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# Emergency appeal operation update

## PAKISTAN: Floods 2011

 International Federation  
of Red Cross and Red Crescent Societies

**Revised emergency appeal n° MDRPK007**  
**GLIDE n° [FL-2011-000130-PAK](#)**  
**Operation Update no. 7**  
**27 March 2012**

**Period covered by this Ops Update:** 22 October 2011 to 15 February 2012.

**Appeal target (current):**  
CHF 5.3 million.

**Appeal coverage:** To date, the appeal is 112 per cent covered in cash and kind.

[<click here to go directly to the updated donor response report, or here to link to contact details>](#)

**Appeal history:**

- An Emergency Appeal was launched on 31 January 2012 for CHF 5,304,193 to assist 105,000 people (15,000 families) for six months.
- This Emergency Appeal was initially launched on a preliminary basis on 9 September 2011 for CHF 10.6 million to assist 105,000 people (15,000 families) for four months.

• **Disaster Relief**

**Emergency Fund (DREF):** CHF 500,000 was initially allocated from the International Federation of Red Cross and Red Crescent Societies' Disaster Relief Emergency Fund (DREF) to support the National Society to respond to the floods in Sindh.



PRCS/IFRC conducted a rapid monitoring exercise in three districts, partly to assess the impact of relief distributions that concluded on 25 December 2011.

**Photo:** IFRC/Hajime Matsunaga

**Summary:** Some 4.8 million people remain affected by the current floods in Sindh, southern Pakistan, while some 72,000 people remain in relief camps<sup>1</sup>. After more than three months of relief interventions, Pakistan Red Crescent Society (PRCS), supported by the International Federation of Red Cross and Red Crescent Societies (IFRC), has reached more than 315,000 people (approximately 45,462 families) with food and non-food distributions, emergency health services and water and sanitation. Based on persisting relief needs found by detailed assessments conducted jointly by PRCS and IFRC, and responding to the request from PRCS, this Emergency Appeal was revised to provide appropriate and timely assistance in the sectors of relief, health, and water and sanitation.

Due to the lengthened duration required to complete these interventions in an environment recognized to be complex and volatile, the revision also extended the duration of the operation by two months to 31 March 2012. Activities in relief, and water and sanitation have already concluded, pending financial reconciliation of these components. The emergency health component remains active, with activities ended by 20 March 2012. A final report will be made available by 30 June 2012 (three months after the end of the operation).

[<click here to view the attached revised emergency appeal budget; or here to view contact details>](#)

## The situation

The 2011 flooding in Sindh, recognized as the worst in its history, brought widespread destruction, displacing hundreds of thousands of people, and affecting millions. The province remains stressed, as the government and affected communities come to terms with overstretched resources and huge economic losses.

A total of 4.8 million people – half of which are children – remain affected by the current floods in Sindh, southern Pakistan, while some 72,000 people remain in relief camps. By mid-January 2012, it was estimated that 10 per cent of the province still remained inundated, as aid agencies began mapping locations of displaced people from these areas. The UN established a Temporary Settlement Support Unit (TSSU) in the same month to monitor temporary settlements, reporting in early February that almost half of the affected population were still lacking clothing and winterization support<sup>2</sup>. The Government of Pakistan continues to distribute cash to affected people through its “Pakistan card” programme, providing almost PKR 11 billion (approximately CHF 110 million) as of 30 January 2012.

The health situation remains a challenge for the government as well as for the partner organizations. As per findings of the multi cluster needs assessment conducted in October, 46 per cent of all health facilities in the flood-affected districts were damaged to some extent. Currently, the National Disaster Management Authority (NDMA) estimates over 76 per cent of affected people have returned to their homes; hence, there is a need to revitalize the health facilities to ensure continuous provision of health services in the flood-affected districts. The floods have also damaged most of the water sources, increasing incidence of waterborne diseases. The other major health threat is the continuous widely spread risk of communicable diseases and it is a big challenge to respond to alerts in a timely manner and prevent initial isolated cases from turning into full-fledged epidemics<sup>3</sup>.

After more than three months of relief interventions, PRCS, supported by IFRC, has reached more than 315,000 people (approximately 45,462 families) with food and non-food distributions, emergency health services, and water and sanitation. Based on persisting relief needs found by detailed assessments conducted jointly by PRCS and IFRC, and responding to the request from PRCS, the Emergency Appeal was revised to provide appropriate assistance in the sectors of relief, health, and water and sanitation. The significant reduction in budget reflected in implementation capacity within a short timeframe, with the local government notifying the end of food relief distributions on 31 December 2011. It also acknowledged donor fatigue experienced by humanitarian organizations across Pakistan, in a year fraught with global disasters.

## Coordination and partnerships

The operation is being managed directly at the provincial level, with an IFRC operations coordinator working in close coordination with the Sindh branch of PRCS, and Movement partners based there. The emergency teams are attending local, district and provincial coordination meetings, and attending cluster meetings that have been activated in the different affected areas.

<sup>1</sup> National Disaster Management Authority (NDMA) – 16 December 2011

<sup>2</sup> UNOCHA humanitarian bulletin Issue 01 – 10 February 2012

<sup>3</sup> Pak Floods 2011 early recovery framework

Coordination among the Red Cross Red Crescent Movement partners takes place regularly in Sindh. PRCS Sindh branch continues to hold monthly coordination meetings; the most recent one in Larkana was held on 31 January 2012. Partner national society coordination takes place regularly in Karachi as needed to share information on ongoing response efforts as well as discuss issues affecting all parties concerned. Regular communication exist between most partner national societies, PRCS, ICRC and IFRC teams regarding relief, emergency health and water and sanitation activities. Meanwhile, the “light” emergency response units<sup>4</sup> (ERUs) in the field coordinated and shared resources during their deployment.

National-level support is provided as needed from both IFRC and PRCS, particularly in the detailed assessments in October and November, and the planning and implementation of relief distributions still ongoing.

The IFRC zone office in Kuala Lumpur continues to support the IFRC country office through regular teleconferences, facilitating donor responses and information management for external audiences.

## Red Cross and Red Crescent action

### Overview

PRCS continues to lead the current flood response operation, with the support of IFRC, partner national societies and in-country institutional donors. Well-recognized as an important partner, the provincial branch of PRCS in Sindh continues to coordinate with the provincial disaster management authority, mobilizing in areas where gaps in assistance are present and providing technical resources to refine sectorial assessments.

Following the deployment of a regional disaster response team (RDRT) member in October to lead the emergency response teams and the detailed assessment until the end of October, two more members from Nepal and Afghanistan were deployed in late October and November respectively. The detailed assessment was completed in November and the report was shared with the country office and zone office. The findings and recommendations of this report, along with considerations from the joint UN-government of Pakistan multi-sectorial assessments, will help inform the operation’s plan of action and revised emergency appeal that is now scheduled for December 2011. The occasion of Muharram in early December posed increased security threats to the field, halting the operations of some teams for several days.

The RDRT teams worked very closely with the Sindh provincial branch to support and build capacity. A disaster management manager from PRCS accompanied the RDRTs to visit the targeted districts to support relief distribution planning and reporting in preparation for the increased distributions are being planned for December. Working with PRCS’s provincial disaster management and planning, monitoring, evaluation and reporting (PMER) staff members, they also reviewed existing procedures, tools and formats, identifying areas where improvements needed to be made and how to establish better reporting and accountability. The recommendations include mainstreaming reporting and establishing clear procedures so the teams in the field can manage information systematically to the provincial branch and from there to the national headquarters.

Two RDRT members remained to see out the close of the relief operation, with the distributions of IFRC-supported food and non-food items (NFI) ending on 25 December 2011 and the water and sanitation ending in the following month. A water and sanitation delegate seconded by the Austrian Red Cross was also deployed until early February 2012. One RDRT member remained to support a PRCS/IFRC rapid monitoring mission in January and February 2012.

The IFRC zone and regional offices are also providing communications support to the operation.

### Bilateral action

Red Cross Red Crescent Organization	Bilateral action
British Red Cross	Provision of 1,000 tents
Canadian Red Cross	2 Mobile health unit

<sup>4</sup> “Light” denotes technical and personnel support, in lieu of full, self-sustainable, ERU deployment of equipment and personnel

German Red Cross	4 mobile health units NFIs for 300 families with support from Belgium Red Cross 400 tents with support from Belgium Red Cross
German Red Cross and ICRC	12,000 PRCS standard food packages <sup>5</sup> and 12,000 NFIs
Canadian Red Cross and ICRC	PRCS standard food packages
Danish Red Cross	12,400 PRCS standard food packages
ICRC	10,301 tents 5 basic health kits 3 water tankers
Iranian Red Crescent	2,000 tents, 2,300 blankets, 10,000 kg of Rice, 1,000 kg of sugar, 1,000 kg of pulses and 1,000 tins of tuna.
Norwegian Red Cross	7,200 PRCS standard food packages 6 mobile health units

Qatar Red Crescent, Turkish Red Crescent, and UAE Red Crescent are also present in the country and have supported PRCS in this emergency response.

## Progress towards outcomes

### Relief distributions (food and basic non-food items)

<b>Outcome:</b> The basic food and essential household needs of 105,000 flood affected people (15,000 families) are met within five months in seven districts (Badin, Mirpurkhas, Khairpur, Benazirabad, Sanghar, Thatta and Tharparkar) of Sindh province.	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
The immediate needs of flood affected families are met through the distribution of food.	<ul style="list-style-type: none"> <li>• Conduct on-the-ground assessments, selection and verification of 15,000 families with communities' participation in planning and distribution of relief items.</li> <li>• Mobilize required food assistance through international mobilization, international and local procurement following IFRC standards.</li> <li>• Provide assistance to 15,000 families through the procurement, warehousing, transport and distribution of food parcels (including wheat flour, rice, pulses, ghee, sugar, salt, tea, etc.).</li> <li>• Mobilize and train approximately 100 National Society/community volunteers in assessment, distribution, monitoring and evaluation and Sphere minimum standards.</li> <li>• Establish a beneficiary complaints cells and a monitoring system for the continuous improvement of delivery system.</li> </ul>
The immediate needs of displaced families are met through the distribution of essential household items.	<ul style="list-style-type: none"> <li>• Conduct on-the-ground assessments, selection and verification of 15,000 families with communities' participation in planning and distribution of relief items.</li> <li>• Mobilize required relief items through international mobilization, international and local procurement following IFRC standards.</li> <li>• Provide assistance to 15,000 families through distribution of household items (including tents, tarpaulin sheets, jerry cans, blankets, kitchen sets, hygiene parcels, mosquito nets, as well as other non-standard items such as insect repellent).</li> <li>• Establish a beneficiary complaints cells and a monitoring system for the continuous improvement of delivery system.</li> <li>• Mobilize and train approximately 100 PRCS/community volunteers in</li> </ul>

<sup>5</sup> PRCS standard food package consist of food rations for a family for 15 days. The items included are: Flour (20 kg), rice Irri (10 kg), dhal channa (6 kg), ghee (4 kg), white sugar (6 kg), tea (1kg), Salt (1,5 kg), dates (1 kg), roasted channa (0.3 kg), biscuits (33 packs).

	<p>assessment, distribution, monitoring and evaluation, and Sphere minimum standards.</p> <ul style="list-style-type: none"> <li>• Ensure the replenishment of the PRCS strategic stock of the items utilized for the immediate relief.</li> </ul>
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### Progress:

PRCS, with support from IFRC and partner national societies, continued the relief distribution in the targeted districts, to date reaching 45,462 families with food packages. A second batch of national disaster response teams (NDRT) comprising eight members were deployed in four districts over October and November, completing missions before Eid in the first week of November.

District volunteers and emergency response team (ERT) members from the provincial headquarters were involved in beneficiary selection, distribution planning, warehousing and logistics arrangements. A PRCS base camp was established at the end of October in a location near to the targeted affected community. New teams were deployed after Eid and continue operating in the most affected districts.

During December alone, PRCS with the support of IFRC focused on distributions to some 5,000 vulnerable families in areas which have not received support before or in places which were still flooded. Focusing especially on the distribution of food and shelter items (tents, tarpaulins and blankets) these were the main priorities expressed by the majority of the affected population that were consulted during the assessments. The NFI package, given to a single family, consists of two tarpaulins, three blankets, two mosquito nets, one hygiene kit and two jerry cans. The most vulnerable families also received a tent. The distributions of food and NFI carried out directly with IFRC support concluded on 25 December 2011. Final distributions of NFI by PRCS and partner national societies continued into February 2012.

Due to the rapid response in our targeted areas the local government requested PRCS to broaden its scope to include three other districts outside of the seven targeted ones and to coordinate the relief needs and support in several union councils. Here, the teams provided relief materials based on the resources available, coordinating with the government and other agencies to cover gaps in the field. Hence, distributions from the Red Cross Red Crescent are recorded in ten districts.

After completion of relief activities, PRCS together with IFRC conducted a rapid monitoring in three districts in the month of January until early February (Sanghar, Benazirabad and Mirpurkhas) to analyse the output of operation and to obtain the impact of the activities on to the communities. The team consisted of the PRCS Sindh's PMER officer, IFRC personnel (relief coordinator, RDRT member and PMER delegate) and PRCS volunteers, and focused on relief, psychosocial support, health, water, sanitation and hygiene promotion activities. At the end of the exercise, the team interviewed 253 households and conducted 17 focus group discussions. The final report on this exercise is expected to be completed in March 2012, with final findings and lessons learnt shared in the final report of this operation on 30 June 2012.

### Food

65,406 families were reached with food parcels as of 7 February 2012.

Targeted Districts	IFRC	PRCS/partner national societies <sup>6</sup>	Total Families reached with food
Badin	3,000	13,014	16,014
Benazirabad	1,400	13,110	14,510
Dadu	0	1,671	1,671
Khairpur	0	3,000	3,000
Mirpurkhas	4,214	9,948	14,162
Thatta	0	4,000	4,000
Tharparkar	0	1,700	1,700
Hyderabad	0	500	500
T. Muhammad Khan	0	500	500
Sanghar	949	8,400	9,349
<b>Grand total</b>	<b>9,563<sup>7</sup></b>	<b>55,843</b>	<b>65,406</b>

<sup>6</sup> Apart from PRCS/IFRC standard food parcels, bilateral contributions included 2 other types of food parcels of different standards, received as in-kind donations from national and international donors.

The PRCS standard food package consists of food rations for a family of seven for 15 days. The items included are: flour (20 kg), rice (10 kg), *dhal channa*, a type of cereal (6 kg), ghee (4 kg), white sugar (6 kg), tea (1 kg), salt (1.5 kg), dates (1 kg), roasted *channa* (0.3 kg), biscuits (33 packs).

## NFIs

The total NFIs distributed as of 7 February 2012 is detailed in the following table.

Targeted Districts	Tents	Tarpaulins	Blankets	Mosquito net	Hygiene parcels	Jerry cans	Kitchen sets	Kerosene stove	Sleeping mat	Insect repellent
Mirpurkhas	1,292	1,531	1,693	1,931	861	1,590	1,050	1,525	300	100
Badin	2,354	200	630	50	1,179	0	4,100	1,580	310	332
Khairpur	1,470	2,030	0	2,200	400	1,000	0	0	0	500
Benazirabad	2,218	2,414	1,975	3,040	1,423	985	882	0	0	301
Dadu	0	0	464	185	0	20	0	0	0	0
Thatta	100	3,628	4,128	0	2,114	1,914	1,714	200	300	0
Hyderabad	100	200	500	0	200	0	0	200	300	0
T.M.Khan	100	200	500	0	200	0	0	200	300	0
Sanghar	115	0	120	0	375	0	0	0	0	0
Tharparkar	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>7,749</b>	<b>10,203</b>	<b>10,010</b>	<b>7,406</b>	<b>6,752</b>	<b>5,509</b>	<b>7,746</b>	<b>3,705</b>	<b>1,510</b>	<b>1,233</b>

## Challenges

Distributions in Tharparkar had to be suspended due to potentially sensitive issues external to the distributions. A solution was not possible and the best course of action was to move the allocation for this district to a neighbouring district which was also heavily affected and still had outstanding needs.

Vehicles transporting aid experienced consistent delays from suppliers and the logistics team was in constant contact with transport service suppliers to ensure items were delivered in a more timely manner.

Towards the end of the operations, demonstrations took place in different areas demanding humanitarian assistance, resulting in blockaded roads, bringing traffic to complete a standstill. The underlying political situation is increasingly fluid and volatile and this can have an impact in the operations and access to different areas.

Reporting needs to be strengthened at the district level to include not only the families served but also the other ongoing activities happening in the area (identification of beneficiaries, monitoring, etc) allowing for a more holistic understanding of the achievements and challenges faced by the teams in the field.

## Emergency health and care

**Outcome: Immediate health risks of 60,000 flood-affected individuals are reduced through the provision of primary health care services for three months in six districts (Badin, Mirpurkhas, Khairpur, Benazirabad, Umerkot and Tharparkar) of Sindh province.**

Outputs (expected results)	Activities planned
Target population have improved access to basic preventive, curative and referral health services.	<ul style="list-style-type: none"> <li>Conduct rapid assessment to determine immediate public health needs of the population as well as gaps in health services.</li> <li>Deliver basic integrated health services through 12 mobile health units.</li> <li>Conduct community-based disease prevention, health promotion and psychosocial support activities through 96 volunteers.</li> <li>Distribute health communication (IEC) materials to general public and</li> </ul>

<sup>7</sup> 13,000 families were targeted by the IFRC appeal. To date, 9,563 food parcels were purchased and distributed directly as PRCS/IFRC, while the remaining cost of will be paid as reimbursement of food parcels distributed directly by PRCS from its own stocks.

	specific populations groups. <ul style="list-style-type: none"> <li>• Procurement of medicines and supplies.</li> </ul>
PRCS capacity to manage health component of flood response is enhanced.	<ul style="list-style-type: none"> <li>• Hire and induct field and branch health operations staff.</li> <li>• Equip and maintain branch and district health operations office.</li> <li>• Coordinate/collaborate with health authorities and partners through cluster meetings at various levels.</li> <li>• Conduct regular field monitoring visits/activities.</li> <li>• Carry out end-of-operation review of health activities.</li> </ul>

### Progress:

At the start of the operation, there were 17 mobile health units (MHUs) deployed by PRCS with the support of IFRC and partner national societies. By November, 13 health teams were still in operation with the support of IFRC and partner national societies continuing to provide mobile health services in five flood-affected districts.

In December, PRCS scaled down its overall operation, closing some of the MHUs. However, staff members for a further nine were recruited and inducted with IFRC<sup>8</sup> support in the following locations: 1 in Tharparkar, 2 in Umerkot, 2 in Mirpurkhas, 2 in Khairpur and 2 in Badin.

By early February, of the 12 total health teams supported by IFRC, nine were fully active, with a further three scheduled to begin activities by mid-February. They are scheduled to be operational as soon as the additional medicines are received from the national headquarters. The following table details the location of these 12 IFRC-supported MHUs.

Districts	Numbers
Mirpurkhas	2
Benazirabad	3
Badin	2
Khairpur	2
Umer Kot	1
Tharparkar	2
<b>Total</b>	<b>12</b>

In total PRCS MHUs have already reached more than 140,000 people through health services which included consultations with provision of medicines, support in expanded programme of immunization (EPI) maternal, newborn and child health services, and nutritional surveillance.

Total patients <sup>9</sup>	Male	Female	Children
140,190	3,322	62,007	44,908
Psychosocial support beneficiaries			81,214
Health promotion sessions			1,184
Health promotion beneficiaries			82,826

<sup>8</sup> IFRC-supported medical health units consist of 1 male doctor, 1 female doctor, 1 lady health visitor, 1 dispenser and 1 psychosocial support staff

<sup>9</sup> Disaggregated data is incomplete due to gaps in reporting from all the MHUs



A member of the PRCS mobile health unit attend to a patient in Benazirabad, Sindh province. PRCS, through this emergency appeal, has 12 MHU operating in five districts worst-affected by the 2011 floods, providing basic health services, including minor surgeries, to more than 80,000 people. **Photo:** IFRC/Rabia Ajaib

positive reception seen and observed from beneficiaries. A total of 33 PSP volunteers have been trained so far. Information, education and communication (IEC) material regarding acute respiratory infections, diarrhoea and PSP have been distributed among the affected communities.

There is continuous coordination with the health and nutrition cluster at national level but this needs to be replicated at provincial and district levels.

The leading cases recorded in the consultations continued to be acute respiratory infections, acute diarrhoeal disease and skin diseases, which is consistent with the current trend. Suspected malaria, malnutrition and injuries are also common conditions seen by the medical teams. Prevailing poor living conditions and nutrition status particularly children, compounded by the drop of temperatures in December due to the winter season, continue to increase susceptibility of the population to these common ailments. Of the total number persons consulted, half were children under 15 years of age, and more than two thirds of total consultations were that of women and children.

### Challenges

The winter season saw an increase in the incidence of acute respiratory infections, particularly people living in makeshift shelters. The availability of medicines for children, particularly for ARI needed to be augmented, and more female medical doctors needed to be positioned with the mobile health services before mobilization to the field to meet the needs of women and children, who represent more than half of the consultations made.

Delays in the deployment of the newly recruited health teams has been a challenge which was mainly affected by the delay in the procurement of medicines. The medicines only arrived in late December and the laboratory testing which showed some of the units to be unfit for use.

A shortage of food relief distribution may further complicate the already poor nutritional state of affected people, particularly of children and women.

Water and sanitation	
<b>Outcome:</b> Improved health and reduced risk to water and sanitation related diseases for 53,000 flood-affected people (7,500 families) in five districts (Benazirabad, Badin, Khairpur, Mirpurkhas and Sanghar) of Sindh province, through increased access to safe drinking water, sanitation and hygiene promotion.	
Outputs (expected results)	Activities planned
The risks of water and sanitation related disease outbreak is reduced.	<ul style="list-style-type: none"> <li>Assess water and sanitation needs in flood affected areas, with emphasis on women and children.</li> <li>Treat and distribute safe drinking water through three water treatment plants.</li> </ul>

The health teams from non-affected areas were mobilized at the beginning of the operation from other provincial headquarters (KPK) as well as other districts branches (of Sindh province) to reinforce the capacity of operational district branches in affected districts in the provision of emergency health services (two teams were deployed from Charsadda district to Nawabshah and one team from district Larkana). Now they have returned to their areas of operation as new MHUs were recruited, trained and mobilized to limit the disruption of service provision as learnt during their deployment in the 2010 floods recovery programme.

Integration of PSP personnel within the units was deemed an appropriate intervention, with

	<ul style="list-style-type: none"> <li>• Distribute water purifying tablets or sachets together with jerry cans using trained volunteers for household water treatment.</li> <li>• Construction of up to 1,000 latrines in camps using PRCS community consultation approaches.</li> <li>• Conduct emergency hygiene promotion activities and clean up campaigns in camps.</li> <li>• Coordinate with government and other humanitarian partners.</li> <li>• Design and implementation of exit strategy.</li> <li>• Replenishment of water and sanitation items.</li> </ul>
Sindh PRCS water and sanitation response capacity strengthened.	<ul style="list-style-type: none"> <li>• On-the-job training to the PRCS staff and volunteers.</li> <li>• Support to the PRCS staff and volunteers on the assessment of the intervention areas.</li> <li>• Support the design and implementation of distribution strategy.</li> <li>• Support the design and implementation of an exit strategy.</li> <li>• Support the monitoring of activities and beneficiary communication.</li> </ul>

### Progress:

The water and sanitation component concluded in mid-January 2012 (except for hygiene promotion), after initial activation of the first water treatment plant on 21 August 2011. A cumulative total of safe water distributed from 21 August 2011 to 15 January 2012 is 30,348,600 million litres. The WASH cluster in Pakistan set the minimum standards in this response to 5 litres per person daily for drinking water, given the scarcity of drinking water supplies. PRCS provided 10 litres per person daily, serving a total catchment population of over 208,600 beneficiaries with safe drinking water during its operation<sup>10</sup>.

At the end of October, the ministry of health reported increased incidence of waterborne diseases leading to a joint request from WHO and the health cluster for an expansion of safe drinking water provision in the affected areas as one of the priorities for emergency response. By then PRCS had already deployed seven water treatment plants, providing safe water in five of the most-affected districts. However, the water needs were still unmet and PRCS intended to expand its water and sanitation operation but lacked the technical capacity and funding to conduct this. Upon the request of PRCS, partner national societies supporting previous operations with emergency response units (ERUs) in Pakistan (namely the 2005 earthquake, 2007 and 2010 floods) deployed light ERU teams in the form of technical human resources and funding. These teams supported PRCS in the operation and maintenance of equipment already handed over from previous ERU missions.

The Austrian/Swedish Red Cross deployed a M40 Light ERU for three months up to December. The operational areas were the districts of Sanghar and Benazirabad and the team supported the operation there with water production and distribution, and hygiene promotion sessions in the community and in schools. The hygiene promotion teams disseminated key messages during relief distributions in Benazirabad. The M40 team conducted brief trainings on pump maintenance and laboratory water testing and trained six local persons (three men and three women) for hygiene promotion dissemination.

The Spanish Red Cross deployed a M15 ERU light team, with two rotations, ending operations in early December. They were offering support to the six water treatment units deployed in four districts: Khaipur, Mirpurkhas, Benazirabad and Badin. In Badin, a technical failure of the plant forced the team to switch to mass chlorination, with its operations scaling down in the last two weeks as people began moving out of the camps and back to their areas of origin as needs returned to pre-disaster conditions. The two plants operational in Mirpurkhas phased out in January 2012 when the government plants were finally installed and functional.

<sup>10</sup> Unlike relief, beneficiary numbers for water and sanitation are estimates, as the activity does not employ the use of a registration/token system. Average water distributed, along with the minimum of 10 litres per person daily, are taken as indicators for catchment population served as beneficiaries. In reality, several representatives take water home for the entire family, so it is likely that more people receive safe water.

The German Red Cross deployed a bilateral M15 delegate to support the five Scan water treatment plants active in Sanghar and Badin.

Further support was provided by an IFRC water and sanitation delegate seconded by the Austrian Red Cross to assist PRCS and the light ERU teams. The delegate completed his mission in February 2012.

In November, IFRC and German Red Cross supported a one-week induction training at the site of M40 water plant where 23 PRCS volunteers participated in theoretical and practical sessions on the operation of these plants.



PRCS is providing safe drinking water to flood-affected communities, who use the water not only for themselves but their cattle and other household needs.  
**Photo:** Swedish Red Cross/Tomas Årlemo

PRCS also distributed items for household water treatment (219,752 water purification tablets/sachets – or “aquatabs”) to over 43,950 beneficiaries, especially to families that continued to live in flooded areas, having contaminated water sources and without access to safe water distributions. Aquatab distribution was conducted house-to-house or in small clusters of people, accompanied by demonstrations and a leaflet with instructions in the local language.

ICRC also provided support by funding water trucking services (five trucks for three months up to December) to distribute the water produced by the ERTs. It also provided tanks that were set up at the distribution points.

PRCS conducted hygiene promotion sessions with dissemination of key messages related to hand washing, contamination chain, water storage and handling, food hygiene, oral rehydration solutions and malaria. The National Society also deployed hygiene promotion teams early in the operation, but have now included a hygiene promoter in each of the medical mobile health units. These promoters provide sessions to the communities and disseminate key messages to patients while waiting for consultations.

As of 6 February 2012, 4,793 group sessions have been conducted. More than 88,260 people participated in these sessions (including 21,769 male, 31,205 female and 21,515 children).

PRCS water and sanitation teams coordinated with the district-level government through district coordination officers and participated in district-level coordination meetings as well as liaised with local NGOs where possible.

### Challenges

Fund transfers to the field and data reporting for water and sanitation teams were very challenging as access was limited, especially in Mirpurkhas and Badin, due to long driving times and limited approved accommodation. A house in Jhuddo, a small town near Mirpurkhas, was rented temporarily to decrease travel time to the operational area.

Sanitation interventions have not been implemented because of lacking space in informal settlements not far from the original villages or because of flooded areas.

In many areas the situation seems to have returned to pre-flood situation in terms of access to and supply of clean water. With this consideration, water treatment units were removed from UCs Jam Sahab and Khaddar in Benazirabad, UC Khan in Mirpurkhas, UC Kario in Badin, and UC Faizgunj in Khairpur. In these areas, people were returning to original water sources, mainly hand pumps, which is often preferable to them as they are more comfortable using these. It was difficult to ascertain if hand pumps were clean or safe pre-disaster, as larger towns depended heavily on water supply schemes and municipal water treatment plants which take a longer time to repair.

## Logistics

Three logistics staff were deployed to Karachi in support of the further planned distributions in December. A national logistics coordinator and two logistics delegates supported the operations to cover warehousing and transportation of commodities. In the first week of December, the logistics coordinator was also in Karachi to plan and coordinate the logistics response to support the increased workload planned in December.

By January, with the completion of relief distributions, these staff returned to Islamabad, but logistics services continued to be involved with the operation with the procurement and delivery of NFI for replenishment of PRCS stocks, as well as the laboratory testing of medicines procured for the new medical health units.

The following is the status of items under procurement:

- 30,000 mosquito repellents: All delivered to IFRC warehouse.
- 4,609 tents. Delivery expected early March.
- 8,400 jerry cans: Delivery expected by mid-February.
- 30,000 tarpaulins: 3,000 arrived. 27,000 pending, delivery expected in February.
- 32,380 blankets: PRCS approval on samples obtained, all delivered to IFRC warehouse.
- 250,000 water purification tabs: All delivered to IFRC warehouse.
- 50,000 chlorine tablets: All delivered to IFRC warehouse.
- 15,000 hygiene kits: All delivered to IFRC warehouse.

Together with the IFRC grants manager, Logisticians are finalizing the funding for the tents detailed in the mobilization table. Response for this item has been slow but donor funds are being sourced and an improvement in the overall funding is expected.

## Communications – Advocacy and Public information

The main communications focus is to ensure that the continuing humanitarian crisis in Pakistan remains in the public eye. Communications priorities include maintaining a steady flow of timely and accurate public information relating to the ongoing relief and recovery operation, targeting key stakeholders that include media, donors and the wider public as well as disaster-affected communities. The IFRC website [www.ifrc.org](http://www.ifrc.org) will be the primary communications vehicle for channeling information and publicity materials including audio-visual products that position the role and activities of Movement partners. At the same time, emphasis will be placed on building the communications capacity of PRCS for future emergencies.

Communications activities will support humanitarian diplomacy objectives in support of the needs of vulnerable people. Working in close collaboration with the programme sectors and the beneficiary communications programme, people affected by this emergency will be provided with opportunities to make their voices heard and will receive information to support their relief and recovery.

In the reporting period, the communications team conducted various field trips to cover the distribution of relief items, conducting interviews and taking photographs and videos. A 3-minute video of distributions was uploaded on the IFRC website, with a story on malnutrition published at <http://www.ifrc.org/en/news-and-media/news-stories/asia-pacific/pakistan/recent-floods-in-sindh-province-have-put-pressure-on-already-depleted-food-stocks/>.

Marketing and promotional material such as banners, standees and folders were also produced to profile the ongoing operations, while the World Disaster Report 2011 launch ceremony in Islamabad in December 2011 focused on the issues of hunger and malnutrition, further exacerbated by the “forgotten floods” of Sindh.

## Capacity of the National Society

PRCS has considerable experience learned from previous major disasters including the earthquakes in 2005 and 2008 as well as the Cyclone Yemyin floods. When the flooding in Sindh happened, it had been barely a year since the massive operation of the 2010 floods. Dubbed a “mega disaster” by governments and aid organizations, affecting a staggering one eighth of Pakistan’s 170 million people and touching every province

in the country, it was an operation that severely tested the capacities of PRCS, and left behind indelible experience and knowledge.

With support from IFRC, ICRC and Movement partners, this experience and capacity will enable PRCS to conduct the operation through its network of branches and trained volunteers. PRCS mobilized national disaster response teams and 18 mobile health units/basic health units for this operation as well as seven water sanitation units staffed by trained national disaster water and sanitation response teams (NDWRT), building on previous ERU capacity.

**Capacity building:** One of the objectives of this intervention was to reinforce the capacities of the PRCS in terms of technical, financial and additional human resource to face the rapidly changing context in which they operate. The context of the country is becoming ever more challenging, with increasing military operations affecting thousands of people. This appeal also enabled PRCS to respond quickly and to develop a certain level of flexibility to identify needs and design activities for the emergency and the early recovery phases of operation in support of those affected. This intervention also reflects the Movement's strong commitment to enhance the coherence and effectiveness of its humanitarian assistance.

### Capacity of the IFRC

IFRC has a well established country office in Pakistan, with a head of country office, programme coordinator, coordinators in disaster management, health, communications and reconstruction as well as finance logistics and security delegates in place. A small team consisting of an operations coordinator, relief coordinator, logistics and security delegates based in Karachi was also directly supporting this operation. This team is supported by nationally recruited staff in various technical and administrative positions including finance, planning, monitoring, evaluation and reporting (PMER), information technology, communications, disaster management and health care.

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## Contact information

**For further information specifically related to this operation please contact:**

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  - Al Panico, Head of Operations, phone: + 603 9207 5700, email: [al.panico@ifrc.org](mailto:al.panico@ifrc.org).
  - Alan Bradbury, Head of Resource Mobilization and Planning, Monitoring, Evaluation and Reporting (PMER), email: [alan.bradbury@ifrc.org](mailto:alan.bradbury@ifrc.org). phone: +603 9207 5775.  
Please send all funding pledges to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org).
  - Jeremy Francis, acting head of regional logistics unit; mobile: +6012 298 9752; email: [jeremy.francis@ifrc.org](mailto:jeremy.francis@ifrc.org).



**Click here**

1. **Emergency Appeal budget [below](#)**
  2. **[Return](#) to the title page**
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## How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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# International Federation of Red Cross and Red Crescent Societies

MDRPK007 - Pakistan - Floods 2011

Interim Report

Selected Parameters	
Reporting Timeframe	2011/9-2012/2
Budget Timeframe	2011/9-2012/3
Appeal	MDRPK007
Budget	APPROVED

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>3,164,483</b>	<b>661,601</b>			<b>1,478,110</b>	<b>5,304,193</b>
<b>B. Opening Balance</b>	<b>0</b>	<b>0</b>			<b>0</b>	<b>0</b>
<b>Income</b>						
<b>Cash contributions</b>						
<i>American Red Cross</i>	45,430					45,430
<i>Australian Red Cross (from Australian Government)</i>	879,853					879,853
<i>Austrian Red Cross</i>		80,168				80,168
<i>British Red Cross</i>	140,824				101,026	241,850
<i>Canadian Government</i>					441,613	441,613
<i>Italian Government Bilateral Emergency Fund</i>					247,647	247,647
<i>Japanese Government</i>	525,616	376,830				902,446
<i>Japanese Red Cross Society</i>					227,936	227,936
<i>Norwegian Red Cross (from Norwegian Government)</i>					962,126	962,126
<i>On Line donations</i>					647	647
<i>Red Cross of Monaco</i>					27,803	27,803
<i>Spanish Red Cross (from Spain - Private Donors)</i>		174,170				174,170
<i>Swedish Red Cross</i>	378,041				183,942	561,983
<i>The Canadian Red Cross Society</i>	89,825	100,466				190,291
<i>The Netherlands Red Cross (from Netherlands Government)</i>					495,050	495,050
<i>VERF/WHO Voluntary Emergency Relief</i>	1,500					1,500
<b>C1. Cash contributions</b>	<b>2,061,089</b>	<b>731,634</b>			<b>2,687,789</b>	<b>5,480,512</b>
<b>Inkind Goods &amp; Transport</b>						
<i>China Red Cross, Hong Kong branch</i>	81,989					81,989
<i>The Canadian Red Cross Society</i>	193,910					193,910
<b>C2. Inkind Goods &amp; Transport</b>	<b>275,899</b>					<b>275,899</b>
<b>Other Income</b>						
<i>IFRC at the UN Inc allocations</i>	30,785					30,785
<i>Programme &amp; Services Support Recover</i>	17,368					17,368
<b>C4. Other Income</b>	<b>48,153</b>					<b>48,153</b>
<b>C. Total Income = SUM(C1..C4)</b>	<b>2,385,141</b>	<b>731,634</b>			<b>2,687,789</b>	<b>5,804,564</b>
<b>D. Total Funding = B + C</b>	<b>2,385,141</b>	<b>731,634</b>			<b>2,687,789</b>	<b>5,804,564</b>
<b>Appeal Coverage</b>	<b>75%</b>	<b>111%</b>			<b>182%</b>	<b>109%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>0</b>	<b>0</b>			<b>0</b>	<b>0</b>
<b>C. Income</b>	2,385,141	731,634			2,687,789	5,804,564
<b>E. Expenditure</b>	-1,442,156	-277,592			-803,856	-2,523,603
<b>F. Closing Balance = (B + C + E)</b>	<b>942,985</b>	<b>454,042</b>			<b>1,883,933</b>	<b>3,280,960</b>

# International Federation of Red Cross and Red Crescent Societies

MDRPK007 - Pakistan - Floods 2011

Interim Report

Selected Parameters	
Reporting Timeframe	2011/9-2012/2
Budget Timeframe	2011/9-2012/3
Appeal	MDRPK007
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## III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>3,164,483</b>	<b>661,601</b>			<b>1,478,110</b>	<b>5,304,193</b>	
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	2,196,579	347,797					347,797	1,848,782
Clothing & Textiles	347,839	353,414					353,414	-5,575
Food	608,050	39,285				369,618	408,903	199,147
Water, Sanitation & Hygiene	309,267	193,479	32,765				226,244	83,023
Medical & First Aid	211,638		98,150			877	99,027	112,611
Teaching Materials	5,000							5,000
Utensils & Tools	156,479	150,958					150,958	5,522
Other Supplies & Services	40,792	31,282				892	32,174	8,618
<b>Total Relief items, Construction, Supplies</b>	<b>3,875,644</b>	<b>1,116,215</b>	<b>130,915</b>			<b>371,387</b>	<b>1,618,516</b>	<b>2,257,128</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	12,000	5,423	1,266			5,468	12,157	-157
Distribution & Monitoring	276,713	70,354	4,309			13,998	88,661	188,051
Transport & Vehicles Costs	258,210	14,276	58,398			51,946	124,620	133,590
Logistics Services	106,140	22,267				287	22,555	83,585
<b>Total Logistics, Transport &amp; Storage</b>	<b>653,063</b>	<b>112,321</b>	<b>63,973</b>			<b>71,700</b>	<b>247,993</b>	<b>405,070</b>
<b>Personnel</b>								
International Staff	145,387	411	812			54,169	55,392	89,994
National Staff	30,996	7,336	11,989			4,698	24,023	6,973
National Society Staff	111,334	11,531	36,244			26,769	74,543	36,790
Volunteers	10,000	5,948	3,370			195	9,513	487
<b>Total Personnel</b>	<b>297,716</b>	<b>25,225</b>	<b>52,416</b>			<b>85,831</b>	<b>163,472</b>	<b>134,244</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	20,000							20,000
Professional Fees	9,001	158				3,843	4,001	5,000
<b>Total Consultants &amp; Professional Fees</b>	<b>29,001</b>	<b>158</b>				<b>3,843</b>	<b>4,001</b>	<b>25,000</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	2,000		26			914	940	1,060
<b>Total Workshops &amp; Training</b>	<b>2,000</b>		<b>26</b>			<b>914</b>	<b>940</b>	<b>1,060</b>
<b>General Expenditure</b>								
Travel	60,094	10,510	2,660			15,945	29,114	30,979
Information & Public Relations	25,000	3,985	551			4,215	8,750	16,250
Office Costs	20,005	11,956	3,833			594	16,383	3,622
Communications	10,087	617	686			1,154	2,457	7,631
Financial Charges	2,998	-11,334	26			10	-11,299	14,297
Other General Expenses	4,855	631	2,064			315	3,010	1,845
Shared Office and Services Costs						40	40	-40
<b>Total General Expenditure</b>	<b>123,039</b>	<b>16,364</b>	<b>9,819</b>			<b>22,272</b>	<b>48,455</b>	<b>74,584</b>
<b>Operational Provisions</b>								
Operational Provisions		75,476				194,763	270,239	-270,239
<b>Total Operational Provisions</b>		<b>75,476</b>				<b>194,763</b>	<b>270,239</b>	<b>-270,239</b>
<b>Indirect Costs</b>								
Programme & Services Support Recov	323,730	86,909	16,715			48,796	152,420	171,310
<b>Total Indirect Costs</b>	<b>323,730</b>	<b>86,909</b>	<b>16,715</b>			<b>48,796</b>	<b>152,420</b>	<b>171,310</b>
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee		9,080	2,536			4,150	15,766	-15,766
Pledge Reporting Fees		408	1,192			200	1,800	-1,800
<b>Total Pledge Specific Costs</b>		<b>9,488</b>	<b>3,728</b>			<b>4,350</b>	<b>17,566</b>	<b>-17,566</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>5,304,193</b>	<b>1,442,156</b>	<b>277,592</b>			<b>803,856</b>	<b>2,523,603</b>	<b>2,780,590</b>
<b>VARIANCE (C - D)</b>		<b>1,722,327</b>	<b>384,009</b>			<b>674,254</b>	<b>2,780,590</b>	

# International Federation of Red Cross and Red Crescent Societies

MDRPK007 - Pakistan - Floods 2011

Selected Parameters	
Reporting Timeframe	2011/9-2012/2
Budget Timeframe	2011/9-2012/3
Appeal	MDRPK007
Budget	APPROVED

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## IV. Project Details

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
<b>Disaster_Management</b>							
PPK035	Monsoon Floods 2011 Relief	0	2,385,141	-1,442,156	942,985	3,164,483	1,722,327
<b>Sub-Total Disaster_Management</b>		<b>0</b>	<b>2,385,141</b>	<b>-1,442,156</b>	<b>942,985</b>	<b>3,164,483</b>	<b>1,722,327</b>
<b>Health &amp; social services</b>							
PPK033	Monsoon Floods 2011 Health &	0	731,634	-277,592	454,042	661,601	384,009
<b>Sub-Total Health &amp; social services</b>		<b>0</b>	<b>731,634</b>	<b>-277,592</b>	<b>454,042</b>	<b>661,601</b>	<b>384,009</b>
<b>Co-ordination</b>							
PPK034	Monsoon Floods 2011 Coordina	0	2,687,789	-803,856	1,883,933	1,478,110	674,254
<b>Sub-Total Co-ordination</b>		<b>0</b>	<b>2,687,789</b>	<b>-803,856</b>	<b>1,883,933</b>	<b>1,478,110</b>	<b>674,254</b>
<b>Total</b>	<b>Pakistan - Floods 2011</b>	<b>0</b>	<b>5,804,564</b>	<b>-2,523,603</b>	<b>3,280,960</b>	<b>5,304,193</b>	<b>2,780,590</b>