

DRAFT

SANITATION POLICY

for

the Federally Administered Tribal Areas (FATA)

2014

by

The FATA Secretariat

Government of Pakistan

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1. INTRODUCTION

Sanitation is access to, and the use of excreta- and wastewater- facilities and services ensuring privacy and dignity, and a clean and healthy living environment for all. 'Facilities and Services' refer to the collection, transport, treatment and disposal of human excreta, domestic wastewater and solid waste with associated hygiene promotion, to the extent demanded by the particular environmental conditions¹.

In the global context, provision of safe drinking water and sanitation services has long been recognized as a priority area for the improvement of public health. However, in Pakistan sanitation services has not attracted sufficient attention of the policy and decision makers. Lack of coordination between the sector players and disorganized approaches have restrained the sanitation services from expanding at par with the funds deployed in the sector by governments, donor agencies, NGOs, citizens and other stakeholders.

Within the water, sanitation, and hygiene sector, drinking water continues to attract a major share of funding allocations even while the sanitation services coverage lags far behind. Such policy approaches seemingly ignore the inescapable linkages between the water and sanitation interventions such as: without adequate sanitation and improved hygiene behaviour, water provision alone does not have a strong health outcome; sanitation is necessary to ensure water quality; and water and sanitation services both require good hygiene to be effective. According to a recent study by the WHO², it is estimated that the benefits of achieving universal access to sanitation outweigh the costs by a factor of 5.5 to 1 whereas the corresponding ratio for drinking water is 2 to 1.

In order to correct these distorted priorities, it is imperative that an enabling environment is created through formulation of policy, strategy and action plans with an explicit focus on the sanitation sector. However, it is noted that policy frameworks and improved strategic planning will only have meaningful impact if accompanied by political commitment and the concomitant allocation of financial and organizational resources. In this regards, the Government of Pakistan adopted the National Sanitation Policy (NSP) in 2006 that advocates community participation, engagement of NGOs and the adoption of demand responsive approaches to attain an Open-

¹ UN Water Task Force for the International Year of Sanitation, 2008.

² Hutton (2012). Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage, WHO, Geneva.

Defecation Free (ODF) society. The NSP 2006 places the onus on the provinces to develop their own sanitation strategies, plans, programmes and projects.

The FATA Sanitation Policy (FATA-SP) has been formulated in line with the NSP 2006. This policy will be implemented in conjunction with all the national sanitation, drinking water, health, and environmental policies, and the FATA Drinking Water Policy.

This policy is an outcome of extensive consultations among the sector stakeholders including service providers, professionals, civil society organizations, elected representatives, and academic scholars. The policy is aimed at providing guidance to all the stakeholders involved in the sanitation and hygiene sector.

2. CURRENT SITUATION

2.1 Socio-Political Context of FATA

FATA, an area of geo-strategic importance situated along Pakistan’s border with Afghanistan, is a wedge of rugged terrain, dotted with sparsely populated valleys, home to a dozen Pakhtun tribes and hundreds of clans and sub-tribes. This mountainous land is made up of seven ‘political agencies’ (South and North Waziristan, Kurram, Orakzai, Bajaur, Khyber and Mohmand) and six smaller zones, called ‘frontier regions’ (Peshawar, Tank, Kohat, D.I Khan, Bannu, and Lakki) which separate the tribal agencies from the rest of the country. On its three sides, FATA is bounded by the ‘settled’ districts of Pakistan while the Durand Line forms its Western border.

FATA is governed by an administrative set-up that is peculiar than the rest of Pakistan. The normal laws of the land are not applicable in most parts of FATA and the writ of the government is enforced through the offices of Political Agents and traditional community structures³.

The estimated population of FATA is 4.38 million; predominantly living in rural areas (97%) with only a small proportion (3%) concentrated in urban areas. Most of the people in FATA are small scale farmers who live in nuclear family households, with an average household size of 9.3 people. A considerable proportion of the population can be classified as poor whose income can only meet the most basic needs of food and clothes. The literacy ratio in FATA stands at 21.4% with significant gap between male (33.8%) and female (7.5%) ratios. The disparity also exists

³ FATA Sustainable Development Plan 2006 – 2015, Planning & Development Department, FATA Secretariat, Government of Pakistan.

geographically - with literacy ratio being highest in FR Kohat (37.6%) and lowest in FR Bannu (7%)⁴.

2.2 Current Status of Sanitation in FATA

The Millennium Development Goal (MDG 7.C) enjoins upon the signatory nations to halve the proportion of the population without sustainable access to basic sanitation by 2015, and provide complete coverage by 2025. It is worth mentioning that amongst other MDGs, the progress towards this specific goal has been poor globally. The same situation exists in Pakistan where the progress towards achievement of MDG related to safe drinking water is satisfactory but the sanitation MDG for 2015 is likely to be missed. Within FATA, not only the drinking water MDG is being missed but the progress towards sanitation MDG is even worse. The most recent figures⁵ indicate that only 28% of FATA population used sanitary-hygienic facilities where sanitary-hygienic facilities include toilets with a water flush, toilets connected with a sewerage system or a septic tank, other types of toilets with a flush, and improved pit latrines with cesspools or common cesspools. The same survey revealed that more than half of the population (55%) still practiced open defecation. Within these figures, there are wide disparities between the urban and rural areas. Whereas 77% of the urban population had access to improved sanitation, the corresponding figure is only 26% for the rural population. Similarly, 12% and 56% of urban and rural population practiced open defecation, respectively. Only 1% of the population have access to flush toilets connected to public sewerage, but due to the absence of any wastewater treatment plants, even these sewerage systems discharge untreated waste into the environment.

It was noted above that FR Bannu and FR Kohat respectively have the lowest and highest literacy ratios within FATA. It is noteworthy that these figures are correlated with the sanitary-hygienic practices. For example within FATA, open defecation is most prevalent in FR Bannu (84%) and least prevalent in FR Kohat (12%). Similarly, the population fraction that washes hands with soap after using toilet is highest in FR Kohat (37%) and lowest in FR Bannu (0.6%). In terms of access to improved sanitation facilities, FR Kohat (57%) again ranks as the best within FATA while the coverage in FR Bannu at 9.1% is only better than that in FR DI Khan (7.2%).

⁴ FATA Development Statistics 2013, Bureau of Statistics, FATA Cell, Planning & Development Department, FATA Secretariat, Peshawar.

⁵ Multiple Indicator Cluster Survey (MICS), Federally Administered Tribal Area (FATA), Planning & Development Department, FATA Secretariat, United Nations Children's Fund (UNICEF), and World Food Programme (WFP).

Poor sanitation takes its toll in terms of pervasive associated diseases and death, chronic and inescapable poverty and the paths of opportunity through education and productive labor blocked. The total economic cost of poor sanitation is equivalent to 3.94% of GDP in Pakistan. These costs include the impacts related to health, drinking water and domestic water, user preferences and welfare, and tourism⁶. Compared to the national averages, both the sanitation coverage and total economic output figures in FATA are lesser; hence, the economic costs due to poor sanitation in FATA as a fraction of economic output should be even higher.

Poor sanitation and hygiene practices have obvious impacts on health and nutrition. Hence it is not surprising to observe that FATA is lagging on these indicators from the rest of the country. The infant mortality rate, for example, is 86 per 1000 live births in FATA which is higher than the national figure. Similarly, a third and a sixth of the children below 5 years of age are underweight and severely underweight, respectively⁷.

2.3 Resource Allocation

The two primary government agencies involved in provision of water supply and sanitation services in FATA are the Public Health Engineering (PHE) and Local Government & Rural Development (LGRD). In addition, the departments of Health and Education are also involved in hygiene related initiatives. In terms of investments, the combined share of PHE and rural development is almost equal to that of the Health sector (10.51% of the annual development budget). In comparison, the annual investment in the education sector (24.64%) is more than that of PHE, rural development and health sectors combined⁸.

Within the water supply and sanitation sector, only about half of the annual development budget for rural development (1.67% of ADP) is allocated towards sanitation while almost the entire development budget of PHE (8.85% of ADP) is invested in the drinking water sector. Hence, it can be seen that although access to improved drinking water sources is significantly higher (69%) compared to improved sanitation (28%), yet the former still continues to attract the bulk of annual development investments of the combined drinking water and sanitation sector.

⁶ The Economic Impacts of Inadequate Sanitation in Pakistan, Water and Sanitation Program (WSP), Asian Development Bank (ADB), and Australian AID.

⁷ Multiple Indicator Cluster Survey (MICS), Federally Administered Tribal Area (FATA), Planning & Development Department, FATA Secretariat, United Nations Children's Fund (UNICEF), and World Food Programme (WFP).

⁸ FATA Annual Development Programme 2013 – 14 <http://fata.gov.pk/cp/uploads/downloads/ADP-2013-14-Finance-Department.pdf>

Finally, to highlight the decision makers' lack of focus on sanitation, it is noted that while the drinking water coverage is tracked as a development indicator, a corresponding indicator for sanitation is missing from the FATA Development Statistics⁹.

2.4 Policy Context

In addition to the National Sanitation Policy (2006), National Sanitation Action Plan (2010-15), National Sustainable Development Strategy (2009), and the FATA Drinking Water Policy (2014), this policy subscribes to, and is aligned with, the following strategic guiding documents that the FATA Secretariat has endorsed recently.

FATA Sustainable Development Plan (2006-2015) represents the first serious effort of policy makers to not only bring the citizens of FATA in mainstream of the development process but also marks a paradigm shift in planning & implementation of prioritized needs of the communities. The plan recognized that hitherto inadequate attention has been paid to the sanitation sector on the government and donor levels. Among other prioritized interventions, the SDP (2006-2015) identified provision of sanitation services in major population centres to address public health risks and protect water sources from contamination.

Water and Sanitation Framework 2025 sets a vision of "Government in FATA has resourceful, effective, efficient, and accountable institutions to ensure sustainable Water and Sanitation services for all".

Post Crisis Need Assessment (PCNA) has a goal to produce a helpful, pragmatic, coherent and sequenced peace-building strategy that delivers agreed vision – "emerging peace, greater prosperity and tolerance in FATA" within 10 years.

FATA Drinking Water Policy (2014) is focussed on the drinking water sector but recognizes the importance of good hygiene for the effectiveness of drinking water services. It also highlights the threat posed by lack of proper sanitation facilities to the quality of ground and surface water sources.

3. VISION

This policy envisions that the FATA becomes totally sanitized, healthy and liveable and ensure and sustain good public health and environmental outcomes for all its citizens with a special

⁹ FATA Development Statistics 2013, Bureau of Statistics, FATA Cell, Planning & Development Department, FATA Secretariat, Peshawar.

focus on hygienic and affordable sanitation facilities for the vulnerable sections of the society including the poor, women, children, elderly and disabled.

4. SCOPE OF THE POLICY

This policy primarily focuses on safe disposal of liquid and solid wastes; and promotion of health and hygiene practices in FATA with special emphasis on ensuring human dignity, privacy and equity. The term sanitation extends to cover cleanliness, hygiene, proper collection of liquid and solid waste and its environmentally safe disposal.

5. GOAL AND OBJECTIVES

The overall goal of this policy is to transform FATA into community-driven, totally sanitized, healthy and liveable region. Its specific objectives are as follows:

- i. To dispose-off excreta, wastewater and solid waste in a safe, culturally acceptable, affordable, and sustainable manner; and to promote hygiene practices;
- ii. To link and integrate sanitation programs with water resources, drinking water supply, housing, city and town planning, health, education, social welfare, women development, information and environmental policies;
- iii. To facilitate access of all citizens to basic level of services in sanitation including sanitary latrines at households, schools, health facilities, public places;
- iv. To promote community approaches to total sanitation for a wider impact during a shorter period of time;
- v. To introduce wastewater treatment and solid waste management at household, community and institutional levels;
- vi. To enhance capacity of government agencies and other stakeholders at all levels for better sanitation services provision and their sustainable operations & maintenance;
- vii. To fulfill the national commitments towards international and regional goals in sanitation;
- viii. To increase awareness among the stakeholders regarding sanitation and community mobilization.

6. TARGETS

This policy aims to achieve the Sustainable Development Goals (SDGs)¹⁰ which are currently proposed to be as follows:

- By 2030, provide universal access to adequate sanitation and hygiene for all;
- By 2030, provide universal access to safe and affordable sanitation and hygiene including at home, schools, health centers and refugee camps, paying special attention to the needs of women and girls;
- By 2030, improve water quality by significantly reducing pollution, eliminating dumping of toxic materials, and improving wastewater management by 25%, recycling and reuse by 50%.

On the journey towards achieving the above stated SDGs, the following interim quantifiable targets are set for improving sanitation conditions in FATA:

- Hygiene promotion education/sensitization
 - Reduction of 50% in the unreached population by 2018
 - Universal coverage by 2025.
- Excreta management - Use of Sanitary Latrines
 - Reduction of 20% by 2018, the communities engaged in open defecation
 - Reduction of 60% by 2022, the communities engaged in open defecation
 - 100% Open-Defecation Free status by 2025.
- Solid waste management
 - Reduction of 10% in the unserved population by 2018
 - Reduction of 30% in the unserved population by 2025
 - Reduction of 60% in the unserved population by 2030
- Liquid waste management including treatment
 - Reduction of 5% in the unserved population by 2018
 - Reduction of 15% in the unserved population by 2025
 - 25% access to liquid waste management including treatment by 2030.

7. POLICY PRINCIPLES

The objectives and targets to be achieved under this policy shall be pursued while adhering to the following policy principles:

¹⁰ SustainableDevelopment.un.org

- i. Access to adequate sanitation is a basic human right which shall be assured to all citizens of FATA while paying special attention to the needs of the poor, women and girls, children, the elderly and the disabled;
- ii. Protection of the environment, safeguarding of health and livelihood through provision of improved sanitation shall be ensured;
- iii. Provision of services through demand-driven approaches encouraging community level empowerment and community based solutions;
- iv. Integration of a larger role of community, particularly the poor and women, to the extent possible within the socio-cultural context of FATA, in planning, implementation, monitoring, and O&M of sanitation systems shall be encouraged;
- v. Understanding, accepting and supporting the role that communities, NGOs and the formal and informal sectors play in sanitation services provision and hygiene promotion;
- vi. The provision and distribution of sanitation facilities and resources should be equitable among various segments of society. Preference shall, however, be given to those areas where the need of sanitation improvement is higher and the associated environmental and social impacts are greater;
- vii. Public-Private Partnerships for enhancing access to sanitation facilities shall be encouraged;
- viii. Behavior Change Communication (BCC) shall be an integral part of all the sanitation programs;
- ix. Developing and using appropriate, easy and cost effective technologies; which are viable, affordable, locally-appropriate and based on indigenous knowledge and local skills;
- x. Funds for operation & maintenance (O&M) shall be generated at the local level through affordable user charges ultimately leading to zero O&M liability on the public exchequer;
- xi. Solid and liquid wastes shall be disposed of in environmentally friendly and safe manner;
- xii. Provision of liquid waste management infrastructure shall be preceded by the provision of solid waste management services;

8. POLICY GUIDELINES

8.1 Institutional Arrangements

8.1.1 Federal Government

The Federal government shall provide policy guidance, financial and human resources support.

8.1.2 FATA Secretariat

The FATA Secretariat shall be responsible for policy formulation, Standards setting, funds allocation, assets creation through agency based offices, regulation and incentivizing outcomes.

8.1.3 PHE and LG&RD

Public Health Engineering (PHE) will be the lead government agency for the development of rural sanitation sector. The corresponding lead agency for provision of sanitation services in the urban areas shall be the Directorate of Local Government and Rural Development (LG&RD). LG&RD directorate through its agency based set ups will extend municipal services in notified jurisdictions in urban centers. Elected representatives of local councils shall take the lead role in planning and identification of municipal infrastructure subject to technical feasibility.

8.1.4 Inter-governmental coordination

A WatSan Cell will be established within the Administration, Infrastructure and Coordination (AIC) department of the FATA Secretariat. This Cell shall assume the role of a focal institution for coordination, research, data repository and technical resource of knowledge. The WatSan Cell will coordinate amongst the FATA Secretariat entities, relevant ministries of the Federal government, the Provincial government and PHE/ LG&RD on water and sanitation interventions. Other functions and responsibilities of the WatSan Cell are detailed in the FATA Drinking Water Policy 2014.

8.2 Roles and Responsibilities of Stakeholders

8.2.1 Government Institutions

All FATA government departments will fulfill their respective roles in accordance with the provisions of this policy and other relevant laws, rules and regulations. The government will take steps to increase the capacity of all sanitation related departments in accordance with the provisions of this policy.

The WatSan Cell in coordination with the PHE and LG&RD shall remove all anomalies, lack of regulations and procedures and conflicts between roles of various government institutions to make it possible for various tiers of government to fulfill their assigned functions.

8.2.2 Private Sector/ Private Providers

Enabling environment will be created to encourage and attract private sector, local entrepreneurs and private providers in feasible localities through mutually agreed terms and

conditions to share responsibility and burden alongside the government in enhancing access to sanitation services.

8.2.3 Donor Agencies

Donors, bilateral and multilateral agencies have a vital role to play in the development of FATA and thus would be encouraged and supported to improve the provision of sanitation services in FATA through technical and financial assistance. The government shall advise its programmatic priorities to the donors and coordinate their assistance so as to avoid duplication of efforts.

8.2.4 Non-governmental Organizations

NGOs will be encouraged to help in the formation of Community Based Organizations (CBOs) and to guide them to formulate sanitation projects. Such organizations will be encouraged and assisted by the government in mobilizing communities for sanitation related programs and projects. The NGOs and CBOs in turn shall assist the government in planning, funding and development of community based sanitation infrastructure.

The NGOs and CBOs that work on sanitation related issues will be encouraged to work on the self-help Component Sharing Sanitation Model.

8.2.5 Communities/ Beneficiaries

Community/beneficiaries shall play a meaningful role in the basic decision making, demand articulation, identification of schemes, construction support/supervision to the departments, oversight and post-completion O&M. The communities will work together with the department to collect revenue, user charges, outsourcing to other operators or domestic entrepreneurs. Individual households will be encouraged to build latrines. Communities will be encouraged to maintain a safe and pleasant environment in their settlements.

8.3 Financial Arrangements

To achieve the objectives of this policy, the Government of FATA shall ensure the provision of required financial resources whether from its own sources, those of federal government and/or through donor support. A minimum of 10% of the total FATA ADP will be allocated to the sanitation sector. Financial resources for sanitation projects will be allocated according to the Sanitation Action Plans to be prepared by PHE and LG&RD.

8.4 Awareness and Education

- i. The FATA government will develop programs seeking advice and collaboration of mass media to promote sanitation related messages and to develop special programmes

related to sanitation & hygiene and its nexus with civic responsibility, health and education;

- ii. Information on preventive healthcare will be promoted and disseminated at grass roots levels;
- iii. Ulema and khateebis will be motivated for advocacy in raising awareness on sanitation;
- iv. Training and awareness raising programs will be made part of the curriculum at all educational and teacher training institutions;
- v. Efforts will be especially focussed on raising sanitation and hygiene awareness among women.

8.5 Effluent Quality Monitoring

A regulatory body shall be setup to monitor industrial and municipal effluents for ensuring compliance to the NEQS and other environmental regulations. Regulations concerning hospital and other hazardous wastes will be notified by the government and enforced through the regulatory body.

8.6 Capacity Building

The capacity of government at all levels will be developed to promote community awareness, mobilize demand for improved sanitation and adopting Public-Private Partnership models.

- i. A separate Sanitation division will be established in the PHE Wing of Works and Services Department;
- ii. Community mobilization units will be established in PHE and LG&RD;
- iii. Professional, academic and research institutions will be involved in the technical capacity building of government departments.

8.7 Public-Private Partnerships

Public-Private Partnerships (PPP) will be encouraged through the following approaches:

- i. The role of private sector in provision of sanitation services will be institutionalized;
- ii. A regulatory framework will be introduced to facilitate and promote the role of private sector. The framework shall protect property rights and enforce contractual obligations of parties involved in public-private partnerships;
- iii. Capacity of government departments will be built in knowledge, design and implementation of various kinds of PPP models.

8.8 Planning and Feasibility

- i. To enable planning and development of the sanitation sector and consolidate information, management information systems (MIS) shall be developed at all government levels. MIS would be designed to facilitate data sharing within and amongst all sanitation related organizations;
- ii. All sanitation related government agencies will prepare comprehensive maps and databases which will be linked to the proposed MIS. On the basis of this, the sanitation agencies will prepare multi-year (preferably 5-year) plans which will guide and steer future development in the sector;
- iii. All government agencies will prepare detailed asset management systems including GIS-based inventory and condition assessment of infrastructure assets within their respective jurisdictions;
- iv. All new project documents will take into consideration economic, social, and environmental criteria;

8.9 Gender

It shall be ensured that all sanitation related policies, projects and programs are gender-sensitive and promote empowerment of women. In this respect the relevant government agencies will address the sanitation issues, which impact women more adversely, such as lack of access to sanitation facilities. Women community leaders at local level will be imparted training in the fields of health, hygiene and sanitation, so that they could work as change agents for their respective communities/spheres of influence.

8.10 Disaster Preparedness and Response

- i. In coordination with the FATA Disaster Management Authority (FDMA), Emergency Preparedness and Response Plans (EPRPs) will be developed for the whole FATA, agency/region and local levels. These plans shall ensure safe sanitation services provision to the people affected by emergencies such as floods, earthquakes, droughts and conflicts;
- ii. Sanitation systems shall be designed and constructed with due consideration to natural hazards, man-made disasters and emergencies. In this respect, the technical advice and cooperation of academia and research institutions in developing appropriate guidelines shall be sought;

- iii. Training programs on emergency preparedness and response will be arranged for the staff of line agencies, civil society organizations and communities working in the sanitation sector.

8.11 Research and Development

The government shall support research institutes and organizations for research in ensuring the development of affordable environmental friendly sanitation systems and technologies. Moreover, the help of such institutions will be sought in development of definitions, technical specifications, performance indicators, data classification, knowledge repository and reporting standards.

9. SANITATION OPTIONS

In the context of this policy, the following sanitation options will be considered:

- i. Provision of adequate, appropriate, and hygienic toilets for the public use will be ensured in all public buildings, health and educational facilities, restaurants, recreation and amusement areas, markets, community halls, workplaces and industries while paying special attention to prevailing cultural norms and needs of women, elderly and the disabled;
- ii. In urban areas and high-density rural settlements, all flush latrines shall be connected to sewerage systems terminating in sewage treatment facilities;
- iii. In sparsely populated urban extensions, peri-urban areas and low-density rural settlements, ventilated pit latrines or pour flush latrines connected to properly designed and maintained septic tanks linked to wastewater collection, treatment and disposal systems can be an appropriate choice;
- iv. Integrated solid waste management will be promoted and practiced through selection and application of appropriate measures, technologies and management programs;
- v. Solid waste in large- and medium-sized communities will be disposed of in an appropriate manner including waste recycling and properly designed landfill sites. In case of smaller settlements, area-specific solutions shall be developed in line with the NEQS;
- vi. All public and private sector development projects (existing and new) must have their own systems of solid and liquid waste treatment facilities ensuring compliance to environmental regulations;

- vii. Developers and housing societies will be charged proportionate cost of government-developed sewage and solid waste disposal systems;
- viii. Wherever sewage is intended to be transported through storm water drains, it shall be ensured that such drains are covered fully until their termination into treatment facilities;
- ix. Use of treated wastewater irrigation purposed will be encouraged but it must be ensured that WHO guidelines¹¹ are followed. In this regard, technical assistance shall be provided by the concerned government departments.

10. INCENTIVES

A system of rewards will be constituted to incentivize achievement of the policy objectives such as the following:

10.1 Rewards for “Open-Defecation Free” communities

Financial incentives will be made available to all communities that achieve an ‘open-defecation free’ (ODF) status. An open-defecation free community would have completely eradicated the practice of open defecation. A monitoring system will be developed to validate ODF status prior to the release of funds.

10.2 Rewards for “100 percent sanitation coverage”

In addition to the eradication of ‘open defecation’, further financial incentives will be made available to communities which have addressed broader environmental health issues to achieve 100 per cent sanitation status. A community that has achieved 100 per cent sanitation coverage status will, in addition to being ODF, have achieved the status of; (a) 100 per cent sanitation coverage of individual households, schools and public areas, (b) free of indiscriminate solid waste disposal and (c) eradicated all stagnant water locations.

The eligibility criteria shall be devised in the FATA sanitation strategy to be prepared for implementation of this policy.

10.3 Rewards for the Cleanest Community

To promote excellence in the delivery of sanitary outcomes, a ‘cleanest community’ competition will be introduced. This scheme will provide an award to the community in each agency that has achieved the highest standard in delivering environmental quality of life outcomes.

¹¹ World Health Organization (2006) “Guidelines for the safe use of wastewater, excreta and grey water – Volume 2: Wastewater Use in Agriculture”

The community shall be judged by independent committees, comprising of concerned government departments staff and external support agencies, on the basis of criteria that shall encompass; (a) excreta disposal, (b) wastewater disposal, (c) solid waste disposal, (d) personal hygiene, and (e) community participation.

11. IMPLEMENTATION AND MONITORING

11.1 Implementation

- i. The policy will be implemented by all concerned FATA government departments, public agencies and autonomous bodies in accordance with the guidelines, principles and measures spelt out in this policy;
- ii. The FATA government will put in place a regulatory framework (laws, rules, regulations and procedures) that are necessary for achieving the objectives of this policy;
- iii. The FATA government will prepare a strategy and action plan for the implementation of this policy;
- iv. Component Sharing, Total Sanitation and School Led Total Sanitation models for the provision of sanitation will be formalized. Relevant procedures and regulations for their implementation will be developed;
- v. Relevant government agencies will raise funds for the O&M of sanitation systems and/or hand over O&M responsibilities to the communities and the private sector so as to make them financially sustainable;
- vi. Performance criteria for service providers/operators will be developed and performance will be incentivized to improve outcomes;
- vii. Sanitation programs and projects will be coordinated with programs and projects of city planning, housing, environment, health, and education sectors.

11.2 Monitoring and Evaluation

- i. Monitoring and evaluation of the implementation of the policy will be done by the WatSan Cell in coordination with other departments and stakeholders;
- ii. Government entities such as PHE, LG&RD, Health, and Education will prepare annual progress reports;
- iii. WatSan Cell will collect field monitoring data from the local authorities and other service providers (public, community, private) through respective line departments and generate statistical analysis, shall carry out strategic planning, produce evaluation

reports, related datasets and MIS to help the top management of FATA Secretariat to take strategic decisions;

- iv. An annual sectoral workshop will be organized by the WatSan Cell as part of monitoring and evaluation process. All the concerned government agencies, NGOs, CBOs and donors will participate in this workshop;
- v. These workshops and progress reports will determine effectiveness of the sanitation policy and programs, and reasons for successes and failures to effect necessary changes in the regulatory and procedural aspects of the policy..

11.3 Policy Review and Redressal of Issues

The FATA-SP policy shall be reviewed every 2 years from approval year or more frequently if deemed necessary by “Policy Review Committee” to be notified by the FATA Secretariat once the policy is approved. Based on the experiences and feedback from the line departments, communities, and other sector stakeholders, necessary corrective actions and measures shall be undertaken to keep the policy up-to-date.

Difficulties and bottlenecks if any, in implementation of this policy’s provisions will be dealt with by the P&D Department of FATA Secretariat to clarify such issues, problems and difficulties as deemed necessary or expedient to redress.