Sanitation Interventions
by
UN-HABITAT Pakistan

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UN HABITAT
SANITATION in recent past

- Gender Mainstreaming in WASH
- Humanitarian Assistance in Sanitation and MDGs
- Sanitation in Urban slums – Peepoo Trial and Environmental clubs
- Support to Pakistan Watsan Operators Networks P-WOPs
Pakistan Approach to Total Sanitation (PATS) HySter Model for Disaster Response Approach
Background

- Halve, by 2015, the [1990] proportion of people without sustainable access to safe drinking water and basic sanitation.
- Pakistan is committed to extend improved sanitation to 67 % by 2015.
- Currently less than half (45%) of population have access to improved sanitation (JMP 2010).
- Frequent disasters, particularly recent floods has deteriorated the sanitation situation in 82 district affecting more than 20 million population.
- Damaged and poor sanitation & contaminated water becomes a potential source of outbreak particularly acute diarrhoea etc.
- Disaster Response Approach makes PATS globally a unique approach which envisions......
  - If effectively utilized, Humanitarian Assistance can make nexus towards achievement of overall MDGs
  - Integration of development – Emergency response efforts
Use of Drinking Water Sources – Rural (JMP 2010)

- **1990**: Piped on premises (9), Other improved (72), Unimproved (19)
- **2000**: Piped on premises (15), Other improved (70), Unimproved (15)
- **2008**: Piped on premises (20), Other improved (67), Unimproved (13)

Legend:
- Piped on premises
- Other improved
- Unimproved
Will Pakistan Meet Water MDG?

- Piped on premises
- Other improved
- Unimproved

1990: Piped on premises 24, Other improved 62, Unimproved 14
2000: Piped on premises 29, Other improved 59, Unimproved 12
2008: Piped on premises 33, Other improved 57, Unimproved 10

MDG Target: 93%
Use of Improved Sanitation Facilities - Rural (JMP 2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Improved</th>
<th>Shared</th>
<th>Unimproved</th>
<th>Open Defecation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>8</td>
<td>1</td>
<td>20</td>
<td>71</td>
</tr>
<tr>
<td>1995</td>
<td>14</td>
<td>2</td>
<td>22</td>
<td>62</td>
</tr>
<tr>
<td>2000</td>
<td>20</td>
<td>3</td>
<td>23</td>
<td>54</td>
</tr>
<tr>
<td>2005</td>
<td>25</td>
<td>4</td>
<td>26</td>
<td>45</td>
</tr>
<tr>
<td>2008</td>
<td>29</td>
<td>5</td>
<td>26</td>
<td>40</td>
</tr>
</tbody>
</table>
Use of Improved Sanitation Facilities - Total (JMP 2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>176,952,000</td>
</tr>
<tr>
<td>2009</td>
<td>180,667,992</td>
</tr>
<tr>
<td>2010</td>
<td>184,462,020</td>
</tr>
<tr>
<td>2011</td>
<td>188,335,722</td>
</tr>
<tr>
<td>2012</td>
<td>192,290,772</td>
</tr>
<tr>
<td>2013</td>
<td>196,328,879</td>
</tr>
<tr>
<td>2014</td>
<td>200,451,785</td>
</tr>
<tr>
<td>2015</td>
<td>204,661,273</td>
</tr>
</tbody>
</table>

Gap: 51.4 million = 35000/day

Persons using Improved facilities
The poorest 40% of the population in India hardly benefitted from improvements in sanitation, 1995 - 2008
HySter Model
What is HySter?

- HySter is a Greek word and literally mean 'Womb', it resonates well with our BCC approach of changing behaviours within a family unit where life long behaviors are nurtured and groomed and it reinforces slogan of our National BCC strategy 'Hamara Pakistan-Sahtmand aur ba-waqaar Khandan'.

- HySter calls for Hysteria (whims, fever) to be created through intense communications

- HySter stands for interventions with different emphasis on priority of each intervention in early recovery phase as compared to WASH during relief. HySter calls for Hysteria to be created through BCC interventions.

- HySter emphasis more on Positive Hygienic Behaviors to prevent water borne diseases at first place, followed by safe human excreta disposal, foul water and litter free environment (as part of Sanitation) at second Place and Safe drinking water at third place. This is so as the communities' priorities are always in reverse order i.e. WASH and our response should help them set their priorities Right through HySter.
HySter Principles

- Apart from other basic human needs and right to life with dignity, access to basic sanitation facilities and services is one of the fundamental human right, UN, SACOSAN IV.

- In disaster situation saving of lives remains high priority and thus the humanitarian assistance needs to be equally allocated for basic water & sanitation facilities and can not be seen as subsidy by state for sanitation.

- Ensuring gender mainstreaming and protecting the extremely vulnerable and people with special needs in the HySter response.

- Serving Lowest quantile of people with basic water and sanitation to ensure maximum benefit of programme reaches them

- Comprehensive BCC support is essential for responding to gender, different age group, local culture, needs and other special needs, while promoting water and sanitation related positive behaviors.

- Providing interface for Humanitarian Response to connect with Total Sanitation Development programmes
Emergencies & its interface with development

Preparedness

Relief

Post Crisis Short/ Medium Term Recovery Strategy/Cluster & Agency Response Plans

Early Recovery

Assessments (VAM/ McRAM, DNA, PNCA)

Life Saving Support

Appeals: Flash/ Consolidated

CRI S

Integrated Survival Strategy

Strategic Operational Framework (Cluster/ Agency)

Recovery and Development Framework

Development

Transitional Phase – Changed Priorities

Development Principles in Humanitarian Setting

Long Term Development Framework
Sanitation in emergencies & its interface with development

**Relief**
- Minimum Standards
- 20-50 people/toilet
- Separate toilets
- 50 m from dwelling
- 30 m from water source
- 1.5 m above water table
- Water for pour flush

**Early Recovery**
- Build Latrine as an integral part of shelter

**Recovery & Reconstruction**
- Imply social mobilization

**Development**
- Promotion of appropriate sanitation & hygiene promotion messages and delivery of hygiene kits
- Mark an area for OD/trench latrines
- Safe Excreta Disposal/Child faeces

**Transitional Phase**
- Provision of full or partly subsidy for extremely vulnerable
Sanitation in emergencies & its interface with development

**Relief**
- Minimum Standards
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- Build Latrine as an integral part of shelter
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**Early Recovery**
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**Recovery & Reconstruction**
- Humanitarian
  - Preparedness
    - Learning’s from past and Readiness
    - Preparedness Planning
    - Response Plans
    - Capacities
    - Planning for deployment
    - Pre-positioning of strategic supplies
    - Preparation of pre-approved contracts
    - Advance coordination arrangements
    - Leveraging partnerships

**Development**
- Transitional Phase
- Crisis
HySter Interventions
Sequence for Sanitation

Low cost sanitation options in relief e.g. Peepoo or cat method
Durable Latrine construction in early recovery
Pour flush latrine with sceptic tank upgradation in reconstruction
Rights based component sharing in complete latrines in community and sewrage line laying
Construction of end of pipe solutions such as constructed wetlands
linking with larger water bodies-livelihoods-sewage systems
Treating Sewage-capacity building of institutions with rights perspective
## Transition from Relief to Development

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Rescue and Relief</th>
<th>Early Recovery</th>
<th>Reconstruction</th>
<th>Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority</strong></td>
<td>WASH</td>
<td>HySter</td>
<td>Total Sanitation /CATS</td>
<td>Public Private People Partnership (PPP)</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td>Lifesaving /Humanitarian assistance (HA)</td>
<td>HA</td>
<td>Partial subsidy</td>
<td>Public Private People Partnership (PPP)</td>
</tr>
<tr>
<td><strong>Right</strong></td>
<td>Right to life with dignity for all affected population Right to minimum standards in HA</td>
<td>Right to life with dignity for all affected population Right to minimum standards in HA</td>
<td>Right to basis sanitation and drinking water facilities</td>
<td>Right to access of water and sanitation in an affordable manner</td>
</tr>
<tr>
<td><strong>Subsidy</strong></td>
<td>All in HA by non state humanitarian actors</td>
<td>Extremely and vulnerable Lowest quintile All in HA by non state humanitarian actors</td>
<td>Lowest quintile Subsidy by public sector</td>
<td>Lowest quintile Subsidy by public &amp; private sector. Water and sanitation right actualized for all by PPPP</td>
</tr>
<tr>
<td><strong>Sanitation</strong></td>
<td>Emergency latrines in camps &amp; spontaneous settlement</td>
<td>Permanent and semi permanent latrines for returnees</td>
<td>Increased access to improved sanitation Sanitation marts ODF communities</td>
<td>Universal access to improved total sanitation Sustaining ODF status Reuse, reduce recycle of solid waste Public Private People Partnership (PPP)</td>
</tr>
<tr>
<td><strong>Water</strong></td>
<td>Treated water provision (chlorination &amp; aquatab)</td>
<td>Rehabilitation of existing water system</td>
<td>Water systems restored to present need</td>
<td>Water for all at affordable tariff</td>
</tr>
<tr>
<td><strong>BCC</strong></td>
<td>Minimum key messages for saving lives and prevention of outbreak</td>
<td>Key messages for behavior change</td>
<td>Comprehensive BCC package to sustain improved behavior</td>
<td>BCC for improved water and sanitation sustaining universal coverage</td>
</tr>
</tbody>
</table>
Wet Waste Concerns in Pakistan

• What if No water……
• What if a lot of water…. 
• How to decentralize sewage treatment – regulations 
• Financing urban sanitation sustainably…
• Promote low-cost local solutions – Influence by large private sector players and lending agencies
• Linkage of solid waste and Water management with wet waste
Any Questions

Thankyou