1. **PROJECT TITLE: Donating for Water – Giving Life to Humanity**

**2. RELEVANCE OF THE PROPOSED PROJECT:**

According to Pakistan Social and Living Standard Measurement Survey 2008-09, it is estimated that every year Pakistan losses 3.94 percent of GDP because of water-borne diseases, which costs Pakistan 343.7 Billion rupees (US$5.7 Billion) and poses serious threat to public health in Pakistan claiming not less than 1.2 million lives every year while billions of rupees are lost every year to treat patients with water-borne diseases that can be avoided.

A report by Pakistan Council of Research in Water Resources (PCRWR) reveals that 44 percent of the total population in Pakistan is without access to safe drinking water whereas in rural areas 90 percent of the population lacks such access.

In 2013, the child mortality rate was 42 percent, and water and sanitation related diseases were reported responsible for some 60 percent of the total number of child mortality cases in Pakistan.

According to estimates, around 250,000 children in the country die under the age of five due to diarrhoea, mainly caused by the use of untreated water. The water-borne illnesses account for nearly 60 per cent of child deaths in Pakistan with approximate 630 children dying daily from diarrhoea.

In Pakistan, diarrhoea is the leading cause of infant and child deaths. Unfortunately, Sindh leads with both the highest number of cases of diarrhoea as well as the highest number of deaths of under-five (101 per 1,000), according to the study conducted by Aga Khan University Hospital.

The situation is even worse in the rural areas of the country where 88 percent of the population lacks access to safe drinking water. For safe drinking water preference is given to urban areas whereas rural areas are never the priority of governments. About 66 percent of the population lives in rural areas and around half of it consisted of women; they are the main sufferers in this situation.

The district Badin situation have been made more horrible due to consecutive cyclones of 1946, 1999 and 2001, floods 1976, 1988, 1994 and 2003 and heavy rains of 1973, 2007, 2010, 2011 and 2012 and time to time breaches in LBOD, which badly affecting the overall drinking water sources, such as water ponds, hand pumps, water courses, well and water tanks either become contaminated or become dysfunctional and therefore unable to provide clean and safe drinking water to its regular users. The un-availability/access to clean drinking water further increases problems particularly for children, elderly and other vulnerable members i.e. women and girls of family.

Badin district comprises of five include Matli, Talhar, Tando Bago, Badin and Golarchi. More than 86% of the population lives in rural areas. It is bounded on the north by Hyderabad district on the east by Mirpurkhas and Tharparkar districts, on the south the Arabian Sea and Runn of Kutch, which also forms the international boundary with India, and on the west it is bounded by Thatta and Hyderabad districts. The total area of the district is 6,726 square kilometers; there are 49 Union Councils, 111 Tapas and 535 Dehs.

According to the 98 census the population of Badin District was 1,296,304 and project 1840685 for 2015 with a break up of 16% urban and 84% rural populace, and a population density of about 170 persons per Sq.km. The rural domain, extending to about 4,000 settlements, includes only 1547 large settlements of large sizes above 200 people.

And Badin district produces almost 60 per cent of the country’s oil, but ranks at 90 in the Human Development Index of districts of Pakistan.

The project will direct benefit to least 12,507 inhabitants of 10 Union Councils i.e. Chaberalo, Khadro, Sarang Faqeer, Dada, Dei, Pangrio, Tando Bago, Khairpur Gambo, Aminabad and Bduo Qambrani of 2 Taluka i.e. Tando Bago and Matli of district Badin with installation of 100 hand pumps in 33 villages followed by formation of local level water management committees and health and hygiene sessions.

2.1What steps did you go through to develop the project idea to solve the problem(s)?

ARTS Foundation has directly worked with the community and consulted through Focus Group Discussions (FGDs) with regard to their critical needs. Almost all the community members top listed the easy and safe water availability as a top most need. The community quoted that fetching water from unclean sources creates lot of troubles in their lives i.e. wastage of time, cost, health, causalities and illiteracy among children particular the girls.

The water born disease are most common in the era especially among children and women. The nearby private clinics and dispensaries has shared common disease i.e. diarrhea, gastroenteritis, cholera, malaria, typhoid, goiter and tuberculosis.

There is almost underground water is good in quality and taste but scientifically not tested. The community is poor and no such water testing facility is available in the area.

ARTS Foundation will collect primary (pre and post) data from the target households and communities before installation of hand pumps and post 3 months of the installation of hand pumps.

Further, ARTS Foundation shall carry on following set of activities to respond the needs of the communities under Global Giving project;

**Key Activities:**

* Hiring of Staff
* Hiring of Vehicle for Field Activities
* Base line of Project Area
* Identification of Project Target Group and Villages
* Water Quality Testing
* Formation of WAH Action Committees
* 3 Three Days & 3 One Day Training of WAH Action Committee Committees
* Design and Cost Estimating
* Identification of Competitive Contractors and Develop and Sign the Agreement
* Verification of Material Quality and Availability at Project Site
* Installation of Hand Pumps
* Hygiene and Sanitation Campaign with Communities
* Follow up Meetings and Oversight
* Supervision, Monitoring and Monthly Reporting
* Preparation and Submission of Final Narrative and Financial Report

**Beneficiaries Selection and Documentation:**

* Copy of land ownership records of site location
* NIC of land owner at site location
* No objection certificate from land owner at site location for completion of project works
* Microbial and chemical contamination lab test results for water samples drawn from site
* No objection certificate from land owner to provide unrestricted access to site for the purpose of procuring water
* Signed Agreement between community and ARTS Foundation for usage rights and access to site for all (with any discrimination i.e. religious, caste, creed and gender etc.)
* Handing over of Hand Pump rights to WAH Action Committee to look after and maintenance

The project will tender/contract with the qualified contractor after going through the procurement policy/process of ARTS Foundation/GG. The Filed Supervisor and MEAL Officer will check all equipments in the field before installation. The Field Supervisor and MEAL Officer will report and make sure that all equipments provided by the contractor are according to the specifications of the agreement.

* 1. Which group(s) of the community will benefit from the proposed project?

The direct beneficiaries of the project will be 12507 inhabitants of 33 most vulnerable communities of 10 Union Councils of 2 Talukas of district Badin. In general, this project will benefit whole community members 25500 of 33 villages where this project will be implemented.

* 1. What is the main aim of the proposed project?

The overall goal of the proposed project is;

To contribute in improving water, hygiene and sanitation conditions in selected rural settlements in order to complement to government policies and programmes.

The objectives of the proposed project are;

* To increase access of most vulnerable communities to safe and clean drinking water coupled with hygiene awareness and sanitation practices in 33 villages;
* To decrease incidence of water borne diseases and mortality among more than 12,507 inhabitants of 1,500 households directly.

2.4 What are the **three** main expected outputs of the proposed project?

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|  | OUTPUT |
| 1. | 12507 target beneficiaries access to safe drinking water improved through the project |
| 2. | 33 village water sources project villages are tested for water quality parameters and data is available in the records |
| 3. | 70% of the target village population is aware about good hygiene practices and in target villages  |

2.5 List the **six** main groups and numbers of persons to benefit. (e.g. women, the youth, the aged, farmers, street children, disabled, displaced people, artisans, etc.)

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| Group of Benefit | Estimated Number | Nature of Benefit |
| 1.Women | 3705 | Direct beneficiaries of the project as trainees  |
| 2.Men | 3687 | Direct beneficiaries of the project as project employees |
| 3.Youth | 5247 | Indirect beneficiaries, associated with direct beneficiaries as family members |
| 4.Elderly | 4989 | Indirect beneficiaries, associated with direct beneficiaries as family members |
| 5.People with disabilities | 103 | Direct and indirect beneficiaries of the project either as a trainee or family member of the trainee |
| 6.Others (specify) | 7769 | Services from the beneficiaries at door step and users of the services |
| **TOTAL** | 25500 |  |

**3. SUSTAINABILITY**

The community is involved in the project right form the planning and need assessment till the implementation of the project. The ARTS Foundation has proposed to charge Rs.10/- from each household per month and will generate almost Rs.150/- per month per hand pump. This amount will be used for future maintenance of hand pumps. The WAH Action Committee will be responsible to collect the amount and keep the record of the collection and expenses. In this way, the project sustainability will be ensured.