
Preliminary emergency appeal n° MDRPK007
GLIDE n° [FL-2011-000130-PAK](#)
Operation Update no. 5
13 October 2011

Period covered by this Ops Update: 4 October to 10 October 2011.

Appeal target (current): CHF 10.6 million.

Appeal coverage: To date, the appeal is 35.9 per cent covered in cash and kind; and 39.3 per cent covered including contributions currently in the pipeline. Funds are still urgently needed to support the Pakistan Red Crescent Society in this operation to assist those affected by the floods. [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- 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 flood in Sindh.

Summary: Close to 9 million people have been affected by the current floods in Sindh, southern Pakistan, while some 640,000 people remain in relief camps¹. The Pakistan Red Crescent Society (PRCS), supported by the International Federation of Red Cross and Red Crescent Societies (IFRC), has reached more than 200,000 people (approximately 28,000 families) with food and non-food distributions, emergency health services and water and sanitation.



Mirzadi stands in her hut near a food pack given by PRCS. PRCS with the support of its Movement partners has so far reached 28,665 families with food. **Photo:** Olivier Matthys /IFRC

¹ National Disaster Management Authority (NDMA) – 11 October 2011

The situation

The latest flooding catastrophe to hit Pakistan has brought Sindh to a crisis, described by authorities as the worst floods to have hit the province in living memory. The floods have caused 450 deaths and 756 injuries, destroying over half a million houses across 6.7 million acres of land.

Water is receding slowly across Sindh, opening access in the central areas. Sanghar appears to be the most affected district at the moment as this low-lying area continues to retain water levels three to four feet high in the majority of urban areas. Main roads connecting districts and towns are only passable by large vehicles.

Observations over the past week, people are already returning to their homes, evidenced by the emptying relief camps. However, returnees will face significant challenges of shelter and lost livelihoods while dealing with the threat of an approaching cold season.

Coordination and partnerships

The newly appointed PRCS national headquarters chairperson visited PRCS provincial Sindh branch and received a briefing on PRCS response to the floods. On the 10 October the chairperson held another meeting with the PRCS secretary general and staff at the national headquarters in Islamabad.

IFRC Zone office in Kuala Lumpur continues to support the IFRC country office for flood operation through regular teleconferences.

PRCS Sindh branch held a provincial Movement coordination meeting for the flood operation on the 8 October and continues to lead the coordination with in-country Movement partners, including IFRC. The national headquarters chairperson with board members also participated in the meeting.

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.

A regional disaster response team (RDRT) member has joined the relief teams in Sindh to lead the emergency response team which is participating in the assessment. Another RDRT member from Nepal will arrive in-country shortly while the third has already been selected from Afghanistan and travel arrangements will be made.

An integrated needs assessment in the seven most affected districts of Sindh will commence this week. Seven teams formed from PRCS national disaster response team (NDRT) members, volunteers, and supplemented by RDRT-trained members will assess the existing target districts of Badin, Mirpurkhas, Benazirabad and Khairpur and include three additional districts of Thatta, Tharparkar and Sanghar. The evolving situation has placed these districts as a high priority.... District-level secondary information to prioritise the worst affected communities will be collected in the first week with detailed village surveys undertaken in the second. The assessment findings will be available by the end of October to inform the operation Plan of Action and the revised emergency appeal which is planned for early November.

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

Progress towards outcomes

Relief distributions (food and basic non-food items)

Outcome: The basic food and essential household needs of 15,000 flood-affected families are met within four months in five districts (Badin, Mirpurkhas, Khairpur, Benazirabad, Dadu) of Sindh province.	
Outputs (expected results)	Activities planned
The immediate needs of flood	• Conduct on-the-ground assessments, selection and verification of

affected families are met through the distribution of food.	<p>15,000 families with communities' participation in planning and distribution of relief items.</p> <ul style="list-style-type: none"> • Mobilize required food assistance through international mobilization, international and local procurement following IFRC standards. • 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.). • Mobilize and train approximately 100 National Society/community volunteers in assessment, distribution, monitoring and evaluation and Sphere minimum standards. • Establish a beneficiary complaints cells and a monitoring system for the continuous improvement of delivery system.
The immediate needs of displaced families are met through the distribution of essential household items.	<ul style="list-style-type: none"> • Conduct on-the-ground assessments, selection and verification of 15,000 families with communities' participation in planning and distribution of relief items. • Mobilize required relief items through international mobilization, international and local procurement following IFRC standards. • 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). • Establish a beneficiary complaints cells and a monitoring system for the continuous improvement of delivery system. • Mobilize and train approximately 100 PRCS/community volunteers in assessment, distribution, monitoring and evaluation, and Sphere minimum standards. • Ensure the replenishment of the PRCS strategic stock of the items utilized for the immediate relief.

Progress:

The first batch of IFRC food parcels² (9,000 packs) was procured by PRCS and delivered to Sindh. Of these, 3,880 parcels have been distributed. By 10 October, PRCS/IFRC with support of its partners, has reached 28,665 families with food assistance. A district-wise breakdown is given below:

Targeted Districts	Families reached with food ³⁴
Mirpurkhas	7,278
Badin	8,000
Dadu	687
Khairpur	3,000
Benazirabad	6,900
Additional districts	
Thatta	1,000
Tharparkar	800
Hyderabad	500
T. Muhammad Khan	500
Grand total	28,665⁵

The IFRC appeal is supporting 15,000 flood-affected families in five districts (Badin, Mirpurkhas, Khairpur, Benazirabad and Dadu) and proposing four additional districts of Thatta, Hyderabad, T M Khan and Tharparkar with food parcels. PRCS, with bilateral support from other partners, plans to support a total of 59,500 families with food parcels. Originally targeting 79,500 families, PRCS had to revise the figure down due to a pledge not materialising as anticipated. This figure is inclusive of the IFRC appeal target.

² 53.5 kg food parcel with ready-to-eat complements designed to last a family of seven for two weeks.

³ Families reached have been calculated on the basis of food initially distributed. Non-food items were distributed to some of the same families who also received food, on need basis.

⁴ According to the availability, two types of food parcels were distributed: a 27.5-kg food parcel and a 14.5-kg food parcel to meet the emergency food needs. A total of 292 people were also provided with a single 10-kg bag of flour.

⁵ Along with these, 1,150 4-kg bags of wheat flour were also distributed in some locations.

During the reporting period, no significant increase in non-food items distributions has been reported. As of 10 October, the following non-food items have been distributed:

Targeted Districts	Tents	Tarpaulins	Blankets	Mosquito nets	Hygiene parcels	Jerry cans	Kitchen sets	Kerosene stove	Sleeping mat	Insect repellent
Mirpurkhas	1,069	1,531	1,670	1,608	631	1,590	950	1525	300	100
Badin										332
	2,350	200	580	0	824	0	4,100	1,580	310	
Khairpur	1,470	2,030	0	2,200	400	1,000	0	0	0	500
Benazirabad	1,668	2,414	1,635	2,700	1,208	985	882	0	0	301
Dadu	0	0	464	185	0	20	0	0	0	0
Additional districts										
Thatta										0
	100	200	500	0	200	0	0	200	300	
Hyderabad	100	200	500	0	200	0	0	200	300	0
T.M.Khan	100	200	500	0	200	0	0	200	300	0
Tharparkar	0	0	0	0	0	0	0	0	0	0
Total	6,857	6,775	5,849	6,693	3,663	3,595	5,932	3,705	1,510	1,233

Challenges:

Many NDRT team members were deployed nationally from other provinces and have already been working for more than a month in the relief activities away from home. The current assessment has required the extension of many of these members, intending to draw on their experience and familiarity with the affected districts. It will be necessary to replace these members in the coming weeks on rotation, but a balance will be required between experienced staff and those incoming and new to the operation. .

Due to funding constraints, 6,000 food parcels have not been procured. The water purification tablets and sachets are due to arrive in Karachi by the end of the week, while hygiene kits is scheduled to arrive by next week.

Emergency health and care

Outcome: Immediate health risks of 15,000 flood-affected families are reduced through the provision of primary health care services for three months in five districts (Badin, Mirpurkhas, Khairpur, Benazirabad, Dadu) 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"> Conduct rapid assessment to determine immediate public health needs of the population as well as gaps in health services. Deploy ten mobile medical health teams to provide basic health services in areas not covered/reached by health authorities and partners. Carry out communicable disease prevention and health promotion activities in relief camps through mobilization of volunteers and communities. Contribute to the implementation of active surveillance, disease early warning system as well as response to outbreaks. Coordinate/collaborate implementation of emergency health services with health authorities and humanitarian partners.

Progress:

Mobile health units (MHU) deployed by PRCS with the support of IFRC and partner national societies⁶ are successfully providing assistance to the affected population. With most of the public health facilities inundated or not approachable because of standing water, PRCS has mobilized ten MHU to provide preventive and curative

⁶ Canadian, Danish, German and Norwegian Red Cross Societies.

services to the affected population in target villages. These medical teams are visiting the areas close to the makeshift settlements so that people – particularly women and children – have easy access to the emergency health care services.

There are still some gaps, particularly in remote districts like Tharparkar and Umer Kot, in terms of health care provision to the flood affected population. PRCS is in the final stages of deploying additional medical teams to these areas. The MHUs deployed to Tharparkar, Hyderabad and Jacobabad ceased operations after the initial one-time visit.

The mobile health teams are continuing their services with health education and psycho-social support (PSS) activities. The below table gives an overview of health consultations so far conducted by these teams:

Districts ⁷	Consultations	Health education
Badin	9,427	250
Mirpurkhas	10,208	
Tharparkar	210	
Benazirabad	7,566	11
Dadu	1,882	165
Hyderabad	47	
Jacobabad	1,427	
Larkana (basic health unit)	2,428	
Total	33,195	426

Among the consultations carried out, the most prevalent diseases were diarrhoea, skin infections and acute respiratory infections (ARI). The health teams have also initiated routine immunization activities. PRCS is coordinating with the health authorities for the provision of vaccines.

Through community-level disease prevention and health promotion activities focusing on diseases seen by MHU as well as reported during health cluster meetings, the health teams have reached 33,195 people to date. PSS activities have been conducted for a wide age group ranging from children of 10 years to elderly people of 80 years of age. The activities include recreational activities, games and health awareness. The PSS activities have so far reached 10,072 people (52 per cent children, 27 per cent women and 17 per cent men).

Challenges

The provision of health services to the makeshift camps is a challenge due to small settlements and the scattered population. Availability of medical staff, especially female doctors, is a concern due to their reluctance to work in remote rural areas.

The approaching winter poses another challenge for displaced people in temporary shelters, particularly women and children who will be exposed to the elements in cramped shelters with no heating facilities. This is likely to increase the prevalence of acute respiratory infections.

Water and Sanitation.

Outcome: Water and sanitation related diseases are reduced for 15,000 flood affected families for four months by increased access to safe drinking water, sanitation and hygiene promotion.	
Outputs (expected results)	Activities planned
Target population have increased access to safe drinking water, appropriate sanitation facilities and practice good hygiene.	<ul style="list-style-type: none"> • Assess water and sanitation needs in flood affected areas, with emphasis on women and children. • Treat and distribute safe drinking water through three water treatment plants. • Distribute water purifying tablets or sachets together with jerry cans using trained volunteers for household water treatment. • Construction of up to 1,000 latrines in camps using PRCS community consultation approaches. • Conduct emergency hygiene promotion activities and clean up

⁷ IFRC is supporting 6 mobile health units and one BHU. The reporting from health is being refined, and the data shown is by district, rather than by health unit, and reflects overall health data from all supporting partners.

	campaigns in camps. <ul style="list-style-type: none"> • Coordinate with government and other humanitarian partners.
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Progress:

During the reporting period, one more water treatment unit was installed in Taluka Shahdadpur, Sanghar district, bringing the total number of operational units to eight. With the support of ICRC, water trucking has also started at all eight units and to date has distributed 3.4 million litres of water to more than 63,000 people. In the areas where people cannot access the distributed water by IFRC or other agencies, trained volunteer are continuing to distribute water purification sachets/tablets for household level water treatment. Fifty National Disaster WatSan Response team volunteers have been mobilised from across Pakistan to support the current operation. Many of these volunteers were also deployed during the 2010 monsoon floods in Pakistan and are now training local district volunteers to undertake water treatment. The following table gives a detailed report as of 9 October of the water and sanitation activities.



Girls are forced to collect water from a water pump standing withing flood waters in a makeshift camp on the road near Benazirabad. **Photo:** Olivier Matthys IFRC

District	Locations	Activities Description									Working organization / Agency	Total # Benef	Operational date
		No of units	Water Treatment Plants				# of tankers	Ben for water	Other				
			Total Water Produced (L)	Total water distributed (L)	Average daily production(L)	# Dist points			# purif tablets/sachet	Ben for WPTs			
Badin	Kario Ghanwar	1	1,365,000	1,328,000	33,000	1	1	6,600	29,640	5,928	PRCS/IFRC	12,528	21-08-11
Mirpur Khas	UC 7	1	910,000	870,000	40,000	1	1	8,000	35,647	71,294	PRCS/IFRC	15,129	13-09-11
	Jhuddo	1	154,000	132,000	45,000	1	1	9,000		0	PRCS/IFRC	9,000	05-10-11
Benazirabad	Jham sahib/Bhandi	1	418,000	418,000	40,000	1	2	8,000	31,303	62,606	PRCS/IFRC	14,261	14-09-11
	Kaddar, Kumlema	1	227,000	214,000	30,000	1	1	6,000	11,453	22,906	PRCS/IFRC	8,291	03-10-11
Sangarh	Shahpur	2	535,000	415,000	100,000	8	1	20,000		0	PRCS/IFRC	20,000	03-10-11
Khairpur	Fazgunj	1	107,000	87,000	30,000	1	1	6,000		0	PRCS/IFRC	6,000	05-10-11
												0	
	Total	8	3,716,000	3,464,000	318,000	14	8	63,600	108,043	21,609		85,209	

The hygiene promotion team is also carrying out awareness campaigns and sessions including the distribution of water purification sachets/tablets with demonstrations. An overview of hygiene promotion activities is given below:

District	UC	No. of villages	No of sessions	Beneficiaries
Mirpurkhas	Dolatpur	30	167	3,079
Badin	Kadhan	13	27	882
Totals			194	3,961

Four IFRC water and sanitation staff (three men and one woman) plus one delegate are currently supporting the PRCS team in Sindh. The IFRC staff are assisting with hygiene promotion training and supervision as well as treated water production.

The Government of Sindh are also in the process of installing up to 32 reverse osmosis treatment units across the affected area in addition to other WASH cluster agencies including UNICEF that also conduct water distributions. Even with this increased treated water distribution, the drinking water needs of the displaced population are not being met.

Challenges:

The safe drinking water needs of the displaced population are larger than that currently being met by PRCS, the Government of Sindh and other humanitarian agencies. The PRCS have additional water treatment plants they would like to deploy to better meet these needs and options to request RCRC partners to help support these additional deployments are being discussed.

Logistics

On the request of PRCS, IFRC logistics mobilized additional NFIs to Sindh from warehouses in Harripur (KPK) and Islamabad. In total, 11 forty foot containers were dispatched with the following items to the Sindh provincial branch warehouse.

Item description	Quantity dispatched
Tents	1,800
Clean delivery kits	970
Reproductive health items	635
Baby blankets	8000
Hygiene kits for females	4,435
Hygiene kits for children	13,088
Mattress	170
Blankets	4,886
Mosquito nets	4,000

During the reporting period, in-kind NFI donations have been confirmed by the Canadian Red Cross and Hong Kong Red Cross for the mobilization table have been confirmed. Items will be provided from the RLU prepositioned stock, including items covered by earmarked funds upon the request of the IFRC country office.

The mobilization table will continue to be updated and published on [DMIS](#).

Donors are requested to coordinate with the Kuala Lumpur RLU regarding outstanding needs. Shipping instructions will be provided to donors with a consignment tracking number to be issued before shipping any goods to the operation. Procurement of goods and transport can also be arranged through RLU. The logistics team stress that all Red Cross Red Crescent Movement partners wishing to donate goods to this operation should coordinate via the RLU in Kuala Lumpur.

Communications – Advocacy and Public Information

The IFRC communication team continues to update key messages, facts and figures and develop reactive Q&A which are shared with National Society communicators and spokespeople.

A beneficiary story focusing on health and water and sanitation has been posted on the IFRC website (click [here](#)). The in-country Red Cross Red Crescent spokesperson gave an interview to Reuters and IRIN news on the current floods situation and the Red Cross Red Crescent response. The IFRC communications officer was also interviewed by a national newspaper, DAWN. The focus of this interview was on the shortfall of funding and the impact it might have on the affected communities.

The communications delegate together with one communications officer has been travelling in the affected areas with a photographer and videographer to gather additional resources including video b-rolls and reports, beneficiary interviews and case studies, news stories and photos. The team is scheduled to be back in Islamabad on 14 October.

All resources will be shared with National Society communicators and made available on <http://www.ifrc.org/pakistan-floods> or via the IFRC Newsroom.

Contact information

For further information specifically related to this operation please contact:

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Click here

1. [Return](#) to the title page

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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.

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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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