Sindh and KPK, over-crowding at distribution points affected provision of items/services in timely manner in over 60% instances.</p> <p>Conclusion: The above findings imply that emergency response designs had some gaps and required improvement before planning of distribution. Several affected populations were unable to receive in-time assistance and they had no choice but to suffer in the most precarious situation.</p> <p>Recommendation: To mitigate this challenge in future emergencies, it is important to have formalized and streamlined processes for prior inter-organization coordination mechanism between relief organizations and government which take into consideration transportation, logistics and outreach protocols in emergencies. It is understandable that challenges as evident from this research will still occur, but it would be viable to have contingency planning including prepositioning of supplies, so that aggravation of challenges is mitigated.</p>
Information provision and communication related to WASH items and services	<p>Finding: Majority of the respondents felt that information was provided related to services/items, however 30-40% of women, and girls as well as men were dissatisfied with IEC material, Hygiene and MHM kits as they were not gender sensitive. Moreover, in 6-7 districts across all provinces, it was observed that women were not included in the MHM sessions which were conducted, hence knowledge wasn't transferred.</p> <p>Conclusion: Women and girls' beneficiaries were not consulted at the time of IEC material development or most likely a thorough need assessment was not conducted to create appropriate and user-friendly IEC material.</p> <p>Recommendation: It is recommended that separate women focused sessions on IEC and MHM kits should be held with women trainers. It is understandable that in some locations it is not possible, but community focal persons and local village organizations and community resource persons need to ensure that knowledge is fully transferred to women in case they are not able to participate during emergency. Once kits are provided, door to door sessions can be carried out for women beneficiaries for the use of provided kits. In addition to this, translated and easy to understand (with pictorials) IEC material with consideration of cultural context and inclusivity can be distributed to women beneficiaries in camps with clear instructions on usage. Prior need assessment should be done to identify what content should go in the IEC material that could address the exact needs of knowledge in the flood situation. This should be made part of the contingency plan.</p>

	<p>Finding: Behavioral challenges were noticed in the community in terms of adaptation of WASH messages. Emphasis was on hand washing with soap without focus on aspects such as food handling, water treatment through boiling, filter and chlorination techniques in parts of Sindh and Balochistan.</p> <p>Conclusion: In addition to hand washing, a concept on general food safety and hygiene for the prevention of diseases was found missing at many locations.</p> <p>Recommendation: To address these behavior issues in Sindh and Balochistan, relief efforts need to be integrated into medium term to long-term rehabilitation planning efforts whereby regular engagement is conducted with households and communities. Moreover, local VOs/Cos/LSOs should be trained on regular basis so that they can enact as change agent to bring about any difference in behavior patterns</p> <p>Findings: Up-to 39% toilets which were observed were dysfunctional with the presence of smell and human excreta in all provinces</p> <p>Conclusion: Toilets are not managed well, and the beneficiaries are not made aware of the health hazards of dirty toilet facilities. These findings highlight the pressing need for interventions and improvements in toilet and latrine facilities, particularly in ensuring functionality and cleanliness across regions.</p> <p>Recommendation: Local VOs/Cos/LSOs need to be trained along with community nobles and leaders on the harms of dysfunctional and unclean toilets. Moreover, sensitization sessions on integrated WASH practices need to be carried out at community level on a regular basis. Moreover, community should be encouraged to create O&M funds for upkeep and maintenance of toilets</p>
WASH Facilities Situation	<p>Finding: 50% Water points observed were not used regularly particularly in Sindh, KPK and Balochistan</p> <p>Conclusion: The situation above again signified a behavioral issue amongst the community members.</p> <p>Recommendation: This issue requires integration of relief efforts in long-term WASH planning whereby regular sensitization of community is carried out through involvement of government stakeholders and hygiene management teams. Local stakeholders such as VOs/Cos/LSOs need to be trained on integration WASH principles in village development plans in KPK, Sindh and Balochistan</p>
Menstrual Hygiene Management	<p>Finding: Lack of inclusion in training and involvement of women in use of MHM kits was noticed, hence women and girls in many instances used it for other purposes in all 4 provinces. Moreover, in some locations like north Sindh and Balochistan, women and girls (around 25 to 30%) could not use the MHM cloth due to thick and warm quality of the cloth.</p> <p>Conclusion: Awareness sessions on MHM were attended by men instead in some locations which implies a negligence on the part of the project implementation. Moreover, it is evident that MHM cloth was not researched for its suitability.</p> <p>Recommendation: Specialized training needs to be conducted for only women and girl participants through women master trainers. Moreover, local women leaders need to be trained on MHM aspects so that they can conducted community level regular sessions.</p> <p>Once list of relief items/services are finalized, their endorsement should be acquired from community including women and girls as well as disabled so that their specific needs are taken into consideration. The MHM cloth material should be procured according to the approaching weather conditions in each district. The warm cloth was considered highly inappropriate by some of the district women and girls' communities.</p>
Safe Water and Sanitation Access	<p>Finding: Accessibility to water points/latrines was a significant challenge for girls and women due to lack of locking and lighting system, uncovered latrines, and communal management particularly in Sindh, Punjab and Balochistan</p>

	<p>Conclusion: In many instances, women and girls were unable to use the latrine facility regularly as they feared of someone opening the door while they were using it.</p> <p>Recommendation: The project constructed temporary latrines which are subject to wear and tear hence as a long-term solution, temporary latrines need to be converted into more sustainable permanent structures with proper risk assessment measures in Sindh, Punjab and Balochistan</p>
Strength of Response Mechanisms / Responding to Risks	<p>Finding: In half of the project locations there was no complaint mechanism, although not many cases of grievances were identified in the study but in context of distribution challenges and lack of accessibility for women in many instances, importance of complaint management system was reemphasized</p> <p>Recommendation: In the future, project design should institute a proper coordination mechanism for complaint management, which is communicated to all. In this instance, a complaint management system might have existed, but it was redundant as the community wasn't aware of it.</p>
Inclusivity	<p>Finding: Although project made effort to ensure inclusive participation of all groups, but in various instances due to cultural factors, emergency situation and lack of planning and coordination, women and girls as well as disabled weren't included in consultations</p> <p>Conclusion: Due to lack of full participation of women and girls at every stage of the design, planning and intervention, in many instances their needs weren't addressed fully.</p> <p>Recommendation: In emergencies, challenges occur in catering to the needs of every group, but going forward all stakeholders from different groups need to be involved whether communally or separately in consultations prior to design of items/services. Moreover, gender balance needs to be maintained in project teams so that services/items are adequately provided to all. Furthermore, in case women are unable to come to distribution points, efforts can be made to reach to them in camps. Delays might occur but at-least they will be able to access services/items.</p>
GBV Risks	<p>Finding: Visibly no GBV incidents were witnessed during distribution barring a couple of instances. However specifically in Punjab and KPK respondents complained that items were not provided in distribution points. In Sindh and KPK, over 60% of respondents had to wait in long distribution queues. Moreover, in the majority of districts either latrines were not available, or their condition was poor with no protection, lighting and locking mechanisms. Moreover, it was noticed that voice of women was submerged due to prominence of men as key focal point, hence insights received from women FDGs didn't highlight key challenges sufficiently comparison to men FDGs. These factors led to compounding GBV challenges for women and girls</p> <p>Conclusion: The district level findings in various districts of Sindh reaffirmed the above-mentioned issues and indicated the project's weakness in making the environment completely safe for girls.</p> <p>Recommendation: To counter imminent GBV risks at water points/latrines, locking, lighting and coverage and signage facilities should be added in household latrines based on the commitments of the Core Humanitarian Sphere standards and GBV in emergencies principles in Sindh, Punjab and Balochistan.¹</p> <p>During this process women, community leaders and local government stakeholders should be involved conducting risk assessment of particular latrine/water points. Moreover, based on risk factors, security, and community management mechanisms need to be strengthened.</p>

¹ <https://aap-inclusion-psea.alnap.org/system/files/content/resource/files/main/What-is-Sphere-Introduction.pdf>



Discussion Section

The study findings demonstrated that external and community entrenched factors such as road connectivity, cultural constraints, power influence by men as primary focal points led to gaps in consultation process, timely delivery of items/services and addressal of needs of women and girls in several project locations. Moreover, design flaws were witnessed in the distribution of relief items as communities demanded several additional items which were not originally in the distribution list. Visibly majority of women affirmed that their needs were addressed, and they felt secure during distribution, however after corroborating insights revealed from different tools, it was pretty evident that voice of women was not articulated sufficiently in discussions probably because of pressure from men. This viewpoint has validity because during discussions, women stated that men participated in MHM and Hygiene Awareness Sessions, due to which knowledge wasn't transferred to women about the correct usage of the kits. Moreover, in locations where latrines were constructed, they were not gender sensitive and management was held by men. Furthermore, there was no evidence of complaint addressal mechanism and grievances if any were not addressed.

The behavioral and perception issues were particularly pronounced in WASH and Hygiene management. Communities only focused on Hand Washing element without consideration to food handling and water storage aspects. Moreover, people were not adequately aware and didn't know standard methods for water treatment such as filtration, chlorination and water boiling particularly in Sindh and Balochistan. The behavioral issues translated into non-functional and unclean toilets and lack of regular use of water points.

In context of gaps and challenges highlighted in the study, it is essential for future programs to maintain gender balance in terms of separate women focused needs assessment, consultations along with separate women dedicated trainings on Hygiene and MHM management. Door to Door methods can be used if areas have cultural barriers. Moreover, local Women Village and Community Organizations need to be mobilized for need identification, trainings and further linking women with local BHUs and lady health workers for the provision of health services. In addition, separate distribution points, if possible, need to be instituted in future disasters for women because in several instances, communal distribution areas, affects accessibility and provision of adequate services for women.

The WASH behavioral and Latrine functionality challenges as highlighted in the study are community entrenched issues which require linkages of relief response with medium to long-term rehabilitation programs. In this context sustained and regular trainings need to be carried out through engagement with local development partners and Government authorities on WASH principles, gender sensitive water points/latrines. Proper risk assessment, protocols for community WASH management mechanisms should be integrated in village development plans and regular monitoring needs to be built within roles of responsibilities of local Women Organizations.







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