

**OPEN DEFECATION FREE ENVIRONMENT PROGRAM**  
**District Chakwal, Pakistan**

**Prepared By: Together Initiative**  
**Submitted To: XXX Foundation**

# **PROJECT PROPOSAL DOCUMENT**

## 1. SUMMARY - BASIC DATA

**DELIVERY ORGANIZATION** Together Initiative

**PRINCIPAL** <Name>  
<Post>,

**CONTACTS** Together Initiative,  
<Address>  
Phone: # XXXX  
Email: XXXXX

**PROGRAM NAME** OPEN DEFECATION FREE ENVIRONMENT  
PROGRAM (ODFEP)

**SUMMARY** Together Initiative is working in Chakwal since 1997 in different sectors like the Health, Water Sanitation, Livelihood, and Education making child is as center of all types of development initiatives. In past Plan Pakistan was working in service delivery and need base approach. Now Together Initiative is shifted its approach from need to right base using stronger CCCD (Child Centre Community Development) Approach. Need base approach gives the solution problem for short term and provide relief for time being.

Beside of regular software activities its importance and realization in communities remained low. Dependency on out siders was also high. Communities remain reluctant to get their rights from government, which are primary stakeholders/ duty bearer. It's the government prime responsibilities to protect the rights of people.

Since 2012 Together Initiative worked in Community Led total Sanitation (CLTS) making communities open defecation free. A partner provides more than 1600 households' latrines to communities in last five years but the use of latrine remained low. Open defecation practice is common in Plan Partner communities similarly in schools use of latrine are so not encouraging. According to survey, which was conducted by partner 44.1%, children are going outside of schools for open defecation and urination. It also observed that schools toilets were locked, blocked and converted into stores due to less interest of teachers and communities.

Together Initiative for next year will overcome the issue of open defecation in schools /communities, to introduce the alternative energy like Biogas etc. Together Initiative will for with both right holders and duty bearer to bridge the gap and for better services. School will be the hap of activities. The main interventions will be CLTS/SLTS triggering exercises, social mobilization, capacity building, seminars, workshops advocacy, and consultative meetings, sensitization, and sports events for youths, exposure visits, knowledge sharing, linkages development, coordination, networking and media campaign.

**DURATION**

**12 Months**

**TOTAL COST**

**USDXXXX**

## **2. PROGRAM CONTEXT**

### **2.1 Back Ground**

The National Sanitation Policy aims to promote the Community Led Total Sanitation approach. The Community Led Total Sanitation “CLTS” process in Pakistan was initiated in 2004 and followed a “learning by doing” process. The total elimination of open defecation holds promise of major gains in enhancing the wellbeing of women, children and men in achieving health and sanitation MDGs. CLTS is a participatory approach that started in Bangladesh in year 1999 and has spread to many countries of South Asia and Africa.

The term “Total Sanitation” has been perceived and projected by many stakeholders differently. The CLTS approach, introduced by NGOs (Water Aid and VERC) in Bangladesh in 1999, is also perceived as the Total Sanitation approach. In this context it is recognized that sanitation is both a public and a private good, and that individual hygiene behavior can affect the whole community if your neighbors defecate in the open, then your children risk excreta-related diseases even when the members of your own household use a sanitary toilet, wash their hands, and practice good hygiene.

A draft Pakistan’s Approach to attain Total Sanitation was finalized and -shared with the Ministry of Environment. A national level workshop was organized by the Ministry of Environment in coordination with UNICEF, US-AID, UN-Habitat, Water Aid, Plan Pakistan, PIEDAR, RSPN and WSP on June 4, 2010. All provincial/ state governments, representative of the academia and NGOs, CLTS practitioners and the donor agencies participated in this workshop where the proposed Pakistan’s Approach to CLTS was discussed as the basis of future sanitation programming in Pakistan. Pakistan Approach to Total Sanitation has now been finalized in accordance with the recommendations of the workshop.

The access to latrines in Punjab is the lowest of all the provinces. This is particularly pronounced in the rural areas where only 56% of households have access to a latrine. Not all of these latrines are sanitary, nor are they used by all household members all of the time. This is indicative of a far greater failure to safely contain excreta than the numbers of latrines suggests. All of this suggests that there are probably no households in Punjab (rural or urban) that are safe from hazards of uncontained excreta.

Whether it is excreta lying in the open, or pushed up against a compound wall, or effluent discharged into open drains, or seepage discarded in the open from septic tanks / toilets / treatment plants – the risks of unsafe excreta disposal afflict the population of Punjab.

Chakwal is one of the Northern districts of Punjab. The district is administratively subdivided into four tehsils and 68 Union Councils. The district population according to the 1998 census report is 1,083,725 of which 12.01% is urban thus making Chakwal the most rural district in Punjab. It is mainly a rural agrarian area and the main source of income is agriculture.

According to the Punjab Multiple indicators cluster Survey (MICS 2004) access to sanitation in Chakwal district stands at 61% while access to sanitation in Chakwal is at par with the Provincial average.

Data from the 2001/2 Punjab Multiple Indicator Cluster Surveys (MICS) has shown that more than half of the latrines are unsanitary. Sewer systems are, if existent at all, often clogged and in general in a bad condition. Lacking hygiene awareness, particularly among the rural population, is leading to unhealthy hygiene routines and widespread open defecation.

Plan Pakistan is working for the past several years in District Chakwal to improve the living conditions of its partner communities through different interventions with the support of its partner NGOs. For this Plan made different efforts to identify the loop pools and gray areas in the sanitation sector and based on these efforts would try to intervene this time with the following priorities as a lesson learned from past interventions

- More focused on software activities
- Step back from hardware activities gradually (To overcome the dependency syndrome developed due to subsidy approach in past)
- In line with the Right Based Approach to cover its priority area CCCD.
- Latrine use in communities/schools in Plan partners communities

For this purpose Together Initiative, a Civil Society Organization wants to provide its support to Plan Pakistan in achieving its objectives in District Chakwal in its intended interventions for year 2011/12 on the basis of mentioned prioritized areas.

The overall purpose of this project is to create an environment where the existing services would be properly utilized on sustainable basis and to avoid any wastage of the existing resources, which results in access to adaptation of healthy behaviors to control water/sanitation borne diseases in the targeted communities and strengthening of Plan Pakistan's Partner communities of District Chakwal.

Major component will be to involve all the concerned stakeholders from the very initiation through consultations and further focus would be on the strengthening of community organizations/HECs Health and environment committees to provide a built-in mechanism inside the community, which will ensure sustainability and adoptability.

To achieve the overall goal Together Initiative intends to engage with Plan Pakistan in giving technical Support and joint implementation of project activities while ensuring the participation of all other stakeholders.

Throughout the project duration the prime objective will be to improve living standards through open defecation free environment for sustainable development i.e. reduction of water borne diseases, increase the ratio of usage of latrine in communities as well as in schools through improved sanitary and hygiene practices, capacity building and also contributing to the overall goal of Plan Pakistan.

Following comprises the broader initiatives under the proposed project:

- To ensure clean and safe environment for the community participatory techniques would be adopted i.e. involvement of children and women in sanitation promotional program.
- To work for reduction of high incidence of environmental and specially water borne diseases, resulting in high rate of infant mortality and morbidity, also damaging mother health.
- Community ownership would be enhanced through community mobilization, realization of self-responsibility and their involvement in project implementation, monitoring and evaluation.
- Eradication/Reduction of open defecation through Community led total sanitation (CLTS) and School Led total Sanitation (SLTS) in Plan Partners communities
- Social mobilization, capacity building, awareness raising campaign for general masses regarding environmental degradation will be focused.

## 2.2 Problems

The table includes brief elaboration of problems related to the program/activity and possible responses of the proposed program.

<b>PROGRAM</b>	<b>PROBLEM</b>	<b>RESPONSE</b>
<p>OPEN DEFECATION FREE ENVIRONMENT &amp; ALTERNATIVE ENERGY PROGRAM (ODFE&amp;AEP)</p>	<ol style="list-style-type: none"> <li>1) Non-cooperation of the targeted communities or where government institutions are involved their reluctance to cooperate in the program.</li> <li>2) Plan Partner communities dependency on Plan and reluctant to adopt Right based approach</li> <li>3) Communities lack of interest in software activities over the physical infrastructures and continues demand for subsidy</li> <li>4) less use of latrines in schools (according to the</li> </ol>	<ol style="list-style-type: none"> <li>1) Through rigorous social mobilization of the community and official meetings.</li> <li>2) A) Together Initiative team will focus on right base approach and every available forum will be used for this for promoting the approach B) Together Initiative will effort to bridge the gap between the communities and Government</li> <li>3) CLTS approach will be expended/extended to other Plan Partner Communities which will helpful in emerging new natural leaders which may play important role in promotion of software activities. CLTS approach will be helpful in negation the hardware/subsidy.</li> <li>4) A) Together Initiative will raise this issue in every available forum like Tanzim,</li> </ol>



	<p>survey conducted by partner 44.1 % children going outside of school for open defecation which is an alarming number.</p> <p>5) Open defecation practices in villages/ subsidized communities is common.</p> <p>6) Subsidized village are hurdles for CLTS success</p> <p>7) Lack of coordination between the communities and Government.</p>	<p>HECs, Child forum SRCs, School Councils etc.</p> <p>B) Education department will be involved to insure the latrineuse in schools</p> <p>C) Teachers will be trained in Health and Hygiene Education</p> <p>D) organizations which are directly or indirectly involve in schools interventions like MIED ,RASTI ,NRSP etc. will be engaged for collective efforts</p> <p>5) CLTS approach will be triggered in those villages where its practice is common.</p> <p>6) Rigorous mobilization with special focus on consultation with supportive groups.</p> <p>7) Together Initiative will work with both stakeholders by regular consultative meetings, seminar and workshop.</p>
--	---	---

### 2.3 Stakeholders

The following is a list of key stakeholders identified and categorized during the sub-program design process:

<i>Stakeholder</i>	<i>Role/responsibilities</i>
<i>Plan</i>	<ul style="list-style-type: none"> <li>▪ Technical and Financial support</li> <li>▪ Capacity building of partner organizations</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Advocacy / facilitation/support to Plan Partners communities in fund raising from Tehsils and District Government</li> <li>▪ Linkage developing among different stakeholders</li> </ul>
<b><i>Together Initiative</i></b>	<ul style="list-style-type: none"> <li>▪ Over all implementation, monitoring and evaluation of the project</li> <li>▪ Facilitation and Capacity Buildings of Tanzim/natural leaders/HECs in Plan partner communities</li> <li>▪ Social and Technical Support</li> <li>▪ Bridging gap between the communities and Government (on right based approach)</li> <li>▪ Linkage developing among different stakeholders</li> <li>▪ Networking</li> <li>▪ Media Coverage</li> </ul>
<b><i>Community /Tanzim/ HECs</i></b>	<ul style="list-style-type: none"> <li>▪ To work for the rights of people/communities Implementation and monitoring the projects</li> <li>▪ To insure the participation of children ,women in every decisions</li> <li>▪ Supporting partner organization in project</li> <li>▪ To work for the project sustainability/operation and maintenance of the project</li> <li>▪ Dissemination of ODFE&amp;AEP information to community</li> </ul>
<b><i>Local Government/ TMA/PHED</i></b>	<ul style="list-style-type: none"> <li>▪ providing Sanitation facilities to communities</li> <li>▪ backstopping/facilitation communities in Sanitation related issues/matters</li> <li>▪ CCBs funding</li> </ul>

#### ***2.4 Target Groups and Beneficiaries***

- Plan Pakistan’s Partner communities in broader
- Focused beneficiaries would be the children to promote (CCCD) and then women of the respective communities in its support.
- All the community organizations including HECs, Tanzim, School council, SRC etc.

## 3. PROGRAM DESIGN

### 3.1 Rationale for the Program

According to the 1998 census report the total population of Punjab was 73.621 million, with 68.7% as rural population. Given the average annual growth rate of 2.64%, Punjab's present rural population is estimated to be xxxxx million.

ODFEP Intervention Program aims to overcome the existing bad situation in Punjab i.e. approximately 50% of the population in Punjab is using contaminated water from different sources and the emergence of high ratio of open defecation in the province has further inflamed the situation as well as situation of sanitation and hygiene education in the province is also very low comparing national average.

Approximately two third of population in rural areas have no access to sanitation facilities; it means addition of 80,000 tons of human excreta daily spreads into environment through open defecation, the overall outcome of low coverage of safe water and adequate sanitation facilities resulting in poor health and hygiene status in the province.

It is a challenging task to bring the behavioral change among the rural communities, and Government cannot handle the present situation alone.

- Access to latrine is low, not all latrines are sanitary, nor are they used by all household members all of the time. Which shows high concentration of open defecation is practiced.
- At the household level, the awareness of the safe disposal means for manure, green waste and recyclable matter is not well understood nor practiced.
- Access to covered drains is very low. The dominant use of "open drains for the disposal of the black water from toilets and effluent from septic tanks are observed.
- The sanitation systems not maintained up to the satisfaction as their status reported shoddier than at the time of installation.

- Women involvement in Sanitation is abysmally low like their presence in scheme management/maintenance etc.
- The availability/usage of latrine facility in household and school is low which is an alarming situation.
- Devolution set up under LGO 2001 transferred the entire mandate of provision of basic municipal facilities to the communities to Tehsils Municipal Administration (TMA's), the newly emerging setup currently have meager resources and capacity to implement software program of community management i.e. to take care for the safe disposal of human waste and solid waste.

Civil society/NGOs can fill this gap and can provide a tremendous success through mobilization and ensuring community participation in sanitation sector by focusing and working towards behavioral change.

In the context of above mentioned statements there is dire need of awareness cum behavioral change of the community in using adequate sanitation facilities. Effective planning and implementation for scaling up promotion of Health and Hygiene Practices in the targeted communities is another important aspect.

Keeping in view the situation in the rural communities of District Chakwal, Together Initiative this time would like to intervene mostly with software activities more focused on behavioral change through community mobilization/participation and ownerships to overcome the identified gray areas of the sector.

### **3.2 Objectives**

The Major objectives of the Program will be:

- To ensure Communities strive to achieve human feces free environment for all, in order that Children and youth enjoy good health.
- To ensure human feces free schools so that students enjoy good health as well as their studies

**OVERALL GOAL**

Children and Youth Realize their rights to healthy life

**PROGRAM PURPOSE**

Reduction of open defecation in communities and in schools, promotion of healthy practice among the children and youth, better coordination with government

**OUTPUTS**

1. Reduction of open defecation and increase of latrines use in Plan Partner communities and along with schools.
2. Environmental improvement in Plan Partner communities by implementation of community led total sanitation through Pakistan Approach of Total Sanitation.
3. Effective planning and implementation for scaling up of promotion of Health and Hygiene practices for behavioral change in the target communities.
4. Coordination mechanism with Government departments like PHED, TMAs, UC, Health, Education, Social welfare, DMC, Environment are improved and strengthened

**3.3 Outputs and Activities****OUTPUT 1**

Training held and together initiative, Plan partners and Government staff weaknesses removed

<b>INDICATORS</b>	<b>MEANS OF VERIFICATION</b>
By end of year together initiative, Plan partners and Government staff weaknesses removed.	Training Report, attendance sheet and feedback from the project staff, snaps

<i>ACTIVITIES</i>	<i>SCHEDULE</i>							
	Year 1				Year 2	Year 3	Year 4	Year 5
	Q 1	Q 2	Q 3	Q 4				
Along with the regular social mobilization of CLTS target communities, each community would be given sessions on health and hygiene.	☆				☆	☆		
<i>ACTIVITIES</i>	<i>SCHEDULE</i>							
	year 1				year 2	year 3	Year 4	year 5
	Q 1	Q 2	Q 3	Q 4				
TOGETHER INETIATIVE, Plan partners and Government staff capacity building training								

<i>OUTPUT 2</i>
Social Mobilization and Health & Hygiene Capacity building sessions in all CLTS target Communities

<i>INDICATORS</i>	<i>MEANS OF VERIFICATION</i>
Healthy behaviors among community promoted and capacity of community built	Monthly reports and work plan submitted by the concerned staff, community feedback, snaps of activities



<p>6. Involvement of Children Forums and SRCs in schools</p> <p>7. CLTS Media Coverage</p> <p>8. CLTS IEC material development</p> <p>9. Seminar on CLTS at district level</p> <p>10. Advocacy, consultancy and networking develop with District Govt.</p> <p>11. Support to poor families in latrine construction</p> <p>12. ODF celebration ceremony</p> <p>13. 2 Days Health &amp; Hygiene trainings for community boys &amp; girls</p> <p>14. TOT for community natural leaders (CLTS scaling up to whole U.C. through barefoot consultant in five union councils)</p> <p>15. CLTS Orientation workshop for natural leaders for new 30 trigger communities</p> <p>16. Shield/certificates distribution ceremony to O.D.F.</p>									
---	--	--	--	--	--	--	--	--	--



<p>communities at District level</p> <p>17. Quarterly experience sharing meeting of barefoot consultant at community level</p> <p>18. Meeting with MNA., MPA and UC Administrator for CLTS scale up</p> <p>19. Linkages development of community with Government like PHED, TMA etc.</p> <p>20. Consultative meeting with Govt. and line department.</p>								
--	--	--	--	--	--	--	--	--

**OUTPUT 4**

Coordination mechanism with Government departments like PHED, TMAs, UC ,Health ,Education, Social welfare ,DMC, Environment and are improved and strengthen

<i>INDICATORS</i>	<i>MEANS OF VERIFICATION</i>
<p>1) Joint events celebration</p> <p>2) Quality of work improved</p> <p>5) Better service delivery by the relevant Department</p> <p>6) satisfaction of the right holders/communities</p> <p>7) Participation of Line departments staff in training</p> <p>8) Consultative meetings held</p>	<p>Meetings, Consultations workshops minutes ,Events reports ,feedback from the communities ,Observation ,by evaluation reports, training reports</p>



### **3.3.1 Activities Summary**

#### ***Activities to achieve output 1***

##### ***Training held for staff weaknesses removed***

Training will be arranged at together initiative office for capacity building of together initiative, Plan partner and Government staff and removing their weaknesses in community mobilization. It will be fruitful for implementing program in communities.

#### ***Activities to achieve output 2***

##### ***Social Mobilization and Health & Hygiene Capacity building sessions in all CLTS target Communities***

Social mobilization in communities will be continued whole year. Two days Capacity building trainings for boys and girls in communities/schools will be arranged on monthly basis. Personal Hygiene, Food Hygiene, School Hygiene, Importance of latrine, advantages of washing hands, cleanliness of latrine, proper use of water etc will be shared with them.

#### ***Activities to achieve output 3***

##### **1. CLTS/SLTS Triggering exercise and follow up visits**

CLTS exercise will be carried out in 30 communities and 20 schools in this year. Bare foot consultant at community level will also be involved in triggering process. These consultants will do triggering in other communities of union councils. Four male and female local consultants from each union council will carried out activities in communities as well as in schools. Together Initiative team will facilitate them in conducting triggering, monitor their regular follow ups and trained them in proper record keeping. A CLTS implementing network will be established to scale up CLTS in all over union councils of District Chakwal. Separate CLTs triggering exercise will arrange for females .Children and youth participation will be insured for their future role in making the villages ODF. Old 38 CLTS trigger communities and new 30 CLTS trigger communities will be target of together initiative for achieving status of O.D.F. in all 68 target communities. Similarly old 30 SLTS trigger schools and new 20 SLTS schools will be monitored by together initiative to achieving status of O.D.F. at the end of year.

## **2 . CLTS Orientation Workshops/Capacity building**

CLTS Orientation Workshops will be arranged for Natural Leaders (Male and Females) of new 30 CLTS trigger communities. Orientation workshop will be arranged at together initiative office. Four male and female barefoot consultants from each union council will be selected from these natural leaders. Bare foot consultants will carried out activities in all villages of union council.

## **3. Sports events and competition for Children/Youths and Rallies against the Open defecation**

For motivation the youth and their role in CLTS sports events like cricket matches will be arranged .banner against the open defecation will be displayed in the events

Rallies will done in communities against the open defecation practices

## **4. CLTS Exposure visits**

CLTS exposure visit will be done, where the people make their village ODF. CLTS exposure will be inter Chakwal communities. It will be good opportunity for experience sharing and replication of good practices.

## **5. CLTS Experience sharing Seminar**

- Experience sharing seminar will be held at district Level. Lesson learnt, difficulties
- Good practices will be shared

## **6. Sanitation Marketing**

Linkages will be developed for the availability of latrine materials at village level. SARBAN, NRSP and other will be involved

## **7. ODF ceremony at village level**

ODF ceremony will be arranged at village level and ODF board will be displayed. TMAs and union Councils will be included

## **8. Reward System**

Reward system will be introduced for ODF village for encouragement and motivation. Relevant departments will be involved for reward system. District Govt. will be motivated to provision of incentives for O.D.F. communities.

### **9. Advocacy/consultative meetings/Networking**

Regular meeting with government Departments will be held for the success of CLTS. This will be helpful in owning the CLTS by Relevant departments.

### **10. Media Campaign and IEC Material Development**

For the success of the CLTS Media will be involved. IEC material will be developed and disseminated.

### **11. CLTS Refreshers for Natural Leaders**

CLTS refresher for natural leaders of old 38 trigger communities will be arranged at together initiative office. Objective of refresher will be to activate natural leaders of all communities which they have left CLTS regular follow ups due to leaving SABAWON partnership with PLAN.

### **12. Capacity Building of Sanitary Workers**

One day health & hygiene training will be arranged for sanitary workers at together initiative office. Objective of training is to enhance their skills and create awareness regarding health and hygiene.

### **13. Low Cost Latrine support to poor families**

Low cost latrines will be provided to poor families of CLTS trigger communities due to weak financial position of these families. Average fifteen latrines in each community out of 40 communities will be provided in achieving target of 40 O.D.F. communities.

### **14. 3 Days TOT for CLTS Bare foot Consultant at community Level**

Three days TOT will be arranged for CLTS bare foot consultant to scale up CLTS approach in all union council. Four male and female consultants from each union council will be trained and hired for CLTS scaling up. Twenty consultants will work in five union council and they will effort to achieve target of open defecation free union council in District Chakwal.

### **15. Quarterly Experience sharing meeting of Barefoot Consultant**

Experience sharing meeting of barefoot consultant will be arranged on quarterly basis at together initiative office. Consultant team of each union council will present their achievements, hurdles, future planning etc. with together initiative and all participants. PLAN, PHED, TMA and other line agencies will also be invited in this meeting.

## **16. Shield/Certificates Distribution Ceremony to O.D.F Communities at District Level**

Shield/Certificates distribution ceremony will be arranged at District level for encouraging the open defecation communities. PLAN, PHED, TMA, SOCIAL WELFARE Department DCO and Environment Department will be invited in ceremony.

### ***Activities to achieve output 4***

#### **1. Consultative meetings/workshops with line department**

Regular consultative meetings will be held with line departments to bridge the gap between the communities and governments. Meetings with both stakeholders will be held.

#### **2. Joint International Day celebration**

International Days like world Hand Washing Day, World Toilet Day and World Water Day will be celebrated at community/school level for better results and outputs. Participation in line departments arranged events will be insured

#### **3. Capacity Buildings of in following areas:**

- i) TMAs Sanitary Staff/sanitary workers in Health and Hygiene education
- ii) Training on social Mobilization for PHED, TMAs and Social welfare department Staff

#### **4. IEC material distribution:**

IEC materials on CLTS/SLTS will be developed and distributed among the communities, schools, government officials and other private institutions.

#### **5. Exposure visits**

Government officials are also be involved in CLTS exposure visits. Community and government official's joint visits will be helpful in building relation.

#### **6. Linkages Development /Networking:**

Together Initiative team will try their best for linkages development of community with government as well as with other private organizations by regular engaging in various activities.

### ***3.4 Interventions Methodology***

Social organization provides a firm platform that can be used by other sectors to intervene into the area and interact with communities. It would be helpful to enable the local communities to plan and undertake their own development. The more active and vibrant the community organizations – the more meaningful activities are undertaken with them. The approach to be adopted under the project would be to:

- Get village level communities into socially and economically viable groups;
- Become an active partner in the local level development activities; and
- Initiate capital formation through contribution based activities

According to the recent development paradigm, the participation of local communities in all aspects of development process is considered a fundamental requirement. Therefore social mobilization will be the core component. All the development interventions in each village would then be initiated and implemented through the involvement of respective HECs/forums.

CLTS triggering will be held in ten newly included Plan partner communities where together initiative is going to start CLTS interventions. Total twenty male and female trainings will be held in Plan partner communities.

Capacity building is an important aspect for future sustainability of the project development initiatives as well as making local communities self-reliant in thinking about their development needs and ways forward.

Health and Environment Committees are structured in a way of representing the majority. These HEC will be over all responsible to carry out all the activities related to the open defecation free environment. CLTS natural leaders will be included in the HECs for better performance. HEC module would be used for capacity building of HECs members.

## ***1.5 Assumptions and Risks***

It is assumed that by the end of the project, all of the objectives would be achieved timely and maximum of the target communities would be benefiting from the project.

Risks involved with the project are:

- People reaction/reluctant on accepting CLTS approach
- Increased involvement of community in the project implementation process
- Act of God i.e. natural disasters such as rains, flood etc
- Non-cooperation of the targeted communities or where government institutions are involved their reluctance to cooperate in the project
- Change in Government structure and policy (in local Government, provincial and National level)
- Terrorism activities
- Socio-cultural atmosphere of the targeted community
- Non-availability of the funds in Governmental sector
- Stoppage in funds flow

## ***1.6 Sustainability***

Sustainability of the project is ensured through the total participation of the community at each level, besides capacity building factor of the communities and other stake holders would help in the sustainability of the project.

Communal fund will be promoted for solving the village level open defecation issues. CLTS approach enhancement will also contribute self help based and sustainable community development.

The developed linkages of community organization with concerned stakeholders of the state i.e. TMAs/PHED for transparency, accountability and coordination to promote the existing and newly interventions in CLTS.



## 4. PROGRAM IMPLEMENTATION

### *4.1 Organization Structure and Staffing*

The project implementation would be managed jointly by the field teams and HECs (Health and Environment Committees) /Community forums/natural leaders.

The field team of together initiative will consists of a Program Manager, two female and two male CLTS Facilitators and 1 Admin & Finance assistant for the interventions.

The Community Forums/HECs would be fully responsible for the execution under the supervision of project staff and will be bound to achieve the targets with in the time specified in the Term of Partnership.

It is suggested that as a pilot 20 to 30% communities would be selected to implement the activities through Community forums and the natural leaders.

It is recommended that a midterm evaluation would be done to judge the effectiveness of quality, quantity, cost efficiency and sustainability of the projects/activities done by together initiative and the community forums / natural leaders. Then on the basis of the evaluation the future interventions should be made on the process which is more beneficial.

### *4.2 Monitoring and Evaluation*

The project will be monitored by the Plan-Pakistan, Chakwal Unit and of course by the together initiative itself. Monitoring of the project will be started from initial stages till end of the project .A monthly report would be submitted to Plan Pakistan Office covering the progress, work bottle necks identified and solved and recommendation for improvements. Evaluation of the project would be done through the monthly and quarterly reports submitted and by a midterm review.

For effective monitoring regular meeting and visit will be conducted by the Project Manager and concerned staff in community and the Work plan will be developed by all the project staff which will summarize the targets for the

whole month and number of all proper visits will be decided according to the situation and will be shared among all the relevant agencies and personnel.

Intra and Inter community meetings and conferences would be organized by the Project Manager for experience sharing, learning and adapting field strategy for efficient results.

On need basis a monitoring team comprising of senior management of together initiative would visit the project area and would verify on ground activities, check and compare it with the monthly reports and share it with the concerned agencies.

The project will be evaluated regularly as our organization has a systematic mechanism of evaluation. It would be done through daily, weekly and monthly reports of staff members and staff will meet every day in morning session for an hour to assess the previous day's performance and to discuss the daylong agenda. Similarly, weekly reports will be reviewed on every Monday. The achievements and backlog will be assessed before chalking out a program for next week. Same methodology is designed for the evaluation of monthly performance.

***Monitoring Indicators for CLTS, SLTS activities are:***

During initiating CLTS, SLTS triggering a work plan from the participants /Communities would be obtained .Project Manager and CLTS facilitator would follow up the activities periodically or according to need based. Software activities are mostly related to Health and Hygiene so the monitoring indicators for the software activities will be as follow:

- Open defecation practices nearby houses, in fields, streets, drains etc.
- Use of latrine at households as well as at School level
- Construction of new house holds latrines at community level
- Cleanliness of area like streets, drains, fields etc. from open defecation
- No. of functional toilet blocks at school level
- No. of male, female and children who would have been aware about disadvantages of open defecation, importance of latrine and washing hands during triggering process and regular monthly follow up visits of team
- No. of natural leaders and Govt. officials trained in CLTS Orientation workshops

- Open defecation free communities as well as schools
- Personal Hygiene (like hand washing, bathing, cleanliness of washroom, proper use of water for hand washing and washroom cleansing etc.)
- Environmental Hygiene (Street cleanliness, wastewater disposal, solid waste disposal, animals control, cleanliness of school, worship places etc.)
- Domestic Hygiene (clean kitchen, proper use of latrines, cleanliness of house, proper drainage system, disposal of solid waste etc.)
- School hygiene (Cleanliness of class rooms, garbage disposal, disposal of waste water, usage of school toilet block, proper use of water etc.).