

DREF operation update



International Federation
of Red Cross and Red Crescent Societies

Pakistan: Hunza landslides and floods

DREF operation n° MDRPK004
GLIDE n° **LS-2010-000004-PAK**
Operation Update 2
28 July 2010

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Period covered by this update: 4 June to 9 July 2010

Summary:

CHF 187,128 (USD 162,160 or EUR 132,492) has been allocated from the International Federation's Disaster Relief Emergency Fund (DREF) to support the Pakistan Red Crescent Society (PRCS) in delivering immediate assistance to 14,700 beneficiaries. Un earmarked funds to repay DREF are encouraged.

Massive landslides hit Hunza (Gilgit Baltistan) on 4 January 2010, sliding two villages into the Hunza river. This resulted in the blockage of the river and the Karakorum highway, thereby creating an artificial dam. According to the latest available updates, during the general coordination meeting organized by UNOCHA, over 27,600 people have been internally displaced and they are living in more than 24 different camps as well as with host families. The next general coordination meeting of UNOCHA took place on 15 July 2010.



The trained Pakistan Red Crescent Society staff and volunteers are carrying out regular awareness sessions on basic emergency health, HIV/AIDS, community based health and first aid for the in-camp internally displaced persons. Photo: Pakistan Red Crescent Society health team.

PRCS has been at the forefront of the response and carrying out preparedness efforts in the affected areas through its provincial and district branches as well as disaster response cells. As an immediate response to the landslide, PRCS, with the support of the International Federation, provided food packs, non-food item kits, medicines, health, and psychosocial support programme (PSP) and restoring family links (RFL) services to more than 527 families (3,689 individuals). In coordination with government and non-governmental agencies, PRCS has been directly managing one internally displaced persons (IDP) camp with 200 registered families and three other IDP camps with 232 families. Through this DREF operation PRCS has provided food and non-food items to people residing in the IDP camps, continuously monitoring the situation and developing contingency plans for potential red zone areas. On the basis of a recent assessment carried out by PRCS, this response operation will be scaled up to long-term programming for six months targeting six most affected villages, four upstream (Passu, Gulkin, Gulmit

and Shishkit) and two downstream (Attaabad and Sarat). Under this programme, the overall population of is 1,115 families and the number of targeted individuals will be 3,798. The detailed planning for this programme is in process.

The current operation is expected to be implemented over three months, and will therefore be completed by 5 September 2010; a Final Report will be made available three months after the end of the operation (by 5 December 2010).

DG ECHO and the Canadian Red Cross have made contributions to the DREF in replenishment of this allocation. The major donors and partners of the DREF include the Canadian Red Cross/Canadian government, Danish Red Cross/ Danish government, Irish Red Cross/ Irish government, Japanese Red Cross, Monaco Red Cross/Monaco government, Netherlands Red Cross/ Netherlands government, Norwegian Red Cross/Norwegian government, Swedish Red Cross/ Swedish government, Italian government, AusAID, United Kingdom Department for International Development (DFID), DG ECHO, OPEC Fund for International Development, and corporate and private donors.

Details of all donors can be found on:

<http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

The International Federation, on behalf of the Pakistan Red Crescent Society, would like to thank all donors for their generous contributions.

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The situation

A series of landslides hit Hunza valley in Gilgit Baltistan province on 4 January 2010. The landslides blocked the Hunza River and created an artificial dam, where water level rose at initially 2.7-3 feet per day. The situation deteriorated during the second half of May as the monsoon season started and glaciers melted, resulting in the expansion of the lake. According to UNOCHA updates, the total water level reached a maximum of 368 feet (height) and the current water level as of 9 July 2010 is 384 feet. Since January, Frontier Works Organization (FWO) excavated a spillway to reduce the risk of massive flooding. As of 29 May 2010, water started to flow through the spillway at 100 cusecs, with the overall water inflow at 14,170 cusecs and the total outflow at 16,720 cusecs as of 9 July 2010 (Source: District Police). A total of 24 camps were set up accommodating over 27,600 individuals of Gilgit and Hunza, which were evacuated keeping in view the worst case scenario but as the situation has been stabilised and the chances of outburst are remote, the government is planning to resettle the IDPs from some of the downstream villages.

The PRCS Gilgit Baltistan district branch was among the first to start the relief operations in the affected areas. The results from a recent assessment conducted by PRCS on 13-14 June together with government reports indicate that there is a critical need of food, non-food items and health services in the upper stream areas where there is an estimated population of 25,000. While the relief efforts of the government and non-governmental organizations continue, there is still a need for additional services to cover gaps. On the basis of assessment, PRCS plans to scale-up the response operation to long-term programming for six months targeting six most affected villages: four upstream (Passu, Gulkin, Gulmit and Shishkit) and two downstream (Attaabad and Sarat). Under this programme, the overall population of 1,115 families and it will benefit 3,798 people. The detailed planning for this six month programme is in process.

Coordination and partnerships

The International Federation is facilitating a Red Cross Red Crescent Movement coordination through formal and informal meetings and information sharing activities. PRCS is closely coordinating its activities with the governmental agencies, particularly with the National Disaster Management Authority (NDMA), Provincial Disaster Management Authority (PDMA) and district authorities as well as other key stakeholders. Currently, more than 27 different agencies (governmental, non-governmental organizations and UN agencies) are actively engaged in the response to the Hunza floods and landslide.

In addition, the International Federation Pakistan country office is maintaining coordination with the international organization through participating in various coordination and information sharing meetings including the General Coordination Meeting (GCM) organized by UNOCHA Pakistan.

Red Cross and Red Crescent action

Progress towards outcomes

PRCS has been on the ground assisting affected communities from the first days of the disaster through its Gilgit Baltistan district branch. Three health teams have been working in the affected areas for provision of primary health care services. In addition, the PRCS national headquarters, health, water and sanitation and response teams accompanied by International Federation staff have been providing support to the district branch. The International Federation's Disaster Relief Emergency Fund (DREF) operation is supporting the relief and health interventions as well the analysis of the evolving needs of the affected population.

Relief distributions (food and basic non-food items)
Outcome: Immediate needs of at least 14,700 people (2,100 families) residing in camps have been met through relief distributions.
Activities planned: <ul style="list-style-type: none"> • Local procurement of relief items according to the International Federation standard procedures; • Despatch and transportation by PRCS to the distribution sites; • Storage and distribution of relief items by trained volunteers and staff; • Regular detailed monitoring and reporting of distributions; including lesson learnt workshop; • Ongoing monitoring and technical advice by the PRCS national headquarters and the International Federation.

Progress:

PRCS is currently engaged in managing one camp and supporting another three, through which a total of 432 families (3,119 people) are being supported. PRCS has been providing food, non-food items, health services and psychosocial support to the affected people. A training session on camp management was organized for 15 volunteers in Hunza. At the end of the training, volunteers were assigned relevant tasks in for camp management, water and sanitation, logistics and administration. In addition, PRCS is conducting "gender in disaster" sensitization sessions and "camp management" orientation to the people living in the camps.

A survey from an Australian expert declared Chilmishdas (the old location of the PRCS-supported camp) camp as a potential red zone in case the lake bursts suddenly. Thus, this camp has been shifted to other locations. The details are as follows:

Location/Place	No of families accommodated	Families left	People
Special Education Centre (SEC) near Karakorum International University	123	9	906
KIU Girls Hostel	70		557
KIU Girls Hostel vicinity	7		60
Total	200		1,523

The above table is the camp managed and fully supported by PRCS. That includes water and sanitation, health, psychosocial support, food items and non-food items (including blankets, jerry cans, tents with pitching, tarpaulin sheets, cooking stoves, kitchen sets and hygiene kits).

The table below is the list of camps where PRCS is providing support services that includes tents with pitching and non-food items (blankets, jerry cans, tents with pitching, tarpaulin sheets, cooking stoves, kitchen sets and hygiene kits):

Location	No of families	People
Cheeta Colony Gilgit	129	895
Nagar Chalt Hunza Nagar	77	576
Prince Colony Jutial Gilgit	26	125
Total	232	1,596

The support of PRCS has been highly appreciated by the beneficiaries, NDMA and government agencies.

In total, PRCS has provided food and non-food items to 432 families in the four camps they are operational, the details of which are provided in the table below. In addition, non-food items have also been distributed to a further 2,100 families remaining in their homes or residing with friends and families. These additional families have been supported through the PRCS disaster preparedness stock while transportation cost is being covered under DREF.



A Pakistan Red Crescent Society medical officer examining patients at a mobile health camp in Hunza. Photo: Pakistan Red Crescent Society medical health team.

Location	Total tents erected by PRCS	Total NFIs distributed by PRCS
Chilmish Dass Camp	247 (228 present at the moment)	325 Package
KIU / Girls Hostel (Shifted population of Chilmish Dass)	19 (Taken from Chilmish Dass)	Already received NFIs in Chilmish Dass
Cheeta Colony Gilgit	112	127
Nagar Chalt Hunza Nagar	45	45
Prince Colony Gilgit	0	30
Nomal Village	22	0
Total	445	527

Source: Details provided by PRCS district branch as of 9 July.

PRCS has conducted another detailed assessment in Hunza from 12 to 14 June. The outcomes of the assessment have assisted PRCS in the revision of the plan of action to better meet the needs of the affected population as the context evolves. The revised plan of action has been shared with the PRCS senior management and is awaiting approval. Briefly following points have been highlighted in the assessment report:

1. PRCS will focus on four upstream and two downstream landslide affected villages in Hunza. Beyond the DREF operation, a long-term development programme (six months) will be considered for addressing the needs (livelihood, return food package, shelter, non food items, health) of the most vulnerable population.
2. The long-term development programmeme must also encompass the capacity building of the Gilgit Baltistan district branch.

Emergency health

Outcome:

Reduced health risks through the provision of primary health care services and safe water and sanitation to affected families residing in camps.

Activities planned:

- Assess and regularly monitor the health, water and sanitation situation, and immediate needs of displaced population, particularly women, children and the elderly;
- Deliver preventive and curative services for common health problems of most vulnerable people in camps; establish a referral system with health authorities/facilities in host communities;
- Provide health teams and trained volunteers working in camps with locally-procured basic medicines and first aid kits;
- Conduct activities, through health teams and volunteers, regarding disease prevention,

health/hygiene/sanitation promotion, together with the displaced families;

- Produce and distribute information, education, communication (IEC) materials that address key/common health and sanitation problems;
- Provide safe drinking water and sanitation facilities to 300 families;
- Conduct orientation/community sessions on safe use of water treatment products;
- Ensure that the health and sanitation situation and activities in camps are coordinated with local health authorities and relevant agencies;
- Conduct ongoing monitoring and technical advice by the PRCS national headquarters and the International Federation.

Progress:

Three PRCS health teams, one mobile health unit (MHU) and two basic health units (BHUs) have been working to provide primary health support for people residing in the four camps as well as those located in their residences or residing with friends and family. These teams have been reinforced by PRCS national headquarters staff comprising of a medical doctor, medical technician, two dispensers, a staff nurse and a lady health visitor (LHV) in support of the operation. The brief breakdown of patients treated at different locations and health sessions carried by the PRCS health teams is tabulated below:

Place	Total Patients treated (19 th May to 2 nd July ,2010)	Total Health sessions (19 th May to 2 nd July,2010)	Total no. of people in sessions
Shamashal (near Wah khan Border)	626	0	
Passu	458	0	
Lower Nagar	439	0	
SEC Complex	2,856	41	649
Cheeta Colony (only female)	1,146	36	399
Nasir Abad upper	204	0	
Nasir Abad lower	323	0	
Mayon	283	0	
Kharim Abad hunza	316	0	
Nager payeen	298	0	
Ganish Hunza	406	0	0
Total	7,355	77	1,048

Source: PRCS district branch as of 9 July.

Trained PRCS staff and volunteers have been working raise awareness among the community members on health, hygiene and sanitation. Regular sessions (focused on disaster) are being conducted for children, raising awareness on gender related issues, psychological support and basic first aid to build the capacity of community members for future disasters. A brief tabulation of these sessions and activities from 6 June to 3 July 2010 has been given below:

S. no	Training module	Staff participants		Volunteers participants		Community participants		
		Male	Female	Male	Female	Male	Female	Children
		1	Basic education, songs, PSP games, drawings, activities					
2	Health survey for infants						50	50
3	Environmental hygiene and cleanness					09		52
4	Clean up campaign					25	25	100
5	Gender issues for males, females, children and gender in disaster and gender awareness	1	2	6	4	99	25	16
6	Helping children			4	3			31
7	Psychological first aid and HIV AIDS	1	5	7	15	83	291	41
	Total	2	7	17	22	216	391	2,558

The PRCS water and sanitation team has provided clean water and sanitation services in the IDP camps. The PRCS national headquarter water and sanitation deputy director has been mobilised to Hunza to assist in managing the water and sanitation related issues in the IDP camps as well as trained four local volunteers in the construction of latrines. A brief tabulation of the activities carried out by the water and sanitation team is given below:

Location	Latrines constructed	Wash rooms constructed	Dust bins distributed	Washing pads	Hygiene sessions people targeted	
						People
Chilmisdass	33	12	-	2	20	210

Cheetah colony	30	21	88	17	134	2,585
Prince colony	Already available	4	-	3	10	206
Special Education complex	Already available	Not required	15	Not required	62	1,059
KIU hostel	Already available	Not required	-	Not required	4	89
Total	63	37	103	22	230	4,149

In addition to the above activities, the PRCS water and sanitation team has:

- Constructed five water tank bases in Cheetah colony.
- Two cattle sheds have also been established, for the animals of the displaced persons which have lost their sheds in disaster.
- A 500-feet long drain has also been constructed by the water and sanitation team in Hunza, for proper drainage of the waste material.
- Two community centres have also been established in Cheetah colony, one for males and one for females. This would allow community meetings or sessions to take place at a centralized location.

The PRCS water and sanitation team has undertaken training for 10 male and 10 female volunteers on hygiene promotion. These trained volunteers are regularly conducting hygiene sessions for the affected population in the IDP camps.



The internally displaced people (IDPs) residing in the Pakistan Red Crescent Society-supported IDP camp in Hunza taking clean drinking water from the water source established by the national society water and sanitation team. Source: Pakistan Red Crescent Society communications department.

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 \(NGO's\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

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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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