

**ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Pakistan
Humanitarian / Resident Coordinator	Fikret Akcura
Reporting Period	1 July to 31 October 2007

I. Executive Summary

The combined effects of storms beginning on 23 June and Cyclone Yemyin on 26 June claimed approximately 245 lives across Pakistan. Baluchistan province was severely hit by flooding and the effects of the cyclone left some 2.5 million affected, including 300,000 displaced. Sindh province suffered flooding and storm damage while North West Frontier province was hit by flash floods on 30 June. About eighteen out of twenty-nine districts across Baluchistan were affected along with five districts in Sindh. Infrastructure was severely undermined with roads and bridges damaged or destroyed and telecommunications was out in many areas.

In Baluchistan and Sindh, the major need was to provide emergency food rations; shelter; water, sanitation, and hygiene; health services and non-food items (NFIs). The immediate objective was to provide food rations to the affected families for their basic nutrition needs for at least six weeks in targeted areas in Baluchistan and across four districts of Sindh. The second objection was the provision of non-food items for the families in the targeted Union Councils to meet basic household needs. The third objective was to meet the short-term shelter needs of the affected families in Sindh and Baluchistan. Finally, the fourth objective was meeting basic health needs, including water, sanitation and hygiene promotion.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$110,000,000 Received: \$ 76,804,389								
Total amount of CERF funding received by funding window	Rapid Response: \$ 5,806,965 (RR 2007) Underfunded: \$ 6,808,525 (UFE March 2008) Grand Total: \$ 12,615,490								
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$ 5,561,494 Total implementing partners: \$ 2,059,614								
Total number of beneficiaries reached with CERF funding (disaggregated by sex/age)	<table border="1"> <thead> <tr> <th>Total</th> <th>> 5</th> <th>Female</th> <th>Male</th> </tr> </thead> <tbody> <tr> <td align="center">2,508,495</td> <td align="center">393009</td> <td align="center">1,166,450</td> <td align="center">1,344,553</td> </tr> </tbody> </table>	Total	> 5	Female	Male	2,508,495	393009	1,166,450	1,344,553
Total	> 5	Female	Male						
2,508,495	393009	1,166,450	1,344,553						
Geographic areas of implementation	Dadu, Kamber Shahdadkot districts in Sindh province. Bolan, Naseerabad, Kharan, Khuzdar, Jhal Magsi and Turbat districts in Baluchistan province								

II. Coordination and Partnership-building

(a) Decision-making process

Under the supervision of the United Nations Country Team (UNCT), the process leading to compilations of the projects was participatory and inclusive utilizing the Cluster Approach. Adhering to the established Central Emergency Response Fund (CERF) life saving criteria, relevant clusters provided a platform to the humanitarian partners in identifying critical gaps and providing technical insights. Government's acquiescence was also obtained as proposed utilization of funds was duly coordinated with National Disaster Management Authority (NDMA). The submitted proposal was based on the broader humanitarian community's evaluation of the critical life saving needs and within the overall parameters provided by the national authority.

(b) Coordination amongst the humanitarian country team

Central Emergency Response Fund project implementation modalities were coordinated by sectoral clusters at the field level. Joint monitoring was established by the Disaster Management Team (cluster based representations). Resident Coordinator Office shared monthly updates from the field to the Disaster Management Team (DMT) forum covering progress of CERF project implementation and identifying issues that required resolution at the federal level. Government was equally part of the coordination through the DMT. OCHA/RC office field staff ensured that the Government and humanitarian community were coordinating their activities at the field level.

(c) Partnerships

The relationship between CERF and non-governmental organization's (NGOs) are necessarily complex because only the United Nations agencies and International Organization for Migration (IOM) have direct access. Clusters in Pakistan provided a good platform for NGOs to build strategic partnerships with United Nations agencies to acquire funding. World Food Programme (WFP) and Food and Agriculture Organization (FAO) partnered to implement a joint programme funded by the underfunded window of CERF. This joint intervention allowed for the utilization of joint logistics. Government and United Nations partnership to implement and monitor CERF projects was also commendable.

(d) Prioritization process

The cluster approach became the primary mechanism for prioritization of projects. The DMT prioritized the projects according to assessments and reports from the field. Government was consulted before submitting the final application to CERF Secretariat.

III. Implementation and Results

Rapid Response projects

CERF funded interventions allowed for an effective emergency response to take place in 12 districts of Baluchistan and Sindh, a massive geographic footprint. This funding agreement came through with speed and efficiency, allowing for an immediate start-up of activities.

CERF funding provided much needed support to rural families whose livelihoods were severely impacted by the floods. The project distributed 40.43 tones of quality sorghum fodder seed to 5,043 households (35,301 persons) in fodder deficient districts of Baluchistan. The timeliness of the distribution enabled project beneficiaries to resume agricultural activities in time for the late *kharif* planting season.

In November/December 2007, 5,728 households (36,946 persons) received 653 tones of seeds and fertilizers in the six districts of Baluchistan most severely affected by the floods. The crop input packages consisted of wheat, barley, lentil, spinach, tomato, turnip and pea seeds as well as DAP and urea fertilizers. Post-distribution studies indicate a high level of input utilization leading to favourable post-harvest results and its corresponding favourable impact on food security for these families.

CERF funds for IOM enabled the Rapid Response Teams to be mobilized immediately to be the spearhead of the ground logistic networks, coordinating distribution and monitoring facilities to cover the vast geographic areas that are targeted for assistance. Additionally, each team had the capacity to undertake assessments regarding the status of communities in the flood-affected areas and fed information back to NDMA through the relevant coordination mechanisms.

Rapid assessments in the aftermath of the rain and flooding in Sindh and Baluchistan enabled identification of immediate needs. The men, women and children affected by the emergency were found to face multiple life threatening risks, including thousands experiencing communicable diseases including malaria, acute respiratory infection (ARI), and acute watery diarrhoea (AWD). Snake bites were identified as a problem and malnutrition was also identified as a major concern related to the significant damage to crops, food stocks and livestock.

CERF funding was critical to ensure the availability of essential drugs, Anti-VIP Serum (AVS) and medical supplies in sufficient quantity at health facilities serving those affected by the floods.

CERF funded Disease Early Warning System and Surveillance initiative of the World Health Organization (WHO) was critical to controlling disease outbreaks and saving lives through timely response resulting in reduced mortality and morbidity rates among flood affected populations.

Prior to the floods, the sanitation coverage in the affected areas of Baluchistan and Sindh was amongst the lowest in the country. The floods further aggravated the situation, where lack of access to adequate sanitation facilities forced the population to rely on open defecation thereby increasing their vulnerability to sanitation related diseases and vulnerabilities associated with lack of privacy and safety, in particular for women and children.

The United Nations Children's Fund (UNICEF) project, funded by CERF, addressed the sanitation needs of 136,920 people. Priority for the provision of adequate sanitation facilities was given to the displaced population of spontaneous camp settlements. Adequate sanitation for this population was achieved, with community participation, through the provision of temporary ventilated improved pit (VIP) latrines with proper drainage.

In the initial phase of the emergency response UNICEF took immediate action to prevent water and sanitation related diseases in the affected population through the distribution of water, environment and sanitation (WES) non-food items to beneficiaries.

The UNICEF WES emergency response, through CERF funding, was able to reach 307,275 beneficiaries with hygiene promotion and education activities. Key hygiene messages included the importance of hand washing with soap, disinfection of drinking water at home and the safe disposal of human waste.

Food Management Committees were formed in the selected villages with the specific roles and responsibilities to oversee food distribution and to check any mismanagement. Once the committees were formed, a system of ration cards, stock registers and distribution lists was put in place.

WFP established 17 warehouses for food storage and were acquired by the partners in all the targeted districts. WFP food items at these points called extended distribution points. The partners were responsible for the secondary transportation of the food up to the distribution points. 4,500 million tonnes of food was distributed to 128,600 beneficiaries.

Challenges

- Geographical spread of beneficiary population resulted in logistic difficulties and high cost of transportation.
- Death of Benazir Bhutto and Balaj Mari and the general elections in the country caused some political unrest in the province resulting in several interruptions during the implementation period.
- Heavy snow fall and rains also made various areas inaccessible for the staff to carry out distribution.

Results Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results	Actual results and improvements for the target beneficiaries
CCCM	07-IOM-012 Procurement of non-food items and H2O to displaced population in Pakistan	593,850	Approximately 364,000 displaced	CCCM Cluster, Mercy Corps, Norwegian Refugee Council (NRC), Strengthening Participatory Organization (SPO), Provincial Disaster Management Agency (PDMA), National Disaster Management Agency (NDMA)	<p>The expected outcome of the project was the local procurement and distribution of non-food items and potable water to up to 10 self-settled/ spontaneous settlements through:</p> <ul style="list-style-type: none"> Procurement of NFIS & potable water Coordination with distribution mechanism Distribution to flood affected population prioritizing spontaneous roadside settlements Gap analysis, monitoring and evaluation 	<ul style="list-style-type: none"> Provision of potable water to the affected areas with large IDP populations throughout the life of the grant while simultaneously formulating an exit strategy that involved repair of the pre-flood water sources as a means of potable water. Existing water sources in these areas were mainly water reservoirs and rain-fed ponds that required extensive cleaning and de-silting before they could be effective again. The repair of these ponds was seen as an exit strategy from the areas where potable water was being delivered Distribution of non-food items and temporary shelter kits to affected beneficiaries (list attached)
Health	07-WHO-032 "Access to lifesaving primary health care medical supplies and disease early warning and surveillance (DEWS).	896,403	One million flood affected persons including men, women and children and IDPs	Federal Ministry of Health and its provincial health departments in Sindh and Baluchistan and EDO/DoH in respective districts.	<ul style="list-style-type: none"> Health needs identified and a coordinated health response mounted, leading to a reduction in avoidable mortality and morbidity Re-established access to Primary Health Care Services. Re-equipped/re-established services at damaged facilities and a referral system instituted. Disease Surveillance and Early Warning System established. Morbidity and mortality reduced 	<p>PHC Assessments and Monitoring</p> <ul style="list-style-type: none"> Rapid Assessments completed in two districts of Sindh (Kambar and Dadu) and eight in Baluchistan. Monitoring and review of primary health care services including reproductive and public health challenges confronted by those affected. Comprehensive health services assessments completed in affected districts of Sindh and Baluchistan Situation reports issued by WHO Islamabad on floods – 13 situation reports in all. Health cluster meetings regularly held in

					<p>Islamabad and in Quetta and Karachi.</p> <ul style="list-style-type: none"> ▪ Health cluster bulletins regularly developed and shared with all partners from the Islamabad, Karachi, and Quetta offices of WHO ▪ Effective coordination mechanisms developed with health partners and with MoH, EDOs-H and NDMA and surge capacity enhanced for a proactive response towards relief and recovery activities incorporating emergency preparedness mechanisms for community support. <p>DEWS and Essential Drugs</p> <ul style="list-style-type: none"> ▪ DEWS established in Sindh (Kambar and Dadu) and eight districts of Baluchistan. ▪ 118 DEWS reporting sites as of week 05 in 2008 in Sindh In Baluchistan there are 261 DEWS reporting sites in the eight affected districts as of week 05, 2008. ▪ Eleven outbreaks have been detected and investigated by the DEWS. Five confirmed outbreaks responded to and controlled by the DEWS including two Cholera outbreaks, two Measles outbreaks and one Meningitis outbreak. ▪ Regular WMMR's issued since the floods 2007 for flood affected districts. ▪ Nine WMMRs issued for Sindh and seven for Baluchistan since Jan 2008. And active surveillance and response to alerts and control of outbreaks by the WHO. ▪ Teams in affected districts. A diphtheria outbreak was controlled and successfully responded to in Mirpur, district Kambar in Sindh in september2008 ▪ Vaccination and immunization campaigns completed in flood affected districts of Sindh and Baluchistan.
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						<ul style="list-style-type: none"> ▪ Procurement and distribution of essential drugs and supplies including tents, ASVs, aqua/chlorine tablets. ▪ Revitalization of warehousing services in eight districts of Baluchistan and two districts of Sindh. <p>Water and Sanitation</p> <ul style="list-style-type: none"> ▪ Assessments of water sources in two districts of Sindh and eight districts of Baluchistan, within the villages and Union Councils and some households of patients. ▪ Distribution of chlorine tablets to EDO-H, health partners, communities and affected households. ▪ Orientation sessions for WATSAN clusters on standards of sanitation, clean drinking water and sanitation practices, and regular support for WASH initiatives. ▪ Facilitation provided for water disinfection and water quality monitoring one affected areas. ▪ Health awareness raising sessions conducted for affected communities and health partners engaged in relief work in affected districts of Baluchistan.
Food Security	WFP Food Assistance to Cyclone and Flood Affected Persons in Baluchistan (07-WFP-057)	1,408,851	128,600	Relief International and BRSP	<ul style="list-style-type: none"> ▪ Ready-to-eat food rations are urgently required to saves lives of stranded and displaced persons. The intervention will enable local procurement of 2,298 metric tonnes of food commodities to meet minimum daily caloric requirement of 132,000 people for 30 days, or 20 per cent of food insecure and displaced population. 	<ul style="list-style-type: none"> ▪ The intervention will enable local procurement of 4,650 metric tonnes of food commodities to meet minimum daily caloric requirement of 128,600 people for 30 days ▪ 80 percent of the targeted farmers have levelled their lands for the agriculture purpose. ▪ 52 percent of the targeted farmers have built their small bandits. ▪ 82 percent of the targeted farmers have completed seed sowing. ▪ The harvest has enabled most of the farmers to meet their food requirements.
Health	Safe	99,510	119,504	Federal	<ul style="list-style-type: none"> ▪ The Mobile Service Unit (MSU) is able to quickly respond to the 	<ul style="list-style-type: none"> ▪ A total of 36,000 kits were distributed through the

	Motherhood (07-FPA-016)			Ministry of Health and its provincial health departments in Sindh and Baluchistan and EDO/DoH in respective districts.	<p>most urgent needs of the affected population, focusing on women and their newborns. It consists of one vehicle containing a delivery table, maternal, newborn and child health equipment, medicine and supplies including hygiene kits, tented space for outpatient consultations.</p> <ul style="list-style-type: none"> Each MSU is staffed with at least one female doctor, one midwife, one support staff as well as one driver. In normal circumstances, one MSU provides services to on average of 100 women and their children per day. 	<p>Provincial Disaster Management Authority, UNICEF and District Programme Officers.</p> <ul style="list-style-type: none"> Four MSUs were mobilized to flood affected areas along with immediate provision of medical and non-medical supplies to be utilized for the restoration of MCH/RH primary health care and hospital care services. Two MSUs of Population Welfare Department working in UNFPA Focused Districts Qillasaifullah and Nushki were relocated to Kech and Kharan districts. After successful completion of services at Kech, the MSU was shifted to Khuzdar district and is serving there at the moment. Two MSUs were relocated from Muzaffarabd to Bolan and Jhal Magsi and is serving there at the moment. Mobile Service Unit (MSU) Thatta was relocated to District Dadu at Johi since 25th July 2007 and District Programme Officer (DPO) UNFPA Thatta was responsible for their management and monitoring work. MSU Jacobabad was relocated to District Qamber Shahdaskot from 24th July 2007 and DPO UNFPA Jacobabad was responsible for their management and monitoring work. It was firstly agreed that these MSUs will work in flood affected areas for three months but due to the local situation and demand /need, the time period was extended till Dec 2007.
Agriculture	Support for the Restoration of Crop Production and Food Availability (07-FAO-025)	417,300	152195	PDMA, WFP, NGOs and line departments	<ul style="list-style-type: none"> Some 7,500 most vulnerable households from the worst-affected areas will secure their livestock production and immediate livelihood opportunities and improved nutritional status through increased milk and meat production while providing collateral against further shocks. 	<ul style="list-style-type: none"> The project distributed 40.43 tonnes of quality sorghum fodder seed to 5 043 households (35 301 persons) in fodder-deficient districts of Baluchistan. The timeliness of the distribution enabled project beneficiaries to resume agricultural activities in time for the late kharif planting season. 5, 728 households (36, 946 persons) received 653 tonnes of seeds and fertilizers in six districts of Baluchistan most severely affected by the floods. The crop input packages consisted of wheat, barley, lentil, spinach, tomato, turnip and pea seeds as well as DAP and urea fertilizers. Post-distribution studies indicate a high level of input utilization leading to favourable post-harvest results and its corresponding impact on food

						security for these families.
Shelter and non-food items	NFI Distribution (07-HCR-016)	622,468	150,000	Islamic Relief, Save the Children (US), ARC, Mercy Corps	<ul style="list-style-type: none"> UNHCR contingency stocks to the persons identified to be in the most urgent need amongst the 150,000 persons (24,000 families) of concern (one blanket per/person, one sleeping mat per/person and two plastic sheeting per/family) to meet immediate needs. 	<ul style="list-style-type: none"> UNHCR contingency stocks to the persons identified to be in the most urgent need amongst the 150,000 persons (24,000 families) of concern (one blanket per/person, One sleeping mat per/person and two plastic sheeting per/family) to meet immediate needs.
WASH	Provision of Safe Drinking Water, Adequate Sanitation and Hygiene to Flood-Affected Population of Baluchistan and Sindh. (07-CEF-047)	1,287,451 (utilized \$ 47,471.76)	550,000	PHED, TMA, LG, NGOs	<ul style="list-style-type: none"> Ensure provision of safe drinking water to 200,000 affected people. Ensure provision of adequate sanitation and hygiene to 200,000 affected people. 	<ul style="list-style-type: none"> Funding was able to reach 307,275 beneficiaries with hygiene promotion and education activities. Key hygiene messages included the importance of hand washing with soap, disinfection of drinking water at home and the safe disposal of human excreta. Addressed the sanitation needs of 136,920 people. Priority for the provision of adequate sanitation facilities was given to the displaced population of spontaneous camp settlements. Adequate sanitation for this population was achieved, with community participation, through the provision of temporary ventilated improved pit (VIP) latrines with proper drainage. In the initial phase of the emergency response UNICEF took immediate action to prevent water and sanitation related diseases in the affected population through the distribution of WES non food items (NFIs) to beneficiaries. The items distributed were as follows: <ul style="list-style-type: none"> ➤ Outputs ➤ Sindh ➤ 1,000 Nerox filters ➤ 100,000 PUR Sachets and 35,000 Aqua tabs for household water disinfection ➤ 30,000 Jerry cans and 25,000 buckets for household water storage <p>Baluchistan</p> <ul style="list-style-type: none"> ➤ 17,520 Nerox filters ➤ 561,000 PUR Sachets and 1.45 million Aqua

						<p>tabs for household water disinfection</p> <ul style="list-style-type: none"> ➤ 41,494 Jerry cans and 6,170 buckets for household water storage
Coordination and support services	Rapid Disaster Logistics Response Distribution, Assessment and Monitoring at District Level through Rapid Response Teams (07-IOM-017)	100,000	250,000	PDMA (government)	<ul style="list-style-type: none"> ▪ Rapid Disaster Logistics Response Distribution, Assessment and Monitoring at District Level through Rapid Response Teams 	<ul style="list-style-type: none"> ▪ Through the Rapid Response Teams and partners, the CCCM Cluster identified displaced populations and the needs/gaps to be covered. Creating a Displacement Tracking Matrix as an information gathering tool ▪ Feeding in information to the hubs in Quetta and Karachi to be used in coordinating relief and TA activities with implementing partners (SPO, MC & NRC), other clusters & agencies and also feeding in the information to the local government. As RRTs ceased operation, the Displacement tracking matrix was handed over to PDMA to be used as a tool in the residual relief/recovery planning and future emergencies.
Logistics	Augmented Logistics Services to the Humanitarian Community in Response to Pakistan Floods (07-WFP-041)	381,132	488132	NDMA	<ul style="list-style-type: none"> ▪ Augmented Logistics Services to the Humanitarian Community in Response to Pakistan Floods 	<ul style="list-style-type: none"> ▪ Augmented Logistics Services to the Humanitarian Community in Response to Pakistan Floods

IV. Central Emergency Response Fund in Action

International Organization for Migration:

Following the devastating floods, IOM was designated the lead agency for the Camp Coordination and Camp Management (CCCM) Cluster. The cluster approach was aimed at enhancing the timeliness, predictability and effectiveness of the humanitarian response to the floods.

Provision of clean drinking water was identified as the top priority. IOM and its implementing partners immediately started procuring and distributing potable water and non-food items, initially to 7,500 households affected by floods and temporarily located in camps in north western Sindh and eastern Baluchistan

All necessary efforts were made to identify vulnerable and marginalized individuals such as female and child-headed households, elderly and disabled. All operations involved local authorities and colleague agencies for necessary permissions and coordination of these activities. As the lead agency in the cluster, IOM provided coordination in Islamabad, Quetta (Baluchistan) and Larkana (Sindh). IOM drew on its Displacement Tracking Matrix to notify relevant clusters to provide adequate assistance to under-serviced spontaneous settlements, collection centres, and formal camps.

The distribution of safe drinking water and emergency hygiene promotion was conducted using all means necessary for quick results, including tankering of water to camp sites, repair and support to water schemes servicing existing camps, installation of emergency water purification schemes to camps and support to existing potable water activities carried out by other organizations to improve and increase water supplies to camp residents.

One of the most pressing issues faced by those affected by the floods was the need for temporary shelter assistance, although a number of local and international NGOs engaged in distribution of shelter items. During field monitoring IOM observed that many communities, or families within communities, were not covered by these programs. Of particular concern was the number of extremely vulnerable families remaining without shelter. In Sindh, IOM and partners identified high numbers of extremely vulnerable families remaining without shelter. The need for further shelter assistance was confirmed through ongoing discussions with the district management. A temporary shelter program that targeted 138 extremely vulnerable families and further distribution of 700 shelter kits to displaced populations residing in spontaneous settlements in Kamber and Dadu districts were implemented. An additional 1,600 kitchen sets were distributed in formal camps in Kech District, Baluchistan. All the distributions were finalized in time for the beneficiaries to celebrate Eid.

IOM provided a Pressurized Docking Mating Adapter (PDMA) with additional office equipments as part of the CERF funded support in enhancing the department's capacity to organize and manage current and future emergency relief/recovery efforts. At the end of the CCCM operation in Baluchistan, the Displacement Tracking Matrix was handed over to Pressurized Docking Mating Adapter Baluchistan for use in current and future emergencies.

Summary of Camp Coordination and Camp Management: Central Emergency Response Fund-funded activities and distribution

Activities	Quantity	HH	Individuals	Province (s)
Hygiene Kits	11,700 kits	11,700	81,900	Baluchistan and Sindh
Cooking Kits	11,700 kits	11,700	81,900	Baluchistan and Sindh
Water provision	over 28 million liters		107,422	Baluchistan and Sindh
Water bladders	12			Baluchistan
	15			Sindh
Jerry Cans & buckets	12,000	7369	42,000	Baluchistan and Sindh
Repair of damaged water purification plant	90,000 liters/day	3206	22,442	Baluchistan
Shallow hand pumps	15 pumps	1611	11,277	Sindh
Emergency transitional shelter kits	700 kits	700	4,900	Sindh
Kitchen sets	1,600 sets	1,600	11,200	Baluchistan
Temporary shelter kits for EVF's	138 kits	138	966	Sindh
Support to PDMA Baluchistan	Office equipments	Province	Of Baluchistan	Baluchistan

Activities in pictures



Non-food items distribution activities in Sindh (above) and water provision activities in Baluchistan (below).





Transport and distribution of 1600 Kitchen sets in Kech, Baluchistan in time for Eid celebration (above) .

United Nations Population Fund

The United Nations Population Fund (UNFPA) made significant progress in restoring maternal and child health/related health MCH/RH service delivery and provided large quantities of hygiene, medicines and necessary services to ensure safe deliveries and address emergency obstetric complications. UNFPA has been the lead advocate for the concerns of women and girls in the aftermath of the devastating flood in Pakistan. Even more remarkable, more women used health services during the time of crisis as compared to normal days. This could be due to the fact that many homes and basic community facilities had been destroyed or massively damaged and most women were lacking any alternative.

In the area where health facilities were not available to the extent made available during the emergency, mobile health contributed towards reproductive health of women living in far-flung areas of Baluchistan and Sindh. This improved the health seeking behaviour of the communities and thus created a demand for having permanently available health services.



World Health Organization:

After the floods, six union councils were badly affected in Turbat. EDO Health arranged special mobile teams with the help of army and doctors for their medical coverage. In the DHQ hospital, there were 155 out of 786 cases of acute watery diarrhoea cases on July 10, 2007 and the proportional morbidity of acute watery diarrhoea was reported to be nine percent. In order to facilitate the above cases, rapid investigation and management was done and stool samples of patients were taken for investigations.

The World Health Organization team, without losing time, discussed the standard treatment for cholera with the doctors, local health authorities and partners active in the affected area and decided in the meeting with EDO and the army that cholera treatment centres should be created in those areas.

A male staff nurse was immediately requested and water sources were checked in the patients' houses and their neighbourhoods. During the assessment, the well in one of the patient's house was found to be unprotected as it was without a cover and had a broken wall on one side. The water from this well was being used by about 25 families. The team visited the other well in the neighbourhood, also unprotected but with a wooden cover with a fixed motor pump to get the water. Wells were chlorinated and chlorine tablets were distributed to the households. A health education session was conducted and the local lady health worker (LHW) was requested to take care of the families.

The daily situation reports received from the affected districts in the Baluchistan province reflected a high number of consultations for diarrhoea from district Bolan. An alert for diarrhoea outbreak was reported from district Jhal Magsi in August 2007. On 3 August, an acute watery diarrhoea alert was received in Tehsil Ghandawa of District Jhal Magsi. WHO in Quetta contacted the district health authorities and also found about six unconfirmed deaths from village Kotra. Two patients were received the same day at District Headquarters (DHQ) Hospital Ghandawa, while seven other patients with moderate dehydration were treated at the Civil Dispensary Kotra. A WHO team visited both the districts on 4th and 5th August and met the Executive District Officer Health. They discussed the number of district health facilities reporting a high number of diarrhoea cases.

WHO along with the Pakistan Council of Research in Water Resources (PCRWR) and water and sanitation (WATSAN) teams visited the location and met with the Executive District Officer Health, Union Council Nazim, Médecin Sans Frontières (MSF)-Holland medical team, health department staff at CD Kotra, patients, attendants and community members. At the time of the visit seven patients (four children under five years old and three children over five years old) were kept for treatment and observation. The Executive District Officer Health assigned a team with paramedics and a doctor in CD Kotra to work in collaboration with the other health partners including the United Nations agencies and NGOs.

WHO along with the Pakistan Council of Research in Water Resources and water and sanitation teams oriented the Public Health Engineering Department (PHED) staff, health care providers, and community members on the importance of water chlorination and use the of Nerox filters for cleaning water and distributed Aqua tabs amongst them. They also provided information about the DEWS, its management and use in the prevention of diarrhoeal diseases. MSF-Holland established a cholera treatment centre in the area to prevent further deaths.

WHO facilitated proactive support during the acute watery diarrhoea and cholera threat and transported 350 Nerox filters (supplied by UNICEF) to the village Kotra in district Jhal Magsi. Considering the emergency, the scattered population and transportation problems due to broken roads and bridges, the support offered by WHO in monitoring patients, sampling, testing, providing health education and essential medicines, along with other partners, has contributed to saving many lives among this flood affected population.

Water and Sanitation:

CERF funded a UNICEF WES emergency response targeted at a total of 11 affected districts (two of the worst affected districts in Sindh and nine of the worst affected districts in Baluchistan). The Project ensured the provision of safe drinking water and adequate sanitation facilities to 410,600 and 136,920 people respectively, and reached 307,275 people with appropriate hygiene messages. The interventions contributed to a reduction in the transmission of water and sanitation related diseases and exposure to disease-bearing vectors. It is pertinent to note that during the project period no outbreak of water and sanitation related diseases were reported.

Assessments

Data from assessments formed the basis for defining emergency response. In Sindh, UNICEF, in partnership with WHO, carried out rapid assessments in flood affected areas of Districts Karachi, Thatta, Dadu and Qamber-Shadadkot. Additionally, support was provided to Premier Urgency (PU) for a hydrological survey in District Dadu. In Baluchistan, UNICEF conducted detailed damage assessments of the flood affected areas. UNICEF also supported government departments, namely the Public Health Engineering Department, Local Government and Rural Development (LG&RD) and the Pakistan Council for Research in Water Resources in conducting detailed damage assessments of water and sanitation facilities and water quality status respectively. UNICEF also participated in inter-agency assessments in both provinces, providing technical support.

Outputs:

Sindh

- Consolidated damage assessment report of United Nations joint assessments on WASH sector needs of two districts; and
- Hydrological assessment report and map of Taluka Johi, District Dadu.

Baluchistan

- Consolidated damage assessment report of United Nations joint assessments on WASH sector needs of fourteen districts;
- The Public Health Engineering Department assessment report on the status of water supply schemes damaged by floods with detailed costing for rehabilitation works in 22 districts;
- Local Government and Rural Development assessment of damages caused to sanitation schemes in nineteen districts; and
- Water quality analysis (physical, bacteriological and chemical) conducted by the Pakistan Council of Research in Water Resources in 14 districts.

Provision of Safe Drinking Water (410,600 beneficiaries)

The floods caused extensive damage to the drinking water supply infrastructure in the affected areas. As a result the provision of safe drinking water emerged as an immediate and critical need for the affected population. UNICEF, through CERF funding, addressed the drinking water needs of over 400,000 people.

Outputs:

Sindh

- Installation of 45 water bladders, of multiple capacities, fed through water tankering by NGOs;
- Rehabilitation of 30 hand pumps;
- Restoration of water systems to 75 schools benefiting 6,000 students; and
- Installation of a water filtration plant serving 8,000 people

Baluchistan

- Installation of 52 water pillows, of multiple capacities, fed through water tankering by Public Health Engineering Department and NGOs;

- Restoration of 122 Public Health Engineering Department water supply schemes in nine of the worst affected districts;
- Rehabilitation of 323 hand pumps in six districts;
- Rehabilitation of 15 windmills in two districts; and
- Rehabilitation of one Karez (underground tunnel) in Kharan district.



Food Security:

District Bolan is the biggest district of Baluchistan, covering the area of 8,036 square kilometres, with the majority of the population involved directly or indirectly in agricultural and livestock production. Nearly 70 percent of Bolan district was badly affected by floods, damaging agricultural land, livestock, Bandath, and community infrastructure.

Mr. Muhammad Luqman is one of the victims of heavy flooding. He is 40 years old living with his nine children in Killi Khan Muhammad Choshti Union Council Haji Shaheer. Before the floods he had 30 goats, 20 sheep, and a five room house. His agricultural field was badly damaged, livestock died and his house was partially destroyed following the flooding.



He borrowed Rs. 30,000 from a local money lender dealer on one month credit to buy food and non food items. As he could not pay on time, his debt increased to Rs 40,000 and was contemplating selling his assets to pay off his debt.

Meanwhile, WFP cooperating partner, Baluchistan Rural Support Programme (BRSP) staff came to the village and registered him in its beneficiaries list as a deserving farmer. After a few days he received WFP and FAO food and seeds through Baluchistan Rural Support Programme. He rehabilitated some of his agricultural land with cultivated seeds and when the debtor saw his cultivated land, he agreed to be paid after the harvest.

He added that he has presently rehabilitated five acres of damage land, cultivated wheat seeds in the field, and reconstructed two rooms of his home.

He was very thankful for WFP and FAO for such a timely intervention which helped him to rehabilitate his major source of livelihood and allowed him to stay in the same village.



Success Story

Mai Mauti, wife of Shakar Khan, lives in the village of UC Gandawa of District Jhal Magsi. She has two daughters and two sons, all under 15. Her husband is suffering from asthma and can not work in field. For the survival of her family she works in the field, the only source of livelihood for her family. She use to work in field all the day and in the evening she would complete her household work. Her elder son who is nearly 15 years old helps her in her field activities.

At the end of May 2007, she and her son harvested all the planted wheat in her field but didn't store it in a safe place. She had planned to sell it in the market in the month of June or July so she only made a temporary storage shelter for the harvested wheat.

The floods came in June and all her harvested wheat was washed away. Nothing was left for her and her family. She sent her sons to the city to work but their earnings were not enough and she borrowed food from others in the village.

Meanwhile, WFP cooperating partner, Root Work registered her name as the beneficiary and she started receiving food commodities for her family. With the food and with her sons' incomes she started rehabilitating her field and received cultivated seeds from FAO. She expects a good crop.

She is very thankful to WFP for their timely support.



Agriculture (FAO):



Life is not easy when you are 58 and the sole breadwinner of a large family. Ali Baksh comes from a remote village in Noshki district. On the eve of 24 July while heading back home, he saw massive flood waves inundating his agricultural fields. “I stood helplessly as I saw the gigantic runoff wash away our only source of food. I could only pray when I saw my thriving fields battling the floods and eventually surrendering. The next victim was my mud-made storage facility of wheat and grains. Within no time, it was washed away as if it did not exist”. Recurring drought cycles and flooding plunged Ali and many other small-scale farmers into extreme poverty. Already in debt, Ali’s sole choice remained to reluctantly resort to personal lending.

When Ali heard about FAO’s assistance and the forthcoming visit of the Baluchistan Rural Support Programme’s assessment teams (FAO’s implementing partner in Baluchistan), he finally could see a bright light at the end of the tunnel. Ali eventually received a crop package of wheat, barely, lentil and vegetable seeds and fertilizers. “Keeping faith that these hard times will be soon over, I started anew by preparing my land and planting the provided seeds. The seeds are of good quality and I expect better yields. Please pray we receive enough rains,” said the determined Ali Baksh. “The assistance presents hope that I and my family members will regain, slowly but surely, what we have lost”. The road to recovery may be long and bumpy, but the family of 11 is optimistic about things eventually getting better. They have already repaired much of their mud-made home although they need some hardware to make it more habitable and resilient to floods.



LIST OF ACRONYMS

ARI:	Acute Respiratory Infection
AWD:	Acute Watery Diarrhoea
AVS:	Anti-VIP- serum
BRSP:	Baluchistan Rural Support Programme
CERF:	Central Emergency Response Fund
CCCM:	Camp Coordination and Camp Management
DHQ:	District Headquarters
DMT:	Disaster Management Team
EDO:	Executive District Officer
FAO:	Food and Agriculture Organization
IOM:	International Organization for Migration
LHW:	Lady Health Worker
LG&RD:	Local Government and Rural Development
MSF- Holland:	Médecin Sans Frontières
MCH/ RH:	Maternal and Child Health
NDMA:	National Disaster Management Authority
NFI:	Non Food Items
PCRWR:	Pakistan Council of Research in Water Resources
PDMA:	Pressurized Docking Mating Adapter
PHED:	Public Health Engineering Department (India)
RC:	Resident Coordinator
UNCT:	United Nations Country Team
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
WATSAN:	Water and Sanitation
WASH:	Water and Sanitation for Health
WES:	Water, Environment and Sanitation
WFP:	World Food Programme
WHO:	World Health Organization