

Thursday, February 4, 2011

Shirkat Gah Humanitarian Response

Sitrep – 4 February 2011



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Shirkat Gah
Women's Resource Centre

Introduction:

Shirkat Gah (SG) Women's Resource Centre, Pakistan, is actively engaged in providing relief and (now) early recovery, to those affected by the recent floods that started in late July in Pakistan. SG particularly focuses on women's special needs. Responding to the urgent/SOS calls from its long time partners in the field; the local Community Based Organizations (CBOs), SG mobilized and raised funds to conduct flood relief work in all 4 provinces of Pakistan. All three (3) offices of SG i.e. Karachi, Lahore and Peshawar have been involved.

Shirkat Gah's Methodology:

SG teams visited flood-affected areas and conducted the following activities with the help of CBO partners.

- 1) **Assessment:** A quick assessment is conducted of the community needs (particularly women), number of households and number of pregnant women.
- 2) **Relief:** The immediate relief that is provided is of 3 types:
 - ❖ Food Items
 - ❖ Non-food items including cooking utensils, clothes and winter bedding
 - ❖ Medical camps

SG System:

SG has developed a food (same for non-food) coupon system whereby it distributes food items on presentation of a food coupon that it gave out to families earlier (during initial assessment). One family gets one token. Each token has the relevant information of the family, including date, time and point of distribution and after it has been filled, one copy is kept by SG for its records whilst the other copy is with the family. On the day of food distribution, each family presents the token and receives a food packet.

The medical camps were held in collaboration with local CBO and the District Administration. As SG focuses on women, the Population Welfare Department (PWD) through its District Population Welfare Officer (DPWO) collaborates with SG and provided RH services at the medical camps. The PWD provides contraceptives, relevant human resource including female doctors (where available), paramedics, general staff and vehicles for/at the medical camps.

Funds for Humanitarian response raised by SG: (USD & PKR):

Total received or/and committed = Rs. 27,687,451 (\$325735/-)

SG has raised **Rs. 27,687,451 (\$325735/-)** with the help of colleagues, international partner organizations, national partner organizations, and individuals. SG is very grateful to all for their support.

Districts covered by SG in relief work:

No.	Province	Districts	# of Beneficiaries: Food & NFI distribution	# of Beneficiaries: Medical camps ¹
1.	Punjab	Muzaffargarh, Bhakkar, Rajanpur	22000	8109
2.	Sindh	Karachi, Shahdadkot, Thatta, Jamshoro	28400	696
3.	Baluchistan	Quetta, Jaffarabad	3000	609
4.	Khyber Pakhtunkhawa (KPK)	Charsadda, Nowshera, Swat	11750	1756

¹ Shirkat Gah helped organize 27 camps in total, 16 of which were in Punjab, 6 in KPK, 3 in Sindh and 2 in Balochistan.

Activities undertaken by SG from 1st week of August 2010 to date:

Sites, teams, partners	Details of activities
<p>(i) PUNJAB:</p> <p>Muzaffargarh</p> <p><u>Field team:</u> Ahmed Raza (Punjab Coordinator) , Fareha Arshed</p> <p><u>Partner:</u></p> <ul style="list-style-type: none"> • SYCOP (Social Youth Council of Patriots) – in Muzaffargarh 	<ul style="list-style-type: none"> • Following an assessment in 3 villages, <i>Tibbi Balochan; Tibbi Kareem Abad and Basti Rug</i>; SG distributed relief packages for 300 families for 10 days of food and some NFIs, including liquid milk and bottles for infants and medicines and set up a medical camp with the help of our partner organization, SYCOP. SG provided medicines and 50 delivery kits (23 Aug., 2010), identified the main diseases such as various infections, skin diseases, diarrhea, and fever; and documented that there were 2 disabled persons and 43 pregnant women in the 3 villages visited. 2 women were linked by SG to a health facility for their deliveries in August. • SG is helping Bali Memorial trust (Ms Laila Nusrat) in providing food and quilts to 600 families in Thatta Gurmani in Tehsil Muzaffarabad. • SG distributed 100 more family packages of food and non-food items (NFI) including 1 plastic sheet, 1 <i>chaddar</i> (cloth) for women and 1 <i>lungi</i> (cloth) for men in Muzaffargarh. • 4 free medical camps were arranged where a total of 2735 patients were treated. This included 1281 women and 983 children. There were 44 pregnancy/antenatal and 11 postnatal cases and 30 contraceptives were distributed. The camps were held in Basti Thatta Siyal, Basti Kho Buksh wala Moza Ghazanfargarh, Basti Nachung and Basti Kalarwali (20-23 Oct, 2010). 
<p>Punjab: Bhakkar</p> <p><u>Field team for food distribution:</u> Ahmed Raza Khan, Fareha Arshed, Samia, Sajjad Ahmed, Saif-ul-Haq</p> <p><u>Field team for medical camps:</u> Waris Ali Arsalan, Fareha Arshed and volunteers, Arooj</p>  <p>Ismail and Mustapha Rashid</p> <p><u>Partner in Bhakkar:</u></p> <ul style="list-style-type: none"> • DSWC (District Social Welfare Council) 	<ul style="list-style-type: none"> • 600 family relief packages, including NFIs, were distributed in Bhakkar via the District Social Welfare Council, (DSWC). (4-6 Sept; 7-12 Oct). Beddings and quilts were distributed among 300 families in Basti Rawana Mohana and Chandia with DSWC. • SG set up 7 free medical camps (benefiting around 3000 people) in Tehsils Bhakkar and Darya Khan, with DSWC and the Population Welfare Department (PWD) in Bhakkar, where the latter two were responsible for medical staff, transportation, logistics and security and SG provided medicines. The main illnesses treated were chest, ear and eye infections, malaria, cough, fever and acute diarrhea. (A few camp sites include villages Rawahnay wala, Bhatti Javed wali and Moza Kathanwali). Married women were also given contraceptives (97 women in 3 camps); and antenatal (14 women in 3 camps) and postnatal care (4 women) was provided to women in all camps. Another medical camp was held on 12 Jan, 2011 in Bastis Rawana and Mohana, treating 862 patients including 415 women and 397 children. There 29 pregnancy cases and 30 contraceptives were distributed. <p><i>Note: The average family had about 7-8 children.</i></p> 
<p>Punjab: Rajanpur</p> <p><u>Field Team:</u> Ahmed Raza, Gulnar Tabassum, Shahida Khurshed</p>	<ul style="list-style-type: none"> • 4 free medical camps were implemented, in collaboration with the District Population Welfare Department (PWD) and Sangtani, treating a total of 1874 patients, including 1183 women and 658 children. There were 124 antenatal and 53 postnatal cases and 102 contraceptives were distributed. The camps were held in Basti noor Pur Machi Wala district,



Partner: Sangtani Women Rural Development Organization.

Basti Mehr Wali, Basti Muragi/Sarzani tehsil Rohjan and Basti Gadan tehsil Jampur (14-17 Oct).

- SG distributed relief packages including food, NFIs and health items to 600 families (5-6 Sept and 23 Sept) with the help of its partner CBO, Sangtani. The packets sent on 23 September included 2 *chaddars* (cloth) for women, 2 *lungis* (cloth) for men; and 1 plastic sheet.
- Furthermore, FOR EID - cooked food was distributed (with Sangtani taking the lead) to around 1050 families in 5 IDP camps managed by the District Government (11 Sept).

(ii) SINDH: Karachi



Coordinator: Hameeda Kaleem

Sindh Field team: Aijaz Malik & Shahzadi Hussain, Ghous Bux, Naheed Rahim, Asghar Ali, Mahesh Kumar

Karachi field team: Hameeda Kaleem, Afshan Naz, Naz Parveen, Natalya Naqvi (intern), Faiza (intern)

Partners:

- Revenue Department,
- Sindh Police Department

PREVIOUS:

- SG staff attended a UNFPA training session on reproductive health kits (6 Sept)
- SG visited 3 IDP camps in Karachi (26 Aug) where the ADO Revenue Department (Govt.) is providing relief. Of these camps, SG focused on **Kemari Camp**, coordinating with the ADO Dept. and other organizations including Sahara, Sindh Police Hospital, and the National Programme for Lady Health Workers (LHWs).
- **In accordance with our community-based, participatory approach, SG has been attempting to involve the residents of the camps in as many activities as possible to help improve camp conditions.**
- More than 5000 people were living in tents in Kemari camp, leading to mismanagement of food distribution and hygiene as well as food and clean water shortage. SG provided medicines for a medical camp set up by the Sindh Police Hospital – SPH which saw around 250 people a day. There were around 100-200 pregnant women on whom SG collected data so that their needs could be tracked and SG identified high risk cases from amongst them, referring them to the medical camp on an urgent basis. Many women were not allowed outside their tents by their husbands for safety reasons and because they were taking care of their many small children. This meant that they were unable to access many facilities and relief goods and to talk to other women, which made them feel even more depressed. They were very happy when we spoke to them and said it made them feel much better.

Distribution of relief goods

- SG coordinated and organized distribution of 1050 relief goods packets as well as 450 hygiene kits², 290 baby kits³ (for children up to 2 yrs) and 128 pregnancy kits (for pregnant women above 7 months), with the help of volunteers from Sahara, and also **mobilized male IDP volunteers to help with distribution and spread hygiene and health awareness.**

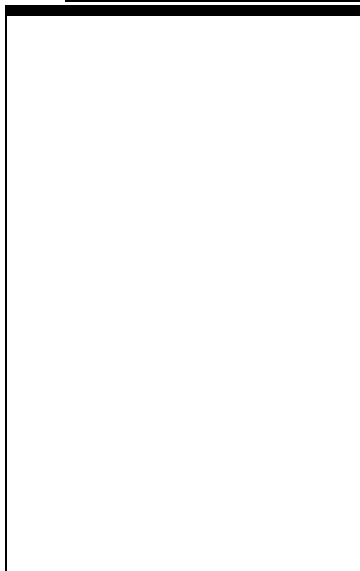


Challenges in distribution

- Distribution in the camp was a huge challenge due to the large number of IDPs and their desperate situation, which sometimes led to impatience and violence. People were not making lines and collecting goods in an organized manner. Some did not even have tents and the tents that were there were not numbered consistently/properly, which made the situation even worse.

Recommendations and follow-up:

- Data collection: SG helped the Sindh Police Hospital in collecting accurate



data about numbers of total people and pregnant women in the camp.

- Following up on its recommendation for the creating women friendly spaces, **SG set up a tent or a 'women friendly space'** especially for pregnant women, in the middle of the camp where newer tents were being set up to allow easier access for women whose husbands restrict their mobility, and so that more recent arrivals could be provided immediate relief (Sept 2). These are important spaces for women to get together and discuss problems, which will help alleviate depression. This space was also used to spread awareness (about health, hygiene, use of hygiene and pregnancy kit, and family planning), both through conversation and training sessions, posters, and publications.
- Currently delivery cases were being referred to nearby hospitals such as Civic Hospital, and transported by ambulance, but that these links needed to be strengthened.



Sindh: Jamshoro, Thatta, Shahdadkot, Dadu



SG carried out needs assessment surveys and distributed relief packages including food and NFIs in the following locations:

- **Jamshoro:** visited 2 IDP camps in coordination with SIDE and WAF (21 Sept): Govt. Girl's High School (run by Sindh University) and TB Sanatorium Camp Kotri (run by the Govt.). Distribution of food to 166 families and baby and pregnancy kits took place in the second camp (10 Oct). There were a total of 340 pregnant women in both camps. Transportation support was provided to families after food distribution so that they could return home. **After some delays in carrying on work in the 2nd camp, further assessment (29 Oct) revealed that many of the IDPs there had moved to another camp at Gulshan-e-Shahbaz. 388 dry food packages, 14 pregnancy kits and 9 baby kits were distributed amongst these IDPs (27 Nov).**
- **Thatta (2 Sept):** SG visited 2 camps run by the Thatta District Revenue Department (District Govt.) and Rangers in Taluka Sonda in Village Helaya: Camp 1 - Government Boys Primary School Helaya (116 families) and Camp 2 - Government Middle School Helaya (68 families). 270 men, 281 women (30 pregnant), and 588 children from Mirpur Bathoro, Belo halya, Deh Helaya, Kacho, Daro, Kot Alimo, Suretani, Laiqpur and Dari Mori were settled in these camps. Urgent needs were food, shelter (tents) and clothing. Malaria, skin disease, fever and cough were common in these camps. There was a lack of clean drinking water, health facilities and there were no lady doctors and also a lack of awareness of health and hygiene. 2 policemen visited once/twice a day to monitor the camps' security.
- **Shahdadkot:** SG visited 17 IDP camps in Shahdad Kot and distributed relief packages for 300 families (24 pregnant women) from Tehsils Qubo Saeed Khan and Shahdadkot in District Qumber Shahdadkot (20 Aug) following a needs assessment survey (18 Aug) with IDPs from Sindh and Baluchistan settled at the banks of RBOD-3, at Begari and Saifullah Canals, near village Muhammad Khan Bhutto. Responding to the affectees' demand, SG, Pirbhat and NDS arranged a mobile medical dispensary (in a van) to move along the Saifullah Canal in which SG provided medicines and a lady doctor (from Pakistan Medical Association) while the latter two provided other medical staff and van.
- **Dadu:** **On the request of Gorakh Development Organization Dadu, SG provided 2500 plastic bags to seal off the cracks in Johi ring band (14th**



Partners:

- Pirbhat Women's Development Society (PWDS)
- NDS (NGOs Development Society)
- Society for integrated Development, Jamshoro (SIDE)
- Women's Action Forum (WAF)
- Gorakh Organization Dadu



Sept).

3 free medical camps were organized at the following locations, with the help of Pirbhat:

Shahdadkot: (i) in Village Imam Bux Pul Taluka Kubo Saeed Khan, where 1 male and 1 female doctor, with the help of additional staff, treated 325 persons including 17 pregnant women and 12 postnatal cases (14 Dec); (ii) in Village Abdul Karim Brohi, where 2 male and 1 female doctors, with the help of additional staff, treated 239 persons including 6 pregnant women and 2 postnatal cases (15 Dec); (iii) in Village Kot Jhoro Brohi, where 2 male and 1 female doctors, with the help of additional staff, treated 132 persons including 2 pregnant women and 3 postnatal cases (15 Dec).

(iii) BALUCHISTAN:

Quetta



Coordinator: Hameeda Kaleem
Field researcher: Siraj Bashir

Partners:

- Nissa Women Welfare and Social Development Organisation
- Socio Pakistan
- SHADE

Youth groups SG has worked with have volunteered as well

SG's work in Balochistan was done in the following locations:

- Quetta: SG worked in coordination with Nissa and Socio-Pakistan in Quetta, where many flood-affected persons from other districts such as Jaffarabad had moved. Following needs assessment surveys, SG, its Partners and 12 volunteers distributed dry food items to 300 IDP families from Jaffarabad, Naseerabad and Jacobabad (22-23 Sept) via two distribution points set up at the Cultural Center and the Press Club. These IDPs, which included around 30 pregnant women and 313 children, were living in 6 camps (Musa Colony, Wahad Colony, Hazarganji, Irrigation Colony/East Bypass, Gulshan Camp and Jinnah Town Camp). After distribution, SG received positive feedback about the relief goods from the IDPs, who expressed hope that SG will also come to their aid when they move back to Jaffarabad and Naseerabad. Beneficiaries included 25 journalists who were also affected by the floods. SG received recognition from the Commissioner of Quetta and the President of the Quetta Press Club regarding its distribution efforts which were also documented by the media in local and national newspapers and on local television channels. **The SG field team felt that the involvement of local communities in relief efforts enhanced the effectiveness of the distribution process.**
- Usta Mohammad: Information sharing and coordination between SG, Socio-Pakistan, Nissa, ISPR and the In-charge-Rescue operations of Jaffarabad allowed the successful rescue of about 5,000 people stranded in flood water in Union Council Changi Jamali, Saifullah Shakh, Noor Pur. Though SG was one of the first NGOs to reach Usta Mohammad, rescue operations prevented relief work from being started. SG also found out that many of these people had moved to camps in Quetta.



2 free medical camps were organized with the help of our field Partners at Nissa in the following locations:

- **Naseerabad:** in Tehsil Thumbo, where medical staff provided by Basic Health Unit (BHU) treated 267 patients, including 8 pregnant women, and 12 postnatal cases (11 Dec).
- **Jaffarabad:** in Ghulam Mod Goth Tehsil Gandakha, where 1 male and female doctor, with the help of additional staff, treated 342 patients, including 4 pregnant women and 2 postnatal cases (12 Dec).

(iv) Khyber
Pakhtunkhwa (KPK):

Charsadda, Nowshera,
Swat



Coordinator: Tahir M. Khan

Field team: Saira Bano,
Mohammad Faisal, Sadaf Malik,
Shagufta Hidayat, Khial Rukh
Khan, Raheela Ali, Tehsilullah,
Jalal Khan, Wisal (since the
Peshawar Office is small, all of the
staff members have been taking turns
in going to the field)

Partners:

- United Youth Welfare Association (UYWA), Charsadda and Nowshera
- Movement for Rural Development Organisation (MRDO), Swat



In response to our finding that it was difficult for women to collect food during distribution and to get medical assistance in a male-dominated setup, making them more vulnerable (esp. women headed households), **SG's distribution in KPK was primarily aimed for women to ensure their access to food and relief goods.** After needs assessment in particular areas, **SG distributed relief goods including food and NFIs such as clothes, shoes, to 700 families and 215 women-specific hygiene items** at the following locations in KPK:



- **Jalawan:** 20 families received relief goods and 60 received winter items including clothing and quilts (13 Dec).
- **Malakand:** 180 families received relief goods at Tootakan (16 Nov)
- Swat: 297 families received relief goods at Sheen with the help of volunteers and MRDO (Maydan, Durshkhela Matta and Shin Khwazakhela) (21 Sept). 15 special kits for women's needs were also distributed at Shagai Shagram (22 Sept)
- Charsadda: 60 families in village MC1 Bhoosa Khel with the help of UYWA (15 Sept); women specific hygiene kits⁴ to 200 women/girls were distributed as well as 200 packets of clothes and plastic covers for sleeping, in Tarlandi village (3 Sept); 143 food packages to families, through women, in Londa village with UYWA (31 Aug).

The distribution process was transparent, preceded by taking thumb impressions, photocopying of IDs and token collection. As in Pukhtoon society *pardah* is very important for women, only SG's female volunteers were present inside the distribution points while SG male staff remained outside.

In addition, **6 free medical camps were set up in KPK which served 1756 beneficiaries including 717 women including 98 pregnant women, 919 children and 120 men.** These were set up at the following locations:

- **Nowshera city:** where 281 patients including 12 pregnant women were treated (1 Oct)
- **Malakand:** at Qalangai where 294 patients including 12 pregnant women were treated (19 Oct)
- **Mardan:** at Dheri Khazana with MRDO, where 266 patients including 10 pregnant women were treated (24 Dec)
- Swat: Village Shagai Shagram in Teerat Union Council (22 Sept), where 293 patients were treated and hygiene and delivery kits were distributed. 17 cases of pregnancy were identified in which 12 expected mothers were provided delivery kits according to their expected time of delivery.
- Charsadda: Villages Tarlandi (3 Sept) and Tarnab Union Council (15 Sept), Charsadda, with our CBO partner, UYWA, and medical staff from Pakistan Reproductive Health Network (PRHN) and Regional Training Institute (RTI); 622 patients were treated out of which 47 women were pregnant. Doctors demonstrated the use of and distributed water purification sachets, though women did not show much interest in this.



Challenges: **Some women were upset over sharing tents with their male in-laws especially in their pregnant condition.** UYWA, upon SG's request arranged a doctor for these women.

<p>Coordination with others:</p>	<p>SG has coordinated its efforts nationally too and joined the National Humanitarian Network (NHN). This network is composed of NGOs involved in Humanitarian work and has now also met with the Govt. via the National Disaster Management Authority (NDMA).</p> <p><u>SG participated in the following:</u></p> <ul style="list-style-type: none"> • Meetings with NGOs: Humanitarian Coordination Meeting, Quetta in order to plan regular contact between NGOs and Government Departments (14 Sept) • UN Cluster meetings: Food Cluster meeting (Quetta, 15 Sept); health cluster meeting (Islamabad, 1 Sept); Health and Food Cluster meetings organized by WHO (World Health Organisation) and WFP (World Food Programme) (Muzaffargarh) and the Office for the Coordination of Humanitarian Affairs (OCHA). • UNIFEM, NCSW and PODA meetings at district and national levels • 3rd meeting of the Strategic Coordination Group on relief operations at the Prime Minister's Secretariat, Islamabad (4 Sept) as part of the National Humanitarian Network. The National Disaster Management Authority (NDMA) was actively involved in this meeting. • Emergency Coordination meeting of the OIC, attended by government officials. \$166 million have been raised for flood affectees of Pakistan by the Islamic countries (Islamabad, 29 Aug). • Meeting organized by Aurat Foundation (AF) (Lahore, 27 Aug) where SG, other NGOs and UN representatives met in order to streamline a more coordinated effort. The focal person for coordination is Ms. Laila Nusrat, Honorary Chairperson of Shaheed Benazir Bhutto Centre. • Coordination Meeting on Flood Relief between grantee partners and departments of Health and Population Punjab, (Lahore, 25 Aug) to work on developing models of Public Private Partnership in Flood relief. • Meetings with Govt (District Coordination Officers, Provincial Disaster Management Authority) including a 2nd meeting with the <u>President of Pakistan, Mr. Asif Ali Zardari (in Islamabad⁵)</u>: as part of a Women's delegation to meet the President (29 Sept) for developing a comprehensive strategy for the rehabilitation of flood affectees in general and women and children in particular. Women's organizations from across Pakistan were present.
<p><u>SG appeal and photographs on webpage</u></p>	<ul style="list-style-type: none"> • SG has sent out appeals to friends, families, networks and partners/donors to raise funds. <i>As there is still an on going need for food, drinking water, clothes and medical camps in the flood affected areas, we are putting in a new appeal for help.</i> • SG has placed an appeal and updates including photographs on its website (www.shirkatgah.org). • <u>Note:</u> The SG appeal includes information regarding payment via Credit Cards through the Global Fund for Women (GFW) and MADRE websites.

Landmarks:

1. Development of public-private partnership in coordinating relief efforts
2. Inter-NGO partnership
3. SG has approached the highest authorities to give policy inputs based on field research and relief work conducted.

Issues/Challenges:

WOMEN RELATED CHALLENGES:

The current floods crisis in Pakistan can be understood better if compared with something similar - so imagine a crisis that is bigger than the Tsunami, the 2005 Pakistani earthquake and the more recent Haiti earthquake all put together. It has affected a population of over 18.6 million in Pakistan. Almost 10 million of these are women. There has been a complete breakdown of all security and social services including police, legal, health, education and social services in affected areas. Furthermore, families and communities have been separated and/or are missing. In short, the entire society has been torn apart in the flood hit areas.



Relief camps have been set-up all over the country but due to overwhelmed or absent law and order, family separation, the breakdown of community networks, acute trauma and the lack of shelter/privacy in both camp and community settings, the risks for women have increased manifold in the relief camps. Relief agencies have reported various women related issues in the relief camps e.g.



- ❖ Women are the most vulnerable in terms of health and food facilities.
- ❖ Many women were not allowed outside their tents by their husbands for safety reasons and because they were taking care of their many small children. This meant that they were unable to access many facilities and relief goods and were unable to talk to other women, which made them feel even more depressed. They were very happy when we spoke to them and said it made them feel much better. There is an urgent need for family planning because so many women were pregnant (Sindh/Shirkat Gah).
- ❖ Women and children in IDP camps are facing psychological and other problems. They need urgent attention from our side (19/08/2010) (from Shirkat Gah/Baluchistan).
- ❖ Women are shy to collect food during distribution and to get medical assistance as a result of which they were unable to get food from other organizations.
- ❖ One more issue that was raised in the Peshawar meeting was the increasing number of missing women and children. They are neither dead nor accounted for, so the big fear is that they have been kidnapped.
- ❖ The rural women, who are also farmers in many areas, are being ignored in agricultural surveys. Many women felt shy of coming in front of men and giving their views in recent surveys of crop damage in wet clothes and on account of having lost their *chaddars* (cloth). The sowing of the Rabi crop is due and is an urgent issue (agriculture cluster/Islamabad).
- ❖ In KPK province, the routine harassment of young women when trying to obtain relief goods has been reported.
- ❖ Women are reluctant to try to collect aid for fear of such (violent mob) outbreaks, and since they cannot strong-arm their way to the distribution frontline.
- ❖ Women do not have many garments with them as they fled with the clothes on their backs. But unlike men and children, owing to traditions of modesty, they cannot publicly remove and wash them. In Kalabagh district, Baghat Bibi, a sixty year old woman with her three daughters and three daughters-in-law visit the river every few days and submerge themselves in its water to clean themselves and their clothes, and then dry themselves while wearing the same clothes – they have been doing so for 3 weeks.
- ❖ In most of the relief camps, there were inadequate lavatories in the first few weeks, and no civic planning for sewerage and waste disposal. This was the single issue that every single woman across all spatial arrangements highlighted as both, a hygiene issue and a dignity issue. Shumaila Qadeer from IDS reported that it was beyond imagination with 5 lavatories serving 300 women and their children. The hygiene risks of uncovered excreta are compounded by the constant presence of flies, and women and girls also complained of not having water for hygiene needs. There were no soaps available. Girls and women are often embarrassed to be seen accessing lavatories and do so during early morning. A pregnant respondent report of having miscarried while climbing up a nearby hill for privacy and bleeding

profusely. Despite some medical care through a Lady Health Worker, she had not recovered from her hemorrhage and reused rags as sanitary pads.

- ❖ Crops and livestock have been destroyed (completely in many areas) so there is likely to be an up-coming famine. We need to prepare for this (an issue that was strongly raised at the President's meeting too).
- ❖ Many flood affectees have been evicted from schools where they had found shelter. In Charsadda and Swat, a lot of devastation took place as the water entered the houses rising to 10 feet and above and consumed miles and miles of villages and fertile land. Not only has it layered the area with sand but also pebbles and rocks, making the lands infertile. People cannot go back to their homes or fields and animals, as they do not exist any more. We met farmer women who expressed a need to learn new skills of livelihood.



SG found the following on-going challenges in relief work:

- Many bridges, which have been broken in the FATA and Swat areas, have cut off the people there from the main parts thus isolating them. Moreover, the destruction of local infrastructure-roads, bridges, electricity and communication networks has further aggravated the situation in terms of ensuring the smooth and continued supply of relief goods and medicines. The government has started rebuilding the bridges and work has started on the roads as well in KPK.
- Banned militant groups that have been responsible for the current insurgency in Pakistan like Jamatt ud Dawa are still providing food and shelter and setting up camps in Swat and parts of FATA and KPK. They are filling the gap where the Govt. or other NGOs have not been able to reach.
- In areas like Chitral and Bajaur Agency, since bridges are broken, and these are already Taliban strongholds, it is difficult for Govt. or NGOs to reach; the army needs to focus there.
- There were number of missing women and children. They are neither dead nor accounted for, so the big fear is that they have been kidnapped.
- Gangs of robbers, looters and kidnappers were taking advantage of the vulnerable.
- The food items had become scarce in the market and their prices have reached sky high.
- Serious sanitation and hygiene concerns need to be addressed in IDP camps. Since latrines were also destroyed, men and women are using open spaces.

Monitoring and Evaluation:

The purpose of the follow-up visits was to:

- Reassess the needs of the people who have been severely affected by the floods.
- Determine which national and international organizations are currently working in the flood stricken areas
- Determine the number of people who got the new "Watan Cards"⁶ and the difficulties they faced in order to get these cards
- Determine how Shirkat Gah could continue to help these people in the future.

Feedback on distribution, new needs & other issues of concern:

Distribution:

The women who received relief goods from Shirkat Gah were very happy with its food distribution method and praised the quality and quantity of the food items given. Especially in Charsadda and Swat, where many of the women were either widows or single women heading a household, they were happy that SG distributed goods through women, as they were left behind by others and did not receive any food because there was no man to represent them.

Current needs:

The current needs of women that were identified as follows:

- 1) Warm clothes for themselves and their children
- 2) Warm bedding (Blankets and quilts)
- 3) Financial assistance for building their homes
- 4) Fertilizers, seeds
- 5) Groceries such as sugar, flour, oil, tea, pulses, etc.
- 6) Hand pumps
- 7) Toilets for women
- 8) Midwives and Lady Health Workers
- 9) Detergents
- 10) Bathing soap
- 11) Kitchen utensils
- 12) Hand pumps
- 13) Schools for children or support for schools
- 14) Cash

Other issues of concern:

Marriages after floods:

People informed us that the marriages of their daughters have been delayed due to the floods, which took away everything. Not a single marriage ceremony took place after the floods due to lack of financial resources.

Family planning

Women generally do not have access to any family planning facility. There are no Lady Health Workers in the region and hence women are not making use of any family planning technique. Shirkat Gah's team ensured the provision of birth-control tablets, injections and condoms to the women in this area and many women benefited from this.

Health and health facilities

Women, men and especially children have been suffering from a number of diseases and allergies. There are not many facilities available, especially with regard to the health of the women and SG has tried to fill the gap wherever possible through medical camps, though this is a temporary solution. One woman from Rajanpur, Punjab stated, *"Shirkat Gah's team once gave us free medicines. No one else apart from Shirkat Gah provided any facility to us. Women are getting their deliveries done by the midwives. Most of the midwives are not skilled and pregnant women, therefore, we don't get their check ups done during pregnancy"*.



Safe drinking water

Women said they get water for drinking purposes from hand pumps but that they were not satisfied with its quality.

Violence against women

Women said that in the main cause of domestic disputes was lack of money; women pester their husbands for more money and being unable to provide it, this leads to frustration amongst men and they tend to beat their wives up.

Present Scenario

The women said that till the food distribution was happening they were able to fulfill their families' nutritional needs. Now very few NGOs are distributing food or other necessities. There is no money yet as all the people have not gotten their Watan cards and even that money is just for construction of houses. The men have gone back to work, but not



everyone is able to earn money. People have started working hard on the lands of the landlords. Women said they were buried under great deal of debt which they have to pay back. "We are meeting our needs through loans".

Future suggestion: interest-free loans

People were not able to harvest their crops because they didn't have adequate finances to purchase fertilizers and petroleum (diesel) and those who borrowed the diesel from its owner, had to pay extra Rs.20. People suggested that the government should stop taking interest on loans. They acknowledged that Shirkat Gah was of great help to them amidst the crises.

Dawn

Thursday 27th January 2011

ISLAMABAD: Pakistan's Sindh province, hit hard by last year's floods, is suffering levels of malnutrition almost as critical as Chad and Niger, with hundreds of thousands of children at risk, UNICEF said on Wednesday.

A survey conducted by the provincial government and the UN Children's Fund revealed malnutrition rates of 23.1 per cent in northern Sindh and 21.2 per cent in the south.

Those rates are above the 15 per cent emergency threshold set by the World Health Organisation and are on a par with some of the poorest parts of sub-Saharan Africa.

Northern Sindh also had a 6.1 per cent severe acute malnutrition rate and southern Sindh had 2.9 per cent, both far above the WHO thresholds.

"We are looking at hundreds of thousands of children at risk," UNICEF chief of communication Kristen Elsby told Reuters.

"People were already vulnerable and this kind of kicked the chair out from under them," she said.

Monsoon floods starting in late July last year devastated Pakistan. More than one-fifth of its territory was inundated and 20 million people affected. Ten million were left homeless and nearly 2,000 people died.

Six months later, many communities in Sindh are still surrounded by floodwaters. In Sindh and Balochistan, some 600,000 people are still living in temporary camps, according to the World Food Programme.

Excerpt from DAWN Newspaper dated 27 January 2011:

According to a national survey done, the people of the flood affected area are suffering from extreme malnutrition. There is lack of education and educational facilities in most areas, so the people are demanding Schools, Basic Health Units, Hospitals, Family Planning Centre and Skills development programs.

OBSERVATIONS FROM FIELD VISITS:

In some districts, people have constructed mud houses and built boundary walls to demarcate their space. People have also started irrigating crops with the help of tube wells and have started growing wheat crops and it is well above the ground level. Thus, people are progressing and working towards their well-being. The most urgent need that must be addressed is **toilets for females** and apart from that, food items such as tea and sugar are also required. For drinking purposes, the need for hand pumps has been felt and people are demanding a hand pump for their own use in each house. There are model houses being made in some areas by the government, but it has been observed that the politicians are building these in villages where they have their vote banks. There is no impartiality being practiced by those in power. Some of the very poor and very needy are being ignored. The women are being sidelined as voting power usually lies with the male heads of families. Generally, Shirkat Gah observed that the watan card distribution was ensured if the ID card of the male member of the household was available. Women-headed households, widows, single women or women whose men are absent are suffering and have not been able to get the watan card to get money to build their houses. Gender-based violence is on the increase as more and more women are becoming victims of household suffering. Our fear is that many girls and women may be forced into prostitution due to a lack of options and resources, as was the case after the earthquake in 2005.

LOOKING AHEAD

- Shirkat Gah is holding a joint conference in Islamabad on the 15th of February 2011, with other NGO partners working in the flood affected areas, to bring the Voices of Forgotten Flood Survivors to the forefront. A round table meeting is also planned two days later with representatives of the government to ensure that the demands of the people are heard and met.
- Shirkat Gah has hence decided to ask for donations to build Women Friendly Spaces in flood affected areas for the psycho-social rehabilitation of women and to teach them skills to earn a livelihood. We plan to not only teach them new skills which they want to learn but also to connect them to markets and use these spaces to raise awareness amongst them about their legal and reproductive rights. We would like to create spaces which belong to women, where they can come together and share their experiences and support each other. Adult literacy classes are also planned and women can bring their children for recreation.

Please watch Shirkat Gah's films on floods and relief work at:

Link for flood film KPK: <http://www.youtube.com/watch?v=M9UTcl3Yhpw>

Link for flood film Sindh: http://www.youtube.com/watch?v=dmfmP0SZ4_o

Donations:

We are grateful to our friends and organizations for their financial and moral support. SG is particularly grateful to both GFW and MADRE for providing our donors the facility of donating through a credit card from their respective websites and helping us raise more funds.

Report prepared by Sadia Ahmed and Humaira Mumtaz Shaikh with inputs from SG field teams.