



Flood Relief Operations

NRSP - Institute of Rural Management

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N-IRM's Flood Relief Operations

N-IRM launched emergency response soon after the flood hit the country and immediate steps were taken to address issues of hunger, shelter, clean drinking water, health and hygiene in Sukkur, Sindh. Soon N-IRM expanded its relief operations in the three flood affected provinces namely Punjab, Sindh and Khyber Phuktoonkuwa. Below are the initiatives of N-IRM exclusively undertaken for the relief of the flood affectees. These relief activities are the result of staff's commitment and passion to provide humanitarian assistance well in time.

1. Operational Highlights

Following are the operational highlights of the N-IRM Flood relief activities:

- N-IRM has signed a MoU with UNDP for the Community Restoration of Sain Dino and Haji Ramzan Thaheem, Tehsil Jati, District Thatta, Sindh.
- Under “Tent City project” N-IRM in partnership with UNHCR provided temporary shelter to 2500 displaced households in Jamshoro and Sehwan, Sindh.
- In collaboration with UNICEF, N-IRM implemented “Water, Sanitation & Hygiene (WASH) Project” in which 73,000 households were trained in health and hygiene promotion through workshops and awareness campaigns in the IDP Camps. The project covered six districts of Sindh including Sukkur, Khairpur, Shikarpur, Jacobabad, Shahdadt and Kashmore/Kandhkot.
- ☒ As a part of the UNICEF WASH Project, 3,567,165 health and hygiene items including hygiene kits, buckets with lids, jerry Cans, aqua tabs and pure sachets were distributed in the flood affected districts of Sindh.
- ☒ N-IRM initiated “Health & Hygiene Awareness Campaign” in Punjab, Sindh and Khyber Phuktoonkuwa to prevent the spread of diseases in the flood affected areas. Till December, 34,385 affectees have benefited from the Health, Hygiene and First Aid (including snake bite care) trainings conducted by N-IRM in Nowshera, Charsadda, Sukkur, Shikarpur, Mianwali, Rajanpur and D.G. Khan.
- ☒ As of December 31, 2010 N-IRM has supplied cooked food to 599,242 families in Sukkur.
- Rapid Need Assessments were conducted by the N-IRM staff in Sukkur, Kandhkot, Shikarpur, Jacobabad, Nowshera, Charsadda, Mianwali and D.G. Khan to determine the medical and economic recovery needs of the people in the relief camps.

2. Project: Community Restoration of Sain Dino and Haji Ramzan Thaheem, Tehsil Jati, District Thatta, Sindh

Funded by: UNDP

N-IRM has recently signed an agreement with UNDP for the early recovery and restoration of communities aimed at reducing dependencies on emergency relief and establishing the foundations for long-term, large-scale reconstruction and recovery. This project aims at supporting the scaling up and expansion of ongoing recovery responses in the South of Sindh, by supporting livelihood restoration of vulnerable affected people, through a labor intensive Cash-For-Work programme and restoring basic and critical community infrastructures and services, enhancing livelihood



opportunities. By developing strong partnership between the affected communities, community based organizations/NGO's, private sector and government institutions in all aspects of community restoration, it is expected that at the end of the project life the Sain Dino Hingora and Haji Ramzan Thaheem Villages would have restored livelihood opportunities for its communities, would benefit from rehabilitated critical community infrastructures as from community disaster resilient and energy efficient shelters.

The project is mainly supporting the following components of the Emergency Response Programme of UNDP:

- Livelihood of vulnerable flood affected people stabilized and restored
- Basic and critical community infrastructure and services restored

Consistent with the Community Restoration Cluster, the project is also supporting the following priorities:

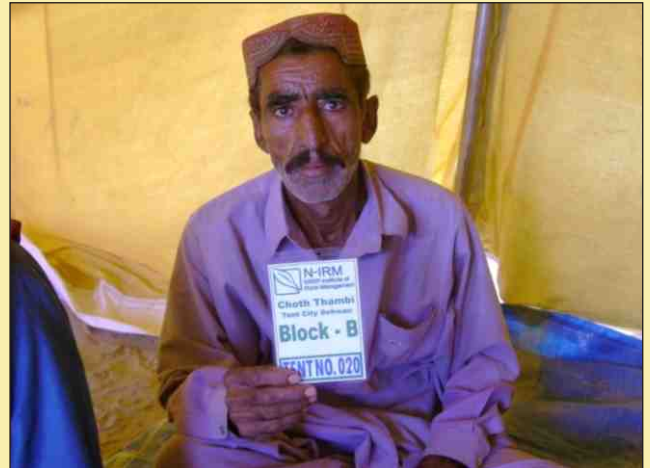
- Restore access to essential services through employment- intensive rehabilitation of basic/critical infrastructure of flood affected communities and house-holds at risk
- Reduce the safe and resilient recovery of livelihoods of the affected population.

3. Project: TENT City Project

Funded by: UNHCR

The disaster left a vast majority of affectees homeless, fearful and traumatized. Internally Displaced Persons (IDPs) had no other option than to seek protection and assistance in camps. Therefore, natural disaster camps were greatly needed for months.

In this scenario, NRSP-Institute of Rural Management initiated **Tent City Project** (TCP) funded by UNHCR. This 2 month project started on 01st November 2010 and ended on 31st December 2010 with a target of setting up 2500 tents in Jamshoro and Sehwan Districts of Sindh. Against this target, 1100 tents were placed at two locations; one at Shahbaz Town in Jamshoro (800 tents) and remaining at Chowthambi in Sehwan (300 tents). The rest of 1400 tents were distributed on site to those flood affectees who were living in unfinished buildings or on road sides. N-IRM adopted a holistic and grass root level approach in the implementation of this project; and utilized one of the prime principles of participatory development i.e. social mobilization.



- ☒ Execution of this project commenced with social mobilization campaign and registration of IDP families in the targeted areas. This registered data included all the demographic typologies with gender segregation and inclusion of children and elderly people with more than 60 years age.
- ☒ To facilitate the IDPs & other humanitarian actors, the camp sites were selected on easy access basis.
- ☒ Registered IDPs were accommodated in the tent city blocks. These blocks comprised of people belonging to same clan or family.
- ☒ The tents were erected following the SPHERE Minimum Standard.
- ☒ To ensure community participation and



community empowerment, N-IRM formed different camp sub-committees for example food distribution, water & food distribution committees to promote self reliance among the camp population and to create a sense of ownership in camp management affairs. These committees also worked on empowering women and other vulnerable group with specific needs.

- N-IRM distributed NFI kits (provided by different donors) within the targeted camps. NFI kit consisted of blankets, sleeping mats, quilts, kitchen set, plastic buckets, jerry cans, soap and two mosquito nets.
- N-IRM coordinated with Government and humanitarian organizations and invited them to work in the tent cities in their respective thematic areas to address the needs of the IDPs.
- To make the camp environment peaceful, arrangement were made related to the privacy of families which included separate toilets for men and women.



Table 1

Activities in the Tent City Sehwan	Donor	Beneficiaries Individuals & Households (HH)		
		Men	Women	Children
Latrines Constructed (22 latrines)	St. International	1,088	1,103	490
Drinking water supply schemes (9 schemes)	St. International	1,088	1,103	490
NFI Kits Distributed/ Hygiene Kits	St. International	271	65	
Food Distribution	IRC	271	65	
Health Camps	HANDS	150	50	
Food Distribution(Floor, Sugar, Tea, Plumpy Dose)	IRC	271	65	
Food Distribution	HANDS			459
Food Distribution	TRDP	300 HH		
Distribution of Mineral Water	TRDP	336 HH		144
Food Distribution	IRC	336 HH		
NFI Distribution (Cloth Soap, Bath Soap, Tooth Brush, Tooth Paste, Nail Cutter, Dentonic Powder)	St. International	336 HH		
NFI Distribution (Blanket)	IRC	336 HH		
Provision of Shelter	IRC	28 HH		
Distribution of Warm Clothes	Safdar Qureshi			50
Distribution of Mosquito Nets	HANDS	336 HH		
Distribution of Quilts	IRC	672 HH		
Distribution of Kitchen Sets	IOM	336 HH		
Distribution of Blankets	IOM	672 HH		
Polio Drops for children	Govt.			467
Weekly Medical Camp	HANDS	200		
Smalpox Vaccination	Govt.			147
Medical Treatment	HANDS	444		
Watan Card Assessment (Information Desk)	N-IRM	336 HH		

Table 2

Activities in Tent City Jamshoro	Donor	Beneficiaries Individuals & Households (HH)		
		Men	Women	Children
Latrines Constructed (Number 20)	Oxfam(GB) SPO	2,050	1,966	1,399
Drinking Water Supply Schemes (8 Tankers Daily)	Oxfam(GB), St. International	2,050	1,966	1,399
Food Distribution	WFP	624	168	
Hygiene Kits Distribution	TRDP.OXFAM	624	168	
Food and Cloth Distribution	DDO Jamshoro			150
NFI Distribution(Dustbin, Balcha, Hand Trolleys)	SPO	814 HH		
NFI Distribution (Quilt, Plastic Sheets, Kitchen Set)	IOM	792		
Health and Hygiene Kits(Bath Soap, Dettol, Tooth Paste, Tooth Brush, Cotton ,Water Pot)	TRDP	792		
Distribution of Blankets	Gov			150
Distribution of Warm Clothes	TRDP	792 HH		
Food Distribution (Flour, Oil, Sugar, Biscuits)	TRDP	792 HH		
Food Distribution	TRDP	792 HH		
Toilets (120)	SPO	792 HH		
Child Friendly Spaces	TRDP			1,399
Health Facilities	Taluka Hospital	792 HH		
Shirts, Chips, Juices	DDO Coordination Jamshoro			150

4. **Project: Water, Sanitation & Hygiene (WASH) Project** **Funded by: UNICEF**

The rapid health assessment in Sindh shows acute prevalence of diarrhea in affected areas and the situation continues to deteriorate. According to MCRAM Analysis, Sanitation and hygiene are rapidly becoming the priority problem with just 20 percent of households surveyed having access to clean toilets and 26 percent washing their hands with soap. A worrying amount of the water is available is not potable and so efforts continue to improve the quality of the water provided both at the source and at the household levels.

N-IRM has implemented the training component of UNICEF's WASH Project. This 3 month project covers six Districts of Sindh including Sukkur, Khairpur, Shikarpur, Jacobabad, Shahdadkot and Kashmore/Kandhkot.



The project aimed to provide Health and Hygiene awareness sessions to **73,000** flood affected families in order to improve their hygiene practices and to avoid risks associated with drinking contaminated water. The project also included distribution of basic hygiene items such as soap, female hygiene kits etc to preserve the dignity and well being of the targeted flood affected households.

Table 3

S#	Description	Khairpur	Sukkur	Kashmore	Shahdatkot	Jacobabad	Shikarpur	Total
1	Hygiene Kits (No.)	10,438	9,810	22,970	9,778	10,000	10,003	72,999
2	Hygiene sessions delivered (No of sessions)	230	212	395	275	214	262	1,588
3	Hygiene sessions beneficiaries	76,153	81,363	198,218	78,267	71,435	92,296	597,732
4	Jerry Canes (No.)	9,480	9,777	21,603	11,996	10,000	10,137	72,993
5	Plastic Buckets (No.)	6,816	7,649	28,000	9,777	10,000	11,203	73,445
6	Water purification tablets (No.)	268,945	271,170	547,500	386,125	141,000	164,660	1,779,400
7	PUR Sachet (No.)	162,100	44,205	606,720	276,000	230,655	185,360	1,505,040
8	Soap (No.)	10,368	1,872	21,600	18,000	-	11,448	63,288

a. **Basic Health and Hygiene Items for distribution**

The hygiene kit distributed to each family contains following items:

1. 12 Bathing Soaps
2. 12 laundry Soaps
3. 6 Tooth Brushes' (with one Baby Tooth Brush)

4. 3 Tooth Paste
5. One Towel
6. Set of combs (3 combs, one of them for lice)
7. One nail cutter
8. One Bucket with Lid (10 Liter)
9. One Jerry Can (10 Liter)
10. One Soap Case (covered)
11. One plastic mug for bathing purpose.
12. Cloth for Menstruation use for women.
13. 45 Aqua tabs/ 45 Sachet for water purification. (1 aqua tab/ sachet for 10 liter water)



5. **Project:** Health and Hygiene Awareness Campaign **Funded by:** N-IRM

N-IRM initiated "Health & Hygiene Awareness Campaign" in Punjab, Sindh and Khyber Phuktoonkuwa to prevent the spread of diseases in the flood affected areas. The main aim of the campaign is to provide information and assistance on basic health and hygiene issues and reduce the level of preventable diseases that is threatening the lives of millions of IDPs especially women and children.

As of December 31, 34,385 people have benefited from the Health, Hygiene and First Aid (including snake bite care) trainings conducted in Sukkur, Shikarpur, Nowshera, Charsadda, Mianwali, Rajanpur and D.G. Khan. Hygiene kits have also been distributed under NRSP's Diakonie Project in KPK and with the collaboration of SRSO in Sindh.

The campaign staff was divided into different teams; each team comprised of 8 to 10 members. Each team was allocated to one intervention area. A standard session on Health and Hygiene, addressing potential health hazards for the flood hit communities and aiming at awareness promotion on vital health issues, was designed. The training covered topics regarding Personal Hygiene including face, skin, teeth, ears, hands, nails and feet. The participants were also given awareness on the importance of food hygiene and camp cleaning.



Table 4



Health and Hygiene Awareness Sessions	
Regions	No. of People Trained
Punjab	
Mianwali & Bakkar	6681
DG Khan & Rajanpur	1788
KPK	
Nowshera, Charsadda & Azakhel	1716
<i>Diakonie Catastrophenhilfe</i>	700 (Provided with Hygiene Kits)
<i>N-IRM Funded</i>	1016
Sindh	
Sukkur, Kandhkot & Shikarpur	24200
<i>Unicef Project</i>	18,600
<i>N-IRM</i>	5,600
Total	34,385

The campaign staff was divided into different teams; each team comprised of 8 to 10 members. Each team was allocated to one intervention area. A standard session on Health and Hygiene, addressing potential health hazards for the flood hit communities and aiming at awareness promotion on vital health issues, was designed. The training covered topics regarding Personal Hygiene including face, skin, teeth, ears, hands, nails and feet. The participants were also given awareness on the importance of food hygiene and camp cleaning.

6. Cooked Food Distribution

Realizing the basic human needs of the people settled in the relief camps, N-IRM supplied cooked food to 74 camps established in Sukkur on a daily basis.

Under this food distribution programme, two time meals were provided to the IDPs. However the number of IDPs in Sukkur kept on increasing due to consistent supply of food. As of December 31, 2010 N-IRM has supplied cooked food to 599242 families in Sukkur.

Table 5

Sukkur				
Food distribution among IDPs				
S.NO	Day	Date	# of Camps	# of pax
1	Day 01	22-Aug-10	74	8287
2	Day 02	23-Aug-10	74	12647
3	Day 03	24-Aug-10	74	15443
4	Day 04	25-Aug-10	74	20738
5	Day 05	26-Aug-10	74	17991
6	Day 06	27-Aug-10	74	17991
7	Day 07	28-Aug-10	74	17991
8	Day 08	29-Aug-10	74	17991
9	Day 09	30-Aug-10	74	17991
10	Day 10	31-Aug-10	74	19200
11	Day 11	1-Sep-10	73	18360
12	Day 12	2-Sep-10	73	18632
13	Day 13	3-Sep-10	73	18632
14	Day 14	4-Sep-10	73	18632
15	Day 15	5-Sep-10	72	18632
16	Day 16	6-Sep-10	72	18632
17	Day 17	7-Sep-10	72	18632
18	Day 18	8-Sep-10	70	17820
19	Day 19	13-Sep-10	70	17379
20	Day 20	14-Sep-10	70	17379
21	Day 21	15-Sep-10	70	18858
22	Day 22	16-Sep-10	70	18858
23	Day 23	17-Sep-10	70	17379
24	Day 24	18-Sep-10	67	17112
25	Day 25	19-Sep-10	68	17112
26	Day 26	20-Sep-10	68	17112
27	Day 27	21-Sep-10	68	17112
28	Day 28	22-Sep-10	68	17112
29	Day 29	23-Sep-10	53	12594
30	Day 30	24-Sep-10	45	10017
31	Day 31	25-Sep-10	45	10017
32	Day 32	26-Sep-10	40	8122
33	Day 33	27-Sep-10	40	8122
34	Day 34	28-Sep-10	40	8122
35	Day 35	29-Sep-10	56	10117
36	Day 36	30-Sep-10	56	10117
37	Day 37	1-Oct-10	56	10117
38	Day 38	2-Oct-10	56	10117
38	Day 39	3-Oct-10	49	9113
39	Day 40	4-Oct-10	19	3012
Total				599242

7. Rapid Needs Assessment- Education

N-IRM has conducted a **Rapid Need Assessment** in these four districts to respond to the challenges undermining the revival of education. This study has covered 57 schools of Sindh and they have been categorized in three groups i.e. completely damaged schools, partially damaged and not damaged. Needs of each category of school of the district were separately identified and these needs were prioritized based on scoring.

Table 6

Rapid Need Assessment Report of 57 schools in 4 districts of Sindh, January 2011							
Districts	Completely Damaged	Partially Damaged	No Damage	Total No. of Schools Selected	Current Enrollment in Selected Schools		
					Male	Female	Total
Jamshoro	2	7	8	17	823	494	1,317
Thatta	4	5	6	15	507	525	1,032
Kashmor	3	7	0	10	446	173	619
Shikarpur	0	11	4	15	925	394	1,319
Total	9	30	18	57	2,701	1,586	4,287

The assessment indicates dire need for rehabilitation and repair of the school buildings, provision of water supply, repair of toilets and provision of learning material for students. In the table given below priority need of the completely damaged schools in the selected districts are summarized.

Table 7

Districts	District-wise Needs Prioritization of Completely Damaged Schools						
	1	2	3	4	5	6	7
Jamshoro	Drinking Water	Furniture	Provision of Learning Material	Repair of Toilets	Electric Equipment		
Thatta	Reconstruction of School building	Furniture	Repair of Toilets	Boundary wall	Drinking water	Learning needs	Electric Supply/ Equipments
Kashmor	Reconstruction of Class Rooms	Furniture	Provision of Learning Material	Repair of Toilet	Repair of Boundary Wall	Provision of Drinking Water	

The needs with priority 1 is the highest priority need while need with priority 7 is the lowest priority need. Likewise priority needs of the partially damaged and not damaged schools are given in the following tables:

Table 8

District	District-wise Needs Prioritization of Partially Damaged Schools							
	1	2	3	4	5	6	7	8
Jamshoro	Furniture	Provision of Learning Material	Provision of Drinking Water	Construction /Repair of Toilets	Doors	Electric Equipment		
Thatta	Furniture	Provision of Drinking Water	Provision of Learning Material	Construction /Repair of Toilets	Boundary wall repairing	Teachers	Building Repairing	
Shikarpur	Construction of classrooms	Provision of Drinking Water	Repair of boundary wall	Ceiling fans	Provision of Learning Material	repair of roof of classroom	Furniture	Repair of windows and doors
Kashmor	class room repair	Toilet repair	Boundary Wall	Furniture	Learning Material	Provision of Drinking Water		

Table 9

Districts	District-wise Needs Prioritization of Not-Damaged Schools						
	1	2	3	4	5	6	7
Jamshoro	Furniture	Provision of Learning Material	Provision of Drinking Water	Repair of Toilets	Doors	Electric Equipment	
Thatta	Furniture	Repair of boundary wall	Provision of Drinking Water	Electric Supply Equipments	Repair of Toilets	Provision of Learning Material	Floor repairing
Shikarpur	Furniture	Provision of Drinking Water	Provision of Learning Material	Repair of boundary wall	Repair of roof	Ceiling fans	Repair of Toilets

8. Rapid Needs Assessment-Health and Economic Recovery

Rapid Needs Assessment (RNA) was conducted in Sukkur, Kandhkot, Shikarpur, Jacobabad, Nowshera, Charsadda, Mianwali, Rajanpur and D.G. Khan to determine the medical and economic recovery needs of the people in relief camps. The economic recovery and health survey covered 727 and 949 households respectively. The field staff carried out in-depth interviews and filled out survey forms to identify the needs of the affectees.

The RNA was conducted immediately after floods while people were still in camps; and had yet to settle down back to their respective villages. The RNA at this crucial time provided opportunity to plan and chalk down early recovery interventions on the basis of needs prioritized by the relevant community.

Table 10

District	Health Need Assessment	Economic Recovery Needs Assessment
Punjab	292	220
Mianwali	44	44
DG Khan & Rajanpur	248	176
KPK	368	218
Nowshera	254	104
Charsadda	114	114
Sindh	289	289
Kandhkot	53	53
Jacobabad	94	94
Shikarpur	116	116
Sukkur	26	26
Total	949	727

8.1. Health Needs Assessment

The rapid Health assessment in flood hit areas indicates high prevalence of diarrhea, Malaria and skin diseases, some cases of cholera, eye infection; Gastro and Tuberculosis have also been reported. The medical facilities have been severely damaged by the flood and there is an acute need of doctors, medicines and hygiene material. According to the assessment, unavailability of maternity services in the areas has posed a need for gynecologists and child specialists.

8.2. Economic Recovery Needs Assessment

Economic Recovery Needs Assessment indicated the need to organize skill enhancement training for the men and women in the camps. The Vocational trainings will enable the affectees to generate livelihood and restore their economic condition. There is a need to provide raw material (Training kits) such as needles, sewing machines, fabric to the participant during the training. This will not only help them to start their livelihood but will also give them a sense of pride. Following trades were identified to restore and strengthen income generating opportunities of flood affected households.

Table 11

Women	Men
Formation of BDGs	Building Electrician
Kitchen Gardening	Boat Repairing
Tailoring (along with sewing kits)	Heavy Machinery Training
Sequencing (<i>Adda Work</i>)	Plumbing
Appliqué Work	Artisan
Rilli Making	House Hold Appliances Repair
Tie and Dye	Candy floss training
Parlor Management	Rope making



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