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DREF final report

Pakistan: Baluchistan floods/snowfall 2017

International Federation of Red Cross and Red Crescent Societies

DREF n° MDRPK013	**GLIDE n° FL-2017-000017-PAK**
Date of issue: 9 August 2017	
Operation start date: 10 February 2017	**Operation end date: 10 May 2017**
Operation budget: CHF 299,911	
Number of people affected: 60,000	**Number of people assisted: 10,500 (1,500 families)**
Host National Society presence: Pakistan Red Crescent (PRCS) responded through volunteers and staff at district Provincial Branch Balochistan and National Headquarters (Islamabad).	
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of Red Cross and Red Crescent Societies (IFRC) supported the Pakistan Red Crescent Society (PRCS) response. However, PRCS maintained close coordination with other in-country Movement partners.	
Other partner organizations actively involved in the operation: National Disaster Management Authorities (NDMA), Provincial Disaster Management Authorities (PDMA) Balochistan, Department of Health Balochistan and respective Districts Administration Department.	

A. Situation analysis

Description of the disaster

Continuous heavy rains and snowfalls broken the record of many years in Baluchistan province, and caused widespread flooding across 3 districts of Baluchistan from 17 to 22 January 2017. Government declared the emergency in 3 most affected districts and called for assistance for 60,000 families that were affected by onset of disaster situation in Baluchistan. Government also requested PRCS to support affected population.


Assessment by PRCS (Photo Courtesy: PRCS Balochistan Branch)

PRCS launched an emergency response operation in the affected areas and provided emergency relief from its existing stocks. PRCS completed a detailed assessment through available response teams and assessed over 6,000 households in affected districts.

As per government reports, 13 people died and 650 people suffered injuries. These reports were published on NDMA website. PRCS response teams provided first aid service to around 30 injured people during emergency distribution process. PRCS Provincial Branch upgraded the disaster management response level and established disaster control room in PHQ Quetta and coordinated with other stakeholders.

Summary of response

Overview of Host National Society

The Pakistan Red Crescent Society developed a Monsoon Contingency Plan in June/July 2016 which guided development of the DREF plan of Action. In the past ten years, the National Society has trained a core group of disaster response teams at national, provincial and district levels, equipping them with skills to effectively carry out the response activities. The PRCS response undertaken in response to the evolving situation included:

- Emergency need assessments conducted in three districts.
- Distribution of non-food items to 7,000 affected people of Kharan district by PRCS Baluchistan branch.

- Distribution of 10,000 sleeping bags and 5,000 blankets was conducted by Baluchistan branch with PDMA in Kalat and Mastung through helicopter supported by provincial government.

The PRCS updated partners regularly through Operations Updates on the DREF Operation in Baluchistan. During the timeframe of this DREF operation, the implementation of activities can be summarized in the table below:

Table 1: Summary of relief interventions by PRCS

Quality Programming	▪ Emergency Plan of Action was developed. ▪ Relief and response activities implemented according to IFRC standard practices and adequate monitoring system in place. ▪ Evolving situation was analysed and triggered the revision of DREF Budget.
Health and Care	▪ **20,501** patients were given health care services through 3 medical health units (MHUs). ▪ All necessary medicines for MHUs were made available in field. ▪ Medicine billing was completed in last week of March 2017 replenishment was done.
Cash Transfer Programming (CTP)	▪ 55 village committees have been formed in 3 districts. (Ziarat, Pishin and Qila Abdullah) ▪ **1,500** households assessed for CTP support. ▪ Data entry, cleaning of data and validation of beneficiaries completed. ▪ Agreement with financial service provider extended for further one year. ▪ Funds transferred and list shared with financial service provider (Telenor) ▪ Unconditional cash grants sent to 1,500 beneficiaries through SMS and off-line disbursement and all beneficiaries received their cash from nearby easy paisa retailers. ▪ Post distribution monitoring was conducted.
Water, Sanitation & Hygiene Promotion	▪ **1,500** HHs were assessed for provision of water filters and aqua tabs and distribution was done according to assessment. ▪ Stocks had been mobilized and pre-positioned in Balochistan. ▪ Coordination meeting was done with stakeholders for distribution. ▪ **8,419** directly benefited through 261 sessions on health and hygiene.

Overview of Red Cross Red Crescent Movement in country
IFRC and in-country Movement partners include International Committee of the Red Cross (ICRC), Canadian Red Cross Society, Danish Red Cross, German Red Cross, Norwegian Red Cross, Turkish Red Crescent and UAE Red Crescent. All in-country Movement partners always remain supportive and ready to support the National Society's response when the situation escalates.

The IFRC has a Country Office in Pakistan and receives technical support, when needed, from the Asia-Pacific Regional Office in Kuala Lumpur, Malaysia. Since the inception of the heavy rains and the snowfall, IFRC had been closely monitoring the situation, and providing technical support to PRCS. IFRC also supported PRCS in the preparation of PRCS EPoA for this response operation.

The IFRC took a coordination role and maintained regular communication with in-country PNS, ICRC and external movement partners to inform them on the progress of the activities. The IFRC Pakistan Delegation shared regular updates on PRCS response activities with humanitarian actors in the country through different for a such as the Humanitarian Country Team (HCT), UNOCHA and the Pakistan Humanitarian Forum (PHF).

Overview of non-RCRC actors in country

At provincial and district levels, the response was coordinated by the respective provincial district disaster management authorities. A summary of the assistance provided by NDMA and PDMAs as of 10 February 2017 is presented in the table below:

Table 2: Summary of relief interventions by NDMA and PDMA

Relief Items / District	Kharan	Mastung	Kalat	Pishin	Loralai	Ziarat	Total
Shelter /Tents	200	500	1,000	1,000	1,000	500	**4,200**
Tarpaulin Sheets	2,000	1,000	2,000	1,000	1,000	2,000	**9,000**
Blankets	3,000	1,500	2,000	2,000	2,000	2,000	**12,500**
Food (tons)	1,000	1,000	500	1,000	500	500	**4,500**
Aqua Tabs	0	0	0	0	0	0	**0**
Water container	500	500	500	500	500	1,000	**3,500**

Needs analysis and scenario planning

The floods and snowfall had affected 250 villages in 8 districts across Baluchistan Pakistan, leaving 13 dead, injuring 650, damaging 1,050 houses while affecting 60,000 people. NDMA, Pakistan's official focal agency for managing calamities, quoted the following damage and loss statistics. Markets were open and working in main cities, but the floods disconnected the families from the markets and the livelihoods of these families was badly affected. It also noted however there was a strong indicator that markets most especially in the affected districts would soon revive the soonest as the floods receded and would be in time for the cash distribution. This required emergency assistance for the affected families to cope with the situation. Similar, is the case for health services which are located in the central parts of the cities while the population living in the peripheral parts cannot access them due to disrupted communication in the form of damaged roads. The average size of a family is 7 people comprising of parents, children and elders. Adult males are usually the only ones taking care of the livelihoods of the family as well as other matters related to social engagements. Therefore, they usually do not go far away from their families/villages in search of work. In this situation cash grants support seemed to be the most appropriate option as it would provide them the means to fulfill their daily food requirements for some time before things come to normal again.

A review of media reports and PRCS assessment completed, highlighted the following needs.

Emergency Health: The state of Health services in the areas were never very good and easily accessible even before the disaster but the situation further deteriorated with the populations in the affected areas left with very limited options in terms of health services access and delivery. During the meeting with government it was shared that affected population faced health issues such as influenza hypothermia, upper respiratory tract infections and pneumonia. There was also an increased risk of malnutrition among children due to food shortages in the short-term which would have exacerbated other health issues. The compromised and congested environmental conditions posed a threat for skin infections and spread of communicable diseases especially among children. Needs identified included basic primary health services along with provision of medicines free of cost to address these gaps. Three PRCS mobile health teams (comprising of male medical officer, female medical officer, a lady health visitor (LHV), a dispenser, a vaccinator, a male health educator, a female health educator and a helper/cleaner) were deployed to cater for these needs while the medicines utilized were from the existing PRCS stocks. Medical consultations were done by male and female doctors for health issues, ante-natal and post-natal check-ups and care by female medical officers and LHV, growth monitoring and nutritional status assessment, immunization services, provision of medicines and health education sessions to promote health awareness had been provided through the MHUs.

Food shortages: Due to flood water inundation, residents of floods affected villages tried to salvage grain stock before leaving their homes. Carrying large loads of grain was not an easy task and many of the displaced families were without food.

Emergency WASH services: The water reservoirs in the affected areas were contaminated by the floods and scarcity of clean drinking water was being observed. Although water was available for drinking, it needed to be treated before human use for which household water filters or water purification (Aqua) tabs were required. Keeping in view the need and possible worse impact on human health and life, distribution of household water filters along with aqua tabs to the affected community had been planned on emergency basis into ensure safe drinking water. Hygiene promotion activities were also conducted to encourage good hygiene practices among the populations affected by floods.

Risk analysis

In some areas, such as Kalat and Ziarat, accessibility was an issue, as critical infrastructure was highly compromised. The mobilization of trained staff and volunteers was a prerequisite to the success of the response operation. The PRCS senior management ensured that the mobilization of volunteers and staff was completed in a timely manner and on a regular basis. A portion of the budget was allocated for the provision of emergency food through cash grants to complete the operations in the stipulated timeframe.

Along with other interventions there was a strong need of raising awareness amongst the population with regards to health and hygiene through health and hygiene awareness sessions. The male as well as female health educators from the mobile health teams conducted these sessions with the support of PRCS staff and volunteers. The hygiene awareness was always needed in these areas but with the floods, the situation became worse. Although major behavior change is an ongoing process, mere sensitization and inspiration can have a huge impact on quitting the mal-practices prevalent in the population in terms of hygiene. The same goes for sanitation as the situation had worsened the already inadequate sanitation facilities in the affected areas. The staff assessing the situation in the areas shared that people were forced to live in poor hygienic conditions and open deification was frequent and asked the volunteers to coordinate with the health educators of MHUs to conduct some hygiene sessions in that locality on daily basis in addition to the health education sessions being conducted at the MHU.

B. Operational strategy and plan

Overall Objective

The immediate needs of flood and heavy snowfall affected population are met through the provision of emergency health services, improved access to clean drinking water and emergency food items.

Proposed strategy

The proposed duration of this response operation was three months focusing on emergency health services, improved access to clean drinking water, along with Health and Hygiene Promotion activities as well as short-term food assistance (through cash grants). The PRCS, in coordination with the NDMA and respective disaster management agencies in the affected region, initiated rapid assessments and started responding to the immediate needs of the affected population. The staff members and volunteers from PRCS provincial branch were mobilized to carry out the assessments, ascertain the situation and identify the needs on ground. The mobilization of staff and National Disaster Response Teams (NDRT) and Branch Disaster Response Teams (BDRT) from the provincial headquarters had also taken place.

This DREF operation (based on the assessment reports, situation and needs analysis, existing PRCS presence and response capacity in the affected areas) was started to support 10,500 affected people in Baluchistan province with interventions focused on provision of:

- Emergency health services.
- Improved access to clean drinking water.
- Short-term food assistance (through cash grants).

Table 3: Details of the tailored interventions implemented in this emergency operation.

Region/ Province	District	Target Beneficiaries	Sector/ Area of Intervention
Baluchistan	Pishin	3,500	▪ Food ▪ Health services ▪ HHs water filter and hygiene promotion
	Ziarat	3,500	▪ Food ▪ Health services ▪ HHs water filter and hygiene promotion
	Qila Abdullah	3,500	▪ Food ▪ Health services ▪ HHs water filter and hygiene promotion
Total		**10,500**	

At district level, PRCS branches were coordinating with the District Deputy Commissioners who coordinated the overall response.

Operational support services

Human resources (HR)

Under the direct supervision of Secretary General PRCS, at National Headquarters Islamabad the National Programme Coordinator monitored and supported the overall DREF operation through the response focal person. At province level, the Provincial Secretary was in-charge of the operation, coordinating with Provincial and District colleagues and reporting to National Programme Coordinator on operational developments.

No new paid staff were engaged for this operation except for the Mobile Health Units. PRCS mobilized 9 volunteers for this operation.

An RDRT was deployed for one month to support response activities of cash grants, health and WASH. He was also involved in the drafting of this final report.

Logistics and supply chain

The Logistics team effectively managed the supply chain activities, including procurement, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. The PRCS pre-positioned relief stocks were utilized to meet the immediate operational needs. The distribution of relief items was carried out by PRCS volunteers and staff.

As the local supply chain was up and running, the procurement to replenish relief items was completed locally by the PRCS, with the support of IFRC Pakistan Country Office and the IFRC Regional Logistic Unit (RLU) in Kuala Lumpur. The procurement of medicines was done by the National Society following a Memorandum of Understanding between PRCS and IFRC. The IFRC logistics management department in Geneva supported with local supply of medicines as per needed.

Communications

PRCS regularly shared information and updates on the operation with key stakeholders. The National Program Coordinator was responsible for communication to external stakeholders. At operational level, the communication department undertook communication activities aimed to increase visibility of the PRCS and to show impact of their contribution.

Security

The PRCS operation team was familiar with the proposed operational areas and had been advised on the acceptance and acceptability of these locations. Once in the field, staff had been advised to take note of the security environment and report back on road conditions, acceptability of the organization in the target areas, as well as any other security issues which may arise. Before embarking on field visits, all staffs were briefed on safety protocols. Briefing was facilitated by the IFRC Country Office Security Focal Person.

There was no major security incident in the area. Team travelled in day light and day timings were followed strictly.

Planning, monitoring, evaluation and reporting (PMER)

The plan was developed based on the needs identified in the field. Emphasis was made on encouraging continuous assessment of the situation, monitoring of the services being provided as well as looking at monitoring of the feedback from beneficiaries. Female beneficiaries were considered as the most in need and vulnerable group. A number of female volunteers conducted assessments for female headed households, before and during planning stage. Out of all participants, 22 per cent were of female beneficiaries which is high considering the local context of Pakistan. The cash grant package was for emergency food needs of the whole family, hence the husband or wife can be eligible to receive the cash grant.

Analysis of monitoring observations helped with timely decision-making. Attention was paid to data management, inclusive of collection of disaggregated beneficiary data, storage and analysis. Continuous communication with the field teams, along with weekly situation updates supported timely reporting on the operation.

A lesson learned workshop was not conducted, based on the mutual agreement between PRCS and IFRC, due to insufficient funding in the DREF budget. Instead, national headquarters (NHQ) managers who were directly or in-directly involved in the DREF operation and a representative from Baluchistan branch will be invited to NHQ to discuss and see what went well and what needs to improve in future responses.

C. Detailed Operational Plan

After the approval of DREF request, the operation started from 10 February 2017 and WASH, health care services and the provision of emergency food services through cash transfer programming remained the core area of operation with awareness and education activities to promote behavioral change activities.

To avoid duplication of service delivery and to maximize the impact of available resources, PRCS coordinated with local authorities in identifying the operational areas.

PRCS Baluchistan Branch, with support of PRCS National Headquarters, conducted rapid damage and need assessments in affected areas. These were followed by detailed assessments including identification and selection of beneficiaries for the distribution of household water filters and for CTP interventions. The target areas of intervention were selected in consultation and coordination with relevant local authorities and affected communities, PRCS continued to monitor the situation and programme managers from NHQ were deployed in the field for support and to ensure compliance throughout the operation. Based on the emerging needs on the ground and the available resources, provision of food through CTP, WASH and emergency health care services remained the key areas of implementation. However, the operational costs were reviewed. Most of changes are minor and the budget total remained the same.

Programming / Areas Common to all Sectors

Needs analysis:
The affected population was having an increased risk of malnutrition among children due to food shortages in the short-term, to fulfill this need the most vulnerable families would be provided with 12,000 Pakistani Rupees cash grants for one month as per criteria defined by the NS.

Population to be assisted: 10,500 people (1,500 households) including vulnerable groups such as women headed households and older persons would be assisted through cash grants to fulfill the immediate need on food in 3 districts of Baluchistan.

Cash grants			
Outcome 1: Provision of emergency food service to address the immediate needs of affected population in 3 x districts of the flood and snow affected areas	**Outputs**		**% of achievement**
	Output 1.1 Development the criteria for CTP and assessment in the areas for beneficiary selection and coordination with telecom partners.		100%
Activities	**Is implementation on time?**		**Progress (estimate)**
	Yes (x)	**No (x)**	
Development of beneficiaries' criteria for food response	Yes		100%
Conduct initial assessment by response teams (trained staff and volunteers)	Yes		100%
Verification of beneficiaries by PRCS staff and volunteers	Yes		100%
Disbursement of cash through CTP	Yes		100%
Establish complaint response and feedback mechanism	Yes		100%
Post distribution monitoring	Yes		100%

Achievements

a. **Area Selection:**
Immediately after the rain, floods and snowstorm, teams were deployed for rapid assessments in all eight affected districts of Baluchistan. Considering the capacity of PRCS and limited resources, the three most affected districts (Pishin, Ziarat and Qila Abdullah) were selected as per rapid assessment and consultation with district administration and other stakeholders in the area. Again, covering the whole districts was beyond the capacity of the PRCS, so only most affected areas were selected within each district. In this regard,

separate meetings were conducted by Chairman, Secretary and Disaster Management Manager (DMM) with the district administration and Tehsil[1] level administrative officer for further selection of most affected union councils and villages.

After finalizing Tehsils in each district, teams were deployed for formation of 55 village committees consisting 5 to 8 members in each affected village so that the committee's members may help in implementation of the CTP, WASH and health activities and to be on board by actively involving them in the whole process of area selection, selection of most vulnerable beneficiaries, cash disbursement, water filter distribution and organizing mobile medical camp activities.

b. Village committees (VC) formation and meetings with communities:
For active involvement of the community, 55 village committees were formed in 22 union councils of all three districts. Each VC consisting 5 to 8 members from all ethnicity including key stake holders like elected representatives, teachers and elders of the community and tribe. Separate meetings were conducted within all communities and during these meetings, committees' members were sensitized on the whole process of selecting the vulnerable household as per vulnerability criteria set by PRCS for this specific cash based intervention i.e. households with partially of fully damaged houses, female headed or child headed households, elderly headed households, households with disabled or chronically ill persons, and households with high dependency ratio.

c. Household assessment:
After receiving potential beneficiaries list (secondary data) from the members of the village committees PRCS volunteers, staff members under the supervision of CTP technical team from PHQ and at district level started door to door household assessments using a specific household assessment tool developed previously for CTP responses. All data in forms was reviewed and approved by PHQ technical teams simultaneously for all three districts and handed over to a data entry volunteer for preparing list of beneficiaries electronically.

d. Data Entry and Cleaning of data:
Data received was immediately registered into a database on alternate day by database volunteer at PHQ. After complete assessment and data registering, the list was shared with NHQ for CTP technical review and the CTP technical focal person reviewed the list and sent back to PHQ for correction and updating the list for final sharing with PRCS senior management and financial service provider for further disbursement process. As the area is very scattered and some having mobile connectivity problems, two lists were developed one consisting beneficiaries with mobile cell phone numbers for online processing through SMS services and one without phone numbers for offline/manual processing.

Table 4: Summary of 1,500 CTP beneficiaries

District	Union Councils	Villages/ Hamlet	Female beneficiaries	Male beneficiaries	Off line	Online	Total
Qilla Abdullah	7	9	122	378	324	176	500
Ziarat	12	42	64	436	285	215	500
Pishin	3	20	139	361	348	152	500
Total	22	71	325	1,175	957	543	1,500

e. Retailer capacity assessment and selection:
Beneficiaries are free to collect their cash grants from any of the easy paisa shop at any part of the country. But looking into the liquidity problems, most of the beneficiaries would have to collect their cash from the nearest easy paisa shops. So, for this purpose, several easy paisa shops and franchises of the relevant financial service provider were visited by NHQ and PHQ CTP focal persons in all three districts who collected a list of retailers from Telenor Islamabad office for finalizing some potential vendors to overcome liquidity problems during cash disbursements. Meetings were conducted in this regard with more than 8 retailers and they agreed that at the time of cash disbursement they will ensure cash is availed to beneficiaries timely without any delays and will facilitate all of them with dignity and by displaying penaflex banners with complaint and feedback response cell numbers. Meanwhile, the agreement with Telenor was revised, extended and signed for an additional one year from PRCS NHQ side and coordination meetings were held with financial service providers (FSPs) for smooth disbursement of cash.

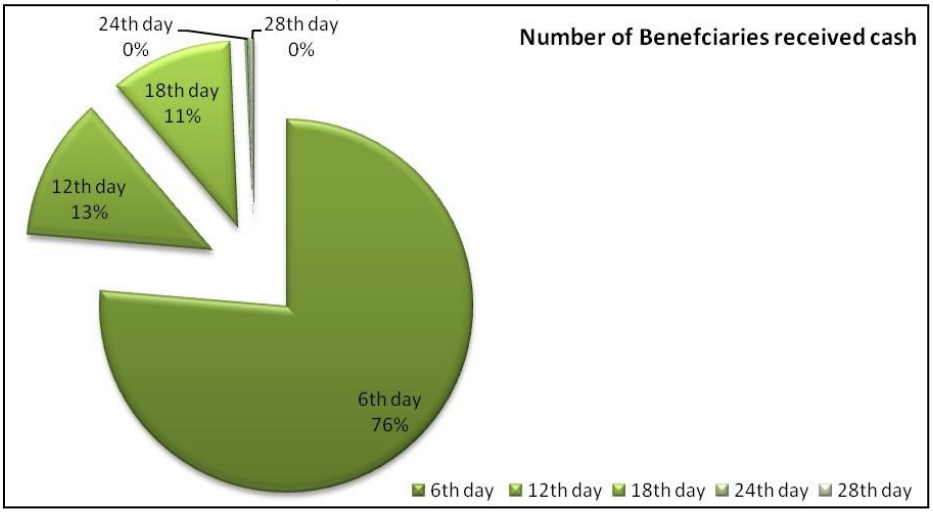
[1] The Tehsil are administrative divisions, similar to a sub-district.

f. Funds transfer and beneficiaries list sharing:


Cash Distribution in an 'EasyPaisa' Shop (Photo Courtesy: PRCS)

A list of 1,500 beneficiaries was finalized and reviewed by the CTP focal person from NHQ, and shared in advance with FSP after formal approval from the senior management of PRCS for feeding the list into system of FSPs for further generating transaction IDs and codes and generating list for offline beneficiaries' IDs and pass code for cash disbursement purposes. Meanwhile the funds were transferred by PRCS finance department to PRCS account in the authorized bank of FSP with prior approval from PRCS senior management. On the following day the FSP sent cash grants through SMS to 545 beneficiaries who had provided cell phone numbers and on the next day the list of offline beneficiaries was shared with CTP focal person which was immediately shared with the concerned PHQ CTP focal person and beneficiaries were informed through village committees' members immediately. However, due to scattered and far flung areas and unavailability of network in most of the intervention areas several beneficiaries remained absent in initial payments process. In the end, all beneficiaries received their transaction ID and pass code from the team leader of PRCS and received their cash from the easy paisa shops in their home districts. Below is a small graphic cash disbursement flow throughout the cash disbursement which shows the main constrains from a communication point of view.

Figure 1: trend of cash distributions to 1,500 beneficiaries



g. Complaint response and feedback mechanism

PRCS provincial branch had established a complaint desk in PHQ with the help of two volunteers (male and female) for registration of complaints. A total of 370 different types of complaints were registered.

In all three districts with the help of branch staff and volunteers, a banner was displayed in front of easy paisa shops clearly mentioning the Hot line number (0349-4512298) for contact and registration of complaints. Complaints received from beneficiaries include;

- Received one transaction message while pass code message is missing.
- Message of transaction ID and pass code for online cash collection not received
- Messages deleted by beneficiaries unintentionally.
- Cell phones were off.
- Network communication is not good in some villages
- Biometric verification system (BVS) facilities were not available in some easy paisa points.
- Names not included in cash assistance.

h. Post distribution monitoring (PDM):

Post distribution monitoring was conducted from 3 to 6 April 2017 in Baluchistan Province as per plan. The purpose of the post distribution monitoring exercise was

(a) To evaluate the appropriateness, effectiveness and targeting of cash distribution to households affected by the snow and rains in January 2017, and
(b) To provide recommendations for future CTP responses.

Methodologies used included a desk review prior to field visits, data collection tools, 3 stakeholder interviews and household surveys. PDM tools were earlier developed by PM-PMER at NHQ level in technical consultation

with CTP focal person. A team of NHQ and PHQ along with data collection volunteers were deployed and data was collected in three days from a sample of beneficiaries (106 in the three districts) as per strategy devised[2] by PM-PMER along with some key informant interviews from retailers and senior staff members from PHQ who have been involved throughout the implementation process of the DREF operation. The collected data was entered into data base and shared with NHQ CTP focal person who cleaned the data and shared with PM-PMER for analysis and the final report was drafted by NHQ CTP focal person for onward sharing with relevant stakeholders.

In terms of area geographical coverage, out of the 55 villages, the majority (18%) of the respondents were from village Chechenak because most of the households were affected in this village and the number of selected beneficiaries was more as compared to other villages.

In terms of receiving the *accurate amount*, 100% of the CTP beneficiaries received PKR 12,000 and among them 98.5 per cent of the respondent beneficiaries received cash in the month of March 2017 within 13 days. This signifies that the communities' needs are well addressed because most of the beneficiaries received cash during the prime need.

In terms of *overall appropriateness in the CTP programme*, 99 per cent of the respondent mentioned that cash was the best option, while only 1 per cent favoured other type of support.

In terms of *food utilization* 39% of respondents mentioned that they spent money on food needs. Other uses with respect to priorities include, basic household items, construction of houses, paying off debt and purchase of agriculture inputs.

Ensuring *transparency and smooth implementation cash transfer programming*, 99% of the respondent beneficiaries confirmed that they were provided with contact numbers to raise complaints or report any issue regarding project. Moreover, 97% of the respondents confirmed that they were also oriented on how to report such issues with project team.

It was observed that most of the beneficiaries were not informed timely about cash disbursement. The main reason of this was the short time for the distribution exercise coupled with limited staff and large geographical area. he distribution points were generally well-organized and easily accessible and time taken in encashment was sufficient considering the scattered geographical division of the area.

In terms of targeting and coverage, the results of assessment and distribution plan itself shows that targeting was very effective. The beneficiary selection team engaged in an extensive process of assessing the situation, registering and selecting the beneficiaries and entering the data. Applying the selection criteria of only completely and partially damaged houses, households with elderly and disabled persons, female headed households and households with more dependency ratio were registered for assistance.

Challenges

- Due to the large and scattered area of intervention, staff members faced difficulties in communication and travelling to far flung villages although staff tried to overcome it by involving VCs members.
- Most of the areas didn't have telecommunication network, thus many beneficiaries (almost 70%) received their cash grants through offline channel which took a lot of time in finding out and communicating to beneficiaries. Community members were actively involved in informing the beneficiaries to collect their transaction ID and pass code from PRCS responsible staff members and collect their cash from any easy paisa shop.
- Some of the beneficiaries sent their family member to collect the cash due to scarred thumb prints (manual labourers) affecting the screening on the biometric system. This caused mismatched of beneficiary identification during collection. The service provider was contacted and resolved this issue.
- Due to network problems in some areas, some beneficiaries were converted from online to offline disbursement solution.n the initial stage, several beneficiaries deleted their SMSs of transaction ID and Codes due to lack of knowledge on the need to save the message. However, the SMSs were sent to them again.

Lessons learned

- Although the time taken by implementation of the DREF was good enough as compared to previous responses, there is a need to respond quickly by deploying maximum team members for assessment and to devise ways for communicating to beneficiaries timely and quickly and make them aware of the whole disbursement process.

[2] For sampling purpose, 10 percent was used to draw the sample in each village as per previous practice for PDMs.

- Recruiting and training more volunteers for emergency operations shall be feasible to reach beneficiaries who live in scattered areas in short time and provide service in a timely manner. It should carefully be considered during planning stage and costs related with staff and volunteers should be realistically budgeted for smooth implementation.
- Approximately 10,500 people have been supported with CTP via DREF, this average is actually at national level but normally in these rural areas most of the households have more than 7 persons on average.
- For future interventions, gender and age disaggregated data shall be obtained from early stage of operation. This can be done during beneficiary registration and verification. Beneficiary registration format can be reviewed and adjusted for better age and gender disaggregated data collection. Gender and age disaggregated data was collected during beneficiaries but was missed during PDM .

The issue of not receiving SMSs can create problem in future responses so that must be tackled with relevant FSP for possible solution.

Health and Care

Needs analysis:
The affected populations presented with health issues such as influenza upper respiratory tract infection and pneumonia while fungal and skin infections were not uncommon. There was also an increased risk of malnutrition among children due to food shortages and poor WASH and access to health services in the short-term and diarrhea and poor abdominal (Kidneys and other water borne problems) conditions were also likely to occur if the populations were not provided with safe drinking water and hygiene through adequate sanitation.

Population to be assisted: 10,000 people including vulnerable groups such as children, women and older persons to be assisted through deployment of a mobile health unit in 3 districts of Baluchistan.

Health & care			
Outcome 2: The immediate risks to the health of affected populations are reduced	**Outputs**		**% of achievement**
	Output 2.1 Target population is provided with rapid medical management and prevention of injuries and diseases.		100%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Establishment of Mobile Health Units (MHU) as per PRCS MHU guidelines.	Yes		100%
Warehousing and transportation of medicines/equipment for the deployed MHUs	Yes		100%
Replenishment of medicines utilized during the response (2 to 3 months)	Yes		100%
Health awareness sessions	Yes		100%

Achievements
Three MHUs consisting of medical officer (MO), dispenser, LHVs and other key staff, were fully functional in the operational area and providing emergency health care to the affected population. Medical teams attended to cases of pneumonia and chest infections due to severe cold weather in the areas. However, no outbreaks of diseases were reported.

Table 5: Number of patients treated through the three MHUs

District	Male	Female	Children under 15	Total
Pishin	2,336	2,914	3,068	8,318
Ziarat	1,672	2,026	1,932	5,630
Qila abdullah	1,910	2,344	2,299	6,553
Total	**5,918**	**7,284**	**7,299**	**20,501**

PRCS MHU health team treated 20,501 people in 3 districts of Baluchistan. It was discovered that a high number of patients were children under 15 years of age. One MHU covers almost 5,000-6,000 of the catchment population. The health team conducted Mid-Upper Arm Circumference (MUAC) screening to address the malnutrition cases and about 10-15 cases were referred for treatment to the local government and partners.

The MHU also conducted health sessions (by using IEC material on health awareness and education) in the operational areas educating people. The MHUs helped to improve access to health services within the perimeter of the affected remote villages, and providing consultative and preventive services. The mobile teams were active until 10 April 2017.

Provision of Essential Medicines: One of the most critical interventions was the timely provision of essential medicines at the site where the DREF was operational. For the doctors to prescribe essential medicines for the diseases anticipated in the area, it is critical to timely provide medicines. The difficult terrain was a challenge. However, the medicines were dispatched where the MHUs were deployed for full out-patient department (OPD) coverage especially in dealing with cases of:

1. Acute respiratory infections
2. Acute Urinary tract infections (UTIs)/ Pelvic inflammatory disease (PID)
3. Gastrointestinal disorders
4. Scabies
5. Amoebiasis

Throughout the response, there was no shortage of medicines. Medicine billing was completed in last week of March 2017 and replenishment was done.

A fully equipped response in terms of required material on the site was deemed essential, since there was no nearby health facility where the cases could be referred. Therefore, all essential material including blood pressure, growth monitoring, weighing scale and maternal and child health (MCH) related material was made available. Since for female OPD, it was anticipated that the cases would be that of mother and child, teams ensured that all the required material was available to facilitate the staff deployed to timely intervene for ante natal and post-natal care

A complete team was on the ground during the operation. This was especially so for the core staff including doctor, LHV and dispenser. It was not an easy task to get human resources to go to such far flung areas where there was no electricity, no communication channels and no road network. The full OPD coverage was observed to be one of biggest achievements, especially the presence of female staff which is essential to cater to the female OPD/MCH services as per cultural norms.

Well-defined Standard Operating Procedures (SOPs) and processes were in place especially for the dispensing of medicines. Tokens were being issued for a systematic dispensing of medicines and all patients were treated with dignity by ensuring their privacy.

There was a good community acceptance of PRCS quality of services which resulted to a high turnout at the site of MHU deployment and this led to high OPD coverage. The population at large was sensitized on the PRCS interventions and people from adjoining villages were also availed with the OPD services being conducted.

Awareness and hygiene sessions were also conducted throughout by hygiene promoters and volunteers to stop the spread of gastrointestinal and respiratory diseases.

Challenges:

- The health response was in far flung areas, away from the urban civilization, where there were no roads or proper community physical infrastructure. The MHUs had to travel for many hours to reach a place that had a proper shed where the OPD could be conducted.
- Extreme weather conditions were a challenge for the staff to work properly. Also, poor hygienic conditions of the population and at the site where MHUs were stationed was another challenge. The community members were taught how to adopt preventive measures as it was observed that patients had no concept on how to prevent various disease outbreaks.
- The patients were also unaware of their health/hygiene status and family history especially hypertension and diabetes. No functional hospital or health facility was available locally and they had to travel to main city Quetta for treatment. Therefore, the population heavily relied on the services that were being offered by the MHUs. There was a major transportation issue in the area with no local transport available for referral cases and certain emergency cases were also treated on site.
- Due to scattered populations resulting community members faced challenges in reaching the MHU OPD on time, since they had to travel for a few hours only to reach where the services were being offered.
- The staff during the operation was cut off from the PHQ as there was no mobile phone networks or other communication channels in the area.

- Serious scarcity and contamination of water in the area was the main cause of kidney stones problems and other abdominal issues to the local population. Those who were diagnosed with serious cases which require further treatment were provided with referral letter where they have to seek further treatment at the tertiary care hospital located at the main city of Quetta.

Lessons learned

- Since each day the MHU had to travel hundreds of kilometers, the wear and tear of the MHUs had to be accounted for. Future operation need to have a provision of such administration expenses.
- Stationary and logistic support of the MHU needs to be separately included for the response. A Training at National level has been planned for BHU staff from field on warehouse management and medicine distributions in emergencies. This training will be managed locally.

Water, Sanitation, and Hygiene Promotion

Need Analysis:
The common sources of drinking water in the affected area are hand pumps and tube wells, which were damaged due to flooding. Open defecation is the common practice in affected area and it has been observed that due to flooding, animal and human feces contaminate the drinking water sources which can create hazard of water borne disease and stagnant water contributes to the increase in incidences of vector borne diseases. The affected population needed immediate support in terms of access to clean drinking water through provision of water purification tablets, household water filters for affected families along with health and hygiene sessions for healthier living practices.

Population to be assisted: 10,500 flood affected people in Baluchistan to be provided with tailored support, such as household water filters and water purification tablets and hygiene promotion.

Water, sanitation, and hygiene promotion			
Outcome 3: Provision of clean drinking water through provision of household's water filters and Aqua tablets	**Outputs**		**% of achievement**
	Output 3.1 Daily access to safe drinking water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population.		100%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Registration of the beneficiaries and coupons distribution	Yes		100%
Provision and transport of HH water filter from PRCS existing stock	Yes		100%
Orientation on use of HH water filter at distribution sites	Yes		100%
Collection and sharing of data regarding registration of beneficiaries and distribution with government authorities	Yes		100%
Outputs			**% of achievement**
Output 3.2 Hygiene promotion activities which meet Sphere standards in term so of the identification and use of hygiene items provided to target population.			100%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Conduct trainings with local volunteers to continue hygiene promotion activities	Yes		100%
Conduct emergency hygiene promotion activities and clean up campaigns in the flood and snow affected area	Yes		100%

Distribution of water purification tablets on need basis[3]	Yes		100%
Replenishment of HH water filters and aqua tabs[4]	Yes		100%
Train population of targeted communities on safe water storage and safe use of water treatment products	Yes		100%
Monitor treatment and storage of water through household surveys	Yes		100%

Achievements *(For outputs 3.1 and 3.2)*

Distribution of household water filters reached an estimated of 1,500 targeted households. Water purification tablets were distributed at the same time as the water filter distribution to prevent vector borne diseases due to open defecation in the area. Each distribution of water filters and water purifying tablets was accompanied by awareness session on how to use the distributed items and how to properly store drinking water. The cleaning campaigns to clear the mud and solid waste from villages was also completed.

Beneficiaries are receiving water filters (Photo Courtesy: PRCS)

Parallel to assessment activities,12 volunteers and key staff were trained on conducting hygiene promotion activities. The teams in the field conducted hygiene sessions to promote the culture of safe behaviours. They also organized cleaning campaigns of the affected areas as a complement to the hygiene promotion. Safe hygiene promotion sessions covered the following topics; personal hygiene and domestic hygiene, steps to hygiene promotion, community hygiene, motivating behavior change among community.

Post-monitoring surveys of the HH water treatment was conducted in April after finalization of the distributions.

Table 6: people reached with hygiene promotion sessions.

S#	DISTRICT	Total sessions	Beneficiaries		TOTAL
			Male	Female	
1	Pishin	101	1,520	1,350	2,870
2	Ziarat	81	1,660	1,260	2,920
3	Killa Abdullah	79	1,479	1,150	2,629
Total		**261**	**4,659**	**3,760**	**8,419**

Challenges

- Due to large and scattered area of intervention, staff faced difficulties in communication and travelling to far flung villages although they tried to overcome it by involving village committee members.
- During the operation, staff and volunteers were cut off from the provincial headquarters as there was no mobile phone networks or other communication channels in the area.
- There was a significant number of community members who cannot read and understand written IEC materials. To mitigate this, pictorial IEC material was used for awareness.
- The water filter distributed had very small containers, thus beneficiaries have to filter water more frequently to have sufficient safe and clean water. The community was using the filtered water for washing vegetables and cooking, not for bathing.

Lessons learned

- Recruiting and training more volunteers for operation shall be feasible to reach beneficiaries who live in the scattered areas in short time and provide service in a timely manner. This needs to be carefully considered during planning stage and costs related with staff and volunteers should be realistically budgeted for smooth implementation.

[3] The distribution and replenishment of water filters and aquatabs, are being done at the moment of writing this report in the mid of March. The exact figures unavailable, but team is estimating that 50% of the target population would have been completed during the report timeframe and the other 50% shortly after.

Reference documents ↘

Click here for:

Previous Appeals and updates

DREF Operations

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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

Enable healthy and safe living.

Promote social inclusion and a culture of non-violence and peace.

Find out more on www.ifrc.org

Disaster Response Financial Report

MDRPK013 - Pakistan - Balochistan Floods/Snowfall 2017

Timeframe: 10 Feb 17 to 10 May 17

Appeal Launch Date: 10 Feb 17

Final Report

Selected Parameters			
Reporting Timeframe	2017/2-6	Programme	MDRPK013
Budget Timeframe	2017/2-5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		**299,911**				**299,911**	
B. Opening Balance							
Income							
Other Income							
DREF Allocations		*299,911*				*299,911*	
C4. Other Income		***299,911***				***299,911***	
C. Total Income = SUM(C1..C4)		**299,911**				**299,911**	
D. Total Funding = B +C		**299,911**				**299,911**	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		299,911				**299,911**	
E. Expenditure		-299,878				**-299,878**	
F. Closing Balance = (B + C + E)		33				**33**	

Disaster Response Financial Report

MDRPK013 - Pakistan - Balochistan Floods/Snowfall 2017

Timeframe: 10 Feb 17 to 10 May 17

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Reporting Timeframe	2017/2-6	Programme	MDRPK013
Budget Timeframe	2017/2-5	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)			**299,911**				**299,911**	
Relief items, Construction, Supplies								
Water, Sanitation & Hygiene	49,350		50,515				**50,515**	**-1,165**
Medical & First Aid	9,814		10,216				**10,216**	**-403**
Cash Disbursment	172,020		175,596				**175,596**	**-3,576**
Total Relief items, Construction, Sup	231,184		236,328				**236,328**	**-5,144**
Logistics, Transport & Storage								
Storage			98				**98**	**-98**
Distribution & Monitoring			2,393				**2,393**	**-2,393**
Transport & Vehicles Costs	10,938		7,509				**7,509**	**3,429**
Total Logistics, Transport & Storage	10,938		9,999				**9,999**	**938**
Personnel								
International Staff			584				**584**	**-584**
National Society Staff	26,564		25,092				**25,092**	**1,473**
Volunteers	4,061		4,159				**4,159**	**-98**
Total Personnel	30,625		29,835				**29,835**	**790**
General Expenditure								
Travel	8,490		5,054				**5,054**	**3,436**
Office Costs	188		92				**92**	**96**
Communications	182		217				**217**	**-35**
Financial Charges			50				**50**	**-50**
Total General Expenditure	8,860		5,413				**5,413**	**3,446**
Indirect Costs								
Programme & Services Support Recove	18,304		18,302				**18,302**	**2**
Total Indirect Costs	18,304		18,302				**18,302**	**2**
TOTAL EXPENDITURE (D)	**299,911**		**299,878**				**299,878**	**33**
VARIANCE (C - D)			**33**				**33**	