

The South Asian earthquake 2005. Water and sanitation in a transitional phase of post disaster efforts

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Abstract

On October 8 2005 an earthquake hit parts of northern Pakistan, killing over 73.000 people and rendering 3.5million homeless. Many moved to relief camps during the winter, while others stayed in shelters close to their homes. The relief phase was officially over on the 31St of March, and the reconstruction phase began on the 1St of April. The primary aim of this thesis was to study the challenges related to water and sanitation facilities in the transition between relief and reconstruction- the transitional phase. The main focus was on the health, social and cultural aspects of the facilities and how the degree of community participation played a role in them. In order to achieve this, interviews were carried out with both camp and village residents as well as relevant organizations and local government agencies. Reports, strategy and policy documents have also provided important and relevant information. A main finding in the study was that delays in the reconstruction processes were forcing village inhabitants to seek alternative and inferior water sources, such as rivers for drinking water. Delays in the reconstruction of new houses lead to a reduced capacity of temporary communal latrines leftover from the relief phase, which resulted in residents returning to the practice of defecation in the fields. This affected women in particular. The water and sanitation facilities in the camps were also of a temporary character, and the location, design and maintenance of the latrines was causing discomfort especially for the women. Dirty latrines combined with a lack of good hygiene practices caused diseases such as diarrhea. While the latrine facilities could have been improved through simple consultation with the residents by the camp management, a change in hygiene behaviour would have required a more interactive participation approach. Lastly, it is argued that an observed tendency of negative attitudes towards the use of participatory methods could adversely affect the sustainability of the rehabilitated or reconstructed facilities. This clearly contradicts the positive wording in various central policy and strategy documents and shows the gap between paper and practice.

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