



# **Rapid Assessment**

## **KHARAN & NOSHKI DISTRICT**

### **BALUCHISTAN**



**JULY 2007**

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## Background

Cyclone Yemyin hit the shores of Pakistan (Balochistan and Sindh) on 23rd June 2007 and was followed by monsoon showers two days later bringing acute disaster in Balochistan and NWFP areas. Intense storms at the end of June/early July 2007 caused severe flooding in Pakistan, affecting more than 2 million. Balochistan and Sindh provinces in southern Pakistan are worst affected, with 296 confirmed deaths and a further 224 missing. The flooding has already spread to 18 districts in Balochistan and a further 5 in Sindh and the monsoon season is expected to continue for the next 2 to 3 months.

<b>Figures specified by National Disaster Management Authority (NDMA) as of 18 July 2007</b>			
	<b>Balochistan</b>	<b>Sindh</b>	<b>Total</b>
<b>Deaths</b>	176	120	296
<b>Missing</b>	195	29	224
<b>Homeless</b>	150,000	221,092	371,092
<b>Affected</b>	2,000,000	500,000	2.5 million
<b>Districts Affected</b>	23 out of 29	5 out of 25	28
<b>Relief Camps</b>	45	104	149

Over 800,000 people are believed to be displaced from their homes in Balochistan by the flooding. This includes people living in spontaneous settlements, in public buildings (typically schools, mosques and government buildings), in 'official' tented camps and with host families. Damage to crops, food stocks and livestock is widespread. Massive stocks and stored crops were washed away during the flood. The floods coincided with the yearly harvest of food crops that the population relies on and both livestock and fishing have also been badly affected. Damage to roads has further reduced food availability and driven up food prices.



There is an acute shortage of safe water due to damage and contamination of water systems and wells. Inadequate sanitary conditions are raising health concerns and there are fears that the population is vulnerable to outbreaks of water-borne diseases. There are broader Health concerns relating to reduced access to primary health care, the need

for health surveillance systems and a shortage of female health workers. (*Pakistan Flash Appeal- July 2007*).

The World Health Organization (WHO) stated that that 60% of all the affected areas in Balochistan are not accessible due to flooding and damage to the road and railway networks.

## **ARC Profile**

Since 2002, ARC has been providing comprehensive primary and reproductive health care for Afghan refugees, caseload of 110,000 in Saranan (New and Old), Surkhab (4,5 and Model) and Mohammed Khail refugee villages. Currently ARC operates five basic health units (BHU), three youth clubs and two reproductive health units (RHUs). In response to the 2005 earthquake, ARC set up emergency clinics distributed food items, blankets, and winter clothing, and hygiene kits, medical and surgical supplies. ARC since has expanded its services in Bagh in the transitional and the recovery phase to include shelter, agriculture, livestock, and water/sanitation in addition to running BHUs and RHUs and a large community health program. ARC provides multi sectoral services to over 200,000 individuals in Bagh, Kashmir.

ARC staff capacity is currently 683, with a head office in Islamabad and sub offices in Quetta, Balochistan and Padder, Bagh, Kashmir.

In response to the Balochistan floods, ARC will focus on:

1. Emergency shelter
2. WASH
3. Health
4. Protection

## **ARC Assessment**

### ***ARC Assessment Team***

The ARC assessment team was on the ground on 30<sup>th</sup> June 2007 in Noshki and Kharan districts to assess health, watsan and shelter needs. An initial three day rapid assessment was conducted by Tanvir Khan (Senior Operations Officer) and Shahid Malik (HR/ Admin Officer) and a follow up assessment a week later by Dawood Faisal (Emergency Response Coordinator), Tanvir Khan (Senior Operations Officer), Hamid Nawaz (Senior Technical Manager), Abrar Shah (Senior/ Project Engineer) and Adnan Khan (Program Assistant).

### ***OBJECTIVES:***

The objectives of the ARC assessment were to:

- To conduct a damage assessment of households.
- To ascertain the most affected villages
- To find information on EVI's.
- To assess damage to water and sanitation facilities

## **METHODOLOGY:**

The ARC assessment was conducted using the following methodology:

- **Random Sampling:**  
Every 10<sup>th</sup> household of the target population was assessed as there was insufficient time to conduct a door to door Assessment.
- **Direct Observation:**  
Data was collected through direct observation; the teams visited five union Councils (North and South Kharan, Jodai Kalat, Tohmulk and Jamak)
- **Interviews:**  
The assessment team conducted a total of 600 semi structured interviews with flood affectees in five union councils (North and South Kharan, Jodai Kalat, Tohmulk and Jamak).
- **Key Informants:**  
Key informant interviews were held with local government representatives (Irrigation Department, Public Health Engineering Department (PHED), Frontier Corps Balochistan), locally present agencies such as Islamic Relief and representatives of the local community.
- **Focus Group Discussion (FGD):**  
FGDs were held with people present at markets, shops, mosques (masjid) and play grounds. The assessment team tried to hold FGDs with like groups (age, positions) but due to the nature of the situation on the ground, holding small focus groups was sometimes difficult as small gatherings soon became very large as people joined to find out the reason for the meeting. This may have limited the quality of the interaction between participants and the facilitator, in turn negatively impacting on the discussions and information recorded.

## ***Selected Areas- Noshki and Kharan***

On the 29th of June, ARC contacted other international organizations and government agencies like NDMA to assess the situation and develop plans along with UN and the Government of Pakistan to respond to the emergency. Based on these consultations, ARC decided to focus on two of the worst hit districts, Noshki and Kharan due to the absence of other agencies providing relief at that time.

The Assessment (UNDAC Assessment Team) was conducted in the following Union Councils of

- District Kharan:
  - Jodai Kalat
  - North Kharan
  - South Kharan
  - Tomulk
  - Jamak
- District Noshki:

- Asia ban of City-I Noshki.

The assessment mainly focused on:

- Shelter
- WATSAN
- Health
- Protection

### **General info on the targeted area:**

The topography of Kharan and Naushki districts are mountainous and flat lands. Kharan is mostly flat barren land having rivers tributaries (Kullan, Kashi, Bajro and Baddo) passing by due to which it got completely submerged in water during the floods and there was massive destruction. The road from to Naushki and the highway from Naushki to Kharan are intact but conditions of the roads are not too conducive. The roads present between Union Councils were 80% damaged and it got very difficult to commute within the districts.

There was presence of Frontier Corps on the field along with the local police for both security and relief purposes. As the flood hit the area, ARC within the first few days sent its first assessment team on the ground. In Kharan and Naushki there was presence of the government departments along with Islamic Relief and Muslim Hands trying to create their niche in the affected areas. The people were facing huge problems as to having access to markets and goods. Most of them had been swept in the floods while the ones which stayed were the only access point for the locals.

Once on the field the team observed that the only way of communication with the Quetta and Islamabad office was through PTCL lines or PTCL V-Wireless phones. The infrastructure of the power supply was very poor but yet WAPDA was playing its due part. ARC by the end of the assessment was able to get a 10,000 sq. meters area to be used for office and warehouse. The guards were immediately provided by the government (DCO Kharan) and ARC also hired its own guards for security purposes. Thus it is a safe environment for the relief workers to work in.

### **KHARAN DISTRICT:**

District Kharan is situated in northwest Balochistan. The total District area is 48051 sq Km, (13.84 % of the total area of Balochistan), and is divided into the Tehsils of Kharan, Basima, Mashkhel, and Nag. It is bounded by Chagai in the north and Kalat in the east while towards the south is Washuk district. The population density of the district is very low and Kharan City is the only urban centre there while 80-85% of the population lives in the rural areas. The union councils which were badly affected were Kharan North City, Kharan South City, Jodai Kalat, Jamak and Tomulk. Raskoh and Sarawan UCs are moderately affected.

### **NAUSHKI DISTRICT:**

Noshki is amongst the youngest districts of Balochistan located 142 km west of Quetta. The district covers 5797 sq. km of area and a population of 137,500. It borders on the west with Afghanistan and is predominantly mountainous and desert. Weather is dry and hot. The district borders the province of Kandahar in Afghanistan. There are 10 Union

Councils in this district: (*IASCI Summary Report*): Noshki Bazar, Noshki City II, Jamal Dini, Badini, Kishingi, Anam Bostan, Daak, Mengal, Ahmed Wal, Mall

*Affected Households:*

Houses Completely Washed out:  
815

Houses Partially Damaged: 630

Causalities: 01

*Major Affected Settlements:*

1. Killi Jamal Dini (UC Jamal Dini)
2. Gareeb Abad (UC GareebAbad)
3. Daak (UC GareebAbad)
4. Jamal Abad (UC GareebAbad)
5. Asia Ban (UC GareebAbad)
6. Gashangi (UC GareebAbad) (*IASCI Summary Report*):



## ***CRITERIA FOR SHELTER ASSESSMENT***

Shelters were classified as either fully damaged or partially damaged based on the criteria below:

**Fully Damaged:**

Houses with substantial structural damage - walls and roofs. (fully washed or destroyed houses due to the floods)

**Partially Damaged:**

Houses with partially damaged walls or parts of roofs etc.(Cracks appearing in the walls and roofs of standing houses)

## **FINDINGS**

### **KHARAN**

The table below is a summary of shelter and watsan damages in Kharan district:

U/C	Total Population	Highly Affected Villages	Sectoral Damage Assessment							
			Shelter				Watsan			
			Fully Damaged	Partially Damaged	Not Damaged	Displaced Persons	Wells	WSS	Karez	Hand pumps
Jodai Kalat	30,100	Shayan GharibAbad Gozaggi Jalazai	786 HH 21%	1693 HH 45 %	1128HH 30 %	10,000	Existing = 03  Damaged = 03	Existing = 0	Existing = 0	Existing = 07 Damaged = 07 Required = 30
North Kharan	36,000	Jhozhan  Kubdani Mohalla  Thana road	1350 HH 30%	2025 HH 45%	1125HH 25%	5,000	Existing = 05,  Damaged = 03	Existing = 0  Required = 01	Existing = 1  Damaged = Completely  Require rehab	There is no need of hand pump as the water is not Drinkable in North Kharan



South Kharan	34,000	WAPDA Colony Muhalla Alam Khelan Kullan Sadullah	1062HH 25%	1700 HH 40%	1488HH 35%	7,500	Existing = 05  Damaged = 03	Existing =0  Required = 02	Existing =0  Damaged =0	Existing = 10,  Damaged = 10  Required= 15
Toumulk	24,500	Bopay Rek No 2 Tokiya Faqirzai Raza M. Godano Dazo	612 HH 20%	245 HH 8 %	2205HH 72%	10,000	Existing = 04  Damaged = 04	Existing =0	Existing =01  Damaged =01	Existing = 04,  Damaged = 04  Required= 10
Jamak	20,000	Jangle Abdul Wahid  Jangle Alam Khan  Gazi Zian  Kashmir ZorAbad	707 HH 29%	375HH 15%	1375HH 55%	9,000	Existing = 03  Damaged = 03	Existing =0	Existing =0	Existing = 01,  Damaged = 01  Required= 08

## **SHELTER**

A typical household in District Kharan is comprised of 8-10 people per household. As per the culture of the area, and Balochistan as a whole, a joint family system is practiced, which includes the whole family varying from 8-12 people. The houses built in the area were owned by the head of the family prior to the disaster; usually the father or grandfather. There were no groups of unaccompanied children living in these households, but minorities such as Hindus and Christians were present prior to the disaster, and living in similar typical household structures as the majority local population. Families were normally involved in agriculture, date farms and livestock activities prior to the disaster.

Household structures in the area are fairly simple and typical in construction. The local people, mainly male heads of households, typically construct the houses themselves. The houses were built with local available materials like mud bricks, mud walls, and iron girders (Iron Beams) bamboos, wooden mats (*KERAS*), plastic sheets and clay. In some cases 1'x" bricks tiles with cement mortar have also been used. Construction of a typical house takes 7 to 20 days, depending on the size of the family and number of rooms required. All the materials are easily available in the local market. The local people have indigenous knowledge of construction of typical houses and are easily available for construction labor. The total cost of a typical house varies from USD 1,000 to 5,000.



It was observed during the damage assessment that all the housing units were constructed without proper foundations under the wall, and so the high flood level and velocity damaged the houses even more. If similar housing units are constructed without proper foundations, this damage can easily be repeated.

### **Jodai Kalat:**

Shelter was the most urgent and high priority need of the people of Jodai Kalat followed by WATSAN and health. In Jodai Kalat There were a total of 3761 House holds in which 940 House holds were fully damaged, and 1693 House holds were partially damaged, while 1128 Households were not damaged, and 10,000 people in union council Jodai Kalat were displaced.



### **North Kharan:**

Like Jodai Kalat the people in North Kharan also needed shelter on priority basis as they were living under the open sky since the last three weeks, in Union council North Kharan there were a total of 4500 House holds 1350 House holds were fully damaged, in Union council North Kharan more than 5,000 people were displaced.

**South Kharan:**

South Kharan had a total population of 4250 house holds, in which 1062 Households were fully damaged, 1700 were partially damaged and the rest of 1488 were not damaged by the flood.

**Toumulk:**

In Tomulk Union council there were a total of 3062 House holds in which 612 House holds were fully damaged, and 245 House holds were partially damaged, while 2205 Households were not damaged, and 10,000 people in union council Tomulk were displaced.

**Jamak:**

Jamak had a total population of 2500 house holds, in which 750 Households were fully damaged, 375 were partially damaged and the rest of 1375 were not damaged by the flood.

**NOSHKI**

In Noshki District almost 90% of the population do not have any sort of shelter and the entire population is exposed to very harsh weather conditions and direct heat of blazing sun in soaring summer temperature, making them even more vulnerable to heat stroke and de-hydration (*IASCI Summary report*). They were living in the mud structures for decades and they prefer this structure as it is easy to maintain and construct, as the components involved are easily available and cheap.

On inquiry regarding their preference of structure the community wants to live in, they preferred the mud structures and these structures are felt to be cool in summer and warm in winter. All government buildings are made of bricks, and a few newly constructed buildings have the brick structure. The foundation is normally ½ ft to 1 ft deep in which they use the stones as well.

It was also observed that for some new construction the villagers were using CEMENT which is considered by the population as a positive improvement. . The thickness of the wall is 1 ½ ft to 2 ft thick, totally they are made with the mixture of mud and straw. The roof and the pillar are also made by mud. Thick tree trunks or H angle iron beams are used to support the roof. \* (*IASCI Summary report*)

***ARC SHELTER PACKAGE:***

The ARC for this purpose constructed “Emergency Nature” shelters with the help and approval of the community. These structures were simple and made out of locally acceptable bamboo poles, wooden mattress (kera) and plastic sheets. It was widely acknowledged and much liked by the local community as well as other local and international organizations working in the field. The Shelter Cluster has also approved and admired the ARC structure. In future ARC shall build shelters in accordance with the model structure set up for the 2000 families in Kharan.



## **WATSAN:**

### **KHARAN**

The ARC Team found deplorable watsan conditions. Balochistan already had a weak infrastructure in regard to drainage and sewage pipelines. As the floods approached the Karez system, particularly in Kharan got badly affected and Kharezes collapsed, leading to contamination of water. It was seen that in 1998 World Bank had completed a Sanitation project worth six crore rupees. That project did not sustain to its fullest due to lack of repair and management. People are used to having traditional latrines and they create a pit outside their homes and use Indian pots to defecate.

As per the detailed AMEU Assessment Report- Baseline KPC Survey (ACTED- July 2007), and initial data collected by ARC on ground, the water tables in Kharan are low, and so the collection of water was done mainly through shallow wells. In Kharan city, an estimated 85% of families have lost their shallow wells and have no other sources of potable water. Post floods, families in the area are now using rain water and open ponds for drinking, which has a high risk of serious diarrhea and gastric diseases.



(AMEU Assessment Report- Baseline KPC Survey (July 2007). The UN- led helicopter assessment team (draft report 13<sup>th</sup> July 2007) and ARC rapid assessment teams reported that the main source of

water supply in District Kharan was an old perennial flowing Karez, which has collapsed and contaminated during the flood. The Public Health Engineering department was also managing nine water supply schemes in the district. People had also dug up 200 shallow wells, out of which 80% have been completely destroyed by the floods. (UN- led helicopter assessment team, draft report 13<sup>th</sup> July 2007)

### **Judai Kalat**

WATSAN was the second urgent need of the people of Jodai Kalat, in Jodai Kalat most of the people used well water, and the people had three wells which were all damaged by the flood. As regards the water supply system there was no WSS, and Karez system in Jodai Kalat, however they had Hand pumps which were all damaged by the flood and

they were in need of 23 more hand pumps besides rehabilitation of the previous 07 hand pumps destroyed by floods.

#### **North Kharan**

North Kharan was one of the most affected Union councils of District Kharan, the over all picture of the Water and sanitation in North Kharan was as follows:

There were 5 tube wells and 03 out of those 5 were damaged due to floods, while the total wells required for the people of North Kharan as assessed are 05, The people of this U/C had no WSS however they required 01 WSS, there was also a Karez which was destroyed by the flood and the people were in need of its rehabilitation, as regards the use of hand pump there was no need of it as the water was not drinkable.

#### **South Kharan:**

The WATSAN conditions in south Kharan u/c were as follows,

There were 05 Wells, in which 03 were damaged by the flood, and the people need these three wells to rehabilitate to fulfill the water needs of the people. There were no WSS in the south Kharan however two WSS were recommended. There is no Karez in the Union council, there were 10 hand pumps and all were damaged by the floods, beside rehabilitation of the 10 hand pumps 05 new hand pumps were required.

#### **Toumulk:**

In Tomulk most of the people used well water, and the people had four wells which were all damaged by the flood and required rehabilitation. As regards the water supply system there was no WSS as it was not feasible, and there was a single Karez in Tomulk that was also damaged and needed rehabilitation, they had 04 Hand pumps which were all damaged by the flood and they were in need of 06 more hand pumps besides rehabilitation of the previous 04 hand pumps destroyed by floods.

#### **Jamak:**

The WATSAN conditions in Jamak u/c were as follows,

There were 03 Wells, in which all the 03 were damaged by the flood and the people need these wells to rehabilitate to fulfill the water needs. There were no WSS in the Jamak because WSS was not feasible. There is no Karez in the Union council, there was 01 hand pumps and was damaged by the floods, and they needed a total of 08

#### **NOSHKI**

In Noshki while visiting 4 major villages; Asian ban, GharibAbad, Jamaldini and Jamal Abad, ARC team observed that there was not much need of water as there were tube wells installed by the government there which were unharmed by the floods. All the houses had taps in their homes through which the tube well water reached to them. One line was broken, but the MNA of the area got it fixed. Sanitation although seemed to be in a poor condition. The people have traditional latrines in their homes and they use those. There is presence of natural drainage except in few places where constructed drainage channels can be seen.

#### ***HEALTH:***

The ARC team observed that in Naushki district there was one District hospital with in sufficient supplies of medicines. This hospital provided one room to ARC for storing our medicines. Following information was received by an ARC staff from the DCO Naushki:

Before the flood,

- 10 BHUs were present in Naushki, 1 BHU per union council
- 3 Rural Health Centers
- 1 District Headquarter Hospital
- 2 BHUs collapsed in the recent flood

After the floods:

- DCO immediately set 4 medical camps in four villages
- Camps are equipped with medicine and medical staff

There was no government female medical doctor in the district. People in the district had to go to this hospital by foot as there is lack of public transport there. After the floods the roads have been wiped out badly, thus the people cannot reach the hospital. In Naushki, there was lack of international and national NGOs working in the health sector and people were thankful to ARC for putting up their mobile units.

There was one District hospital in Naushki with one lady doctor for the whole district. This hospital provided one room to ARC for storing our medicines.

ARC's Mobile Emergency Medical Unit has been on ground since 28<sup>th</sup> June 2007 and started a comprehensive assessment as people in Naushki and Kharan immediately needed emergency medical assistance. ARC is planning a health assessment in late July/early August. In Naushki ARC treated 1,944 patients at OPD in one week out of which 724 were men and 876 women. The morbidity profile was largely acute respiratory infections, diarrhea and gastro-intestinal infections. No delivery was done in the OPD in Naushki.

ARC sent a mobile team to Kharan on July 15<sup>th</sup> and has treated 978 patients in OPD between the dates of 16<sup>th</sup> July to 25<sup>th</sup> July 2007, with 459 males and 519 females. The morbidity profile was diarrhea, skin infections, respiratory diseases, eye infections and also antenatal cases

According to the ARC, CRS, IR, SC joint rapid protection assessment, all locations surveyed in Kharan reported that all morbidity numbers have increased after the floods. The most commonly reported illnesses were diarrhea, skin diseases (scabies and rash), malaria, and fever. Acute stress disorder, trauma, eye infections and malnutrition were also observed. One respondent in South Kharan said that women are malnourished and can not feed their children.

All respondents reported a need for more health care but many reported no change since the floods. Previously there were no female doctors in the entire district (Ministry of Health). In some locations an *increase* in health care was reported (South Kharan City). Both IR (all UCs) and ARC (Jodai Kalat, Tohmulk) have set up emergency medical camps. Medicines are available to purchase in the Kharan bazaar and respondents in Jamak and Jodai Kalat reported buying them from there.

## **PROTECTION**

ARC, in partnership with CRS, IR and SC conducted a rapid protection assessment in Kharan on behalf of the Ministry of Social Welfare and UNICEF. Findings are summarized below:

The following types and numbers of vulnerable individuals were identified in the assessment:

	Category	Number Identified	Location
1	Female-Headed Households	3	S. Kharan, Jamak, Tohmulk
2	widows	21	S. Kharan, Jamak, Tohmulk, J. Kalat, Raskoh
3	Orphans	96	All Districts
4	separated children	5	N. Kharan, Raskoh
5	unaccompanied children	-	-

### **Community support**

The Kharan community is generally under resourced to assist vulnerable groups. In most locations surveyed respondents said community resources are simply not available to assist vulnerable individuals. Incidences of community support were only reported in Sarawan (Omar) where orphans are staying in the madrassa and receiving food from elders; Kubdani Muhalla (She lag) in North Kharan where three orphans are staying in the madrassa; and in South Kharan where many people are staying with relatives and where it was also reported that the Hindu community provided food to flood affected people (for one week).

### **Discrimination**

The only kind of discrimination reported was political discrimination, where the district Nazim directed relief items (often through the FC) to his political constituents. This was reported in North Kharan (Kubdani Muhalla), South Kharan and (Klan), Raskoh (Sámi Korea). Agencies should strictly monitor distributions to ensure equity.

Women may be unable or unwilling to access distribution points due to strict cultural norms of gender segregation. While it was only reported in one location, Tallish Abad (South Kharan) that women are not willing to go to distribution centres despite their need for assistance, this should be highlighted as an area of potential concern for agencies considering distributions. In Jamak (Kashmir) there were reports that one widow and five orphans were not receiving any assistance.

### **Exploitation**

The only location where exploitation was reported was in Klan, South Kharan, where women were pushed and their bodies touched by FC at distribution points<sup>1</sup>. However, it should be emphasized that the cultural norms of the flood affected population prevent open discussion of these issues and this does not mean that exploitation is not happening. One member of the assessment team said that people emphatically stated that 'these things do not happen in our culture' but she later she received heard

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<sup>1</sup> It is unknown whether this was accidental due to the disorder of distributions or if it was intentional.

anecdotal reports of sexual abuse of young boys before the flood. In a climate of increased vulnerability for women and children, agencies must incorporate gender based violence prevention and response activities in their emergency programming. The 'IASC Guidelines on for Gender Based Violence Interventions in Humanitarian Settings' are highly recommended as a guide for all clusters.

### **Trafficking**

In no locations did anyone report trafficking or unusual criminal activity, but concerns of under or non reporting are similar to those outlined in the exploitation section.

### **Food**

In most locations people reported a change in diet; this was either a reduction in food available or the absence of items like wheat flour (ruined by the flood) or meat (livestock lost due to the flood – reported chickens and goats). In Raskoh (Aricolag, Naghot, Samai Kore) they reported no change to their diet (remains rice, dahl and vegetables).

## **RECOMMENDATIONS:**

### **SHELTER:**

- Emergency shelters needs to be provided as soon as possible as many people are living under the open sky or in public buildings and mosques.
- The weather in Kharan is extremely hot, so the emergency shelter package must be suitable for this extreme climate
- The material chosen should suitable for reuse in the building of more permanent shelter.
- Emergency shelter kits should cater for an average family size of 8 members
- The affected people need to be convinced to move to places of higher altitude so as to remain safe from any future floods.
- It is strongly recommended that the people should follow engineering standards and guidelines for future housing constructions and the government should assist them in terms of constructing and providing assistance to the people through the I/NGOs, and other consultants

### **WATER:**

- Clean drinking water should be provided to the affected population as almost all the water sources have been destroyed and the only Karez in North Kharan is silted up and urgently needs to be cleaned and rehabilitated and people can use for drinking purposes as before flood.
- Families should be provided with ORS, water purification tablets and/or filters
- Preventive medicine against water borne diseases should be available.
- Water sources should be protected and rehabilitated
- Health and hygiene sessions should be held with community to inform them of the risks of drinking contaminated water.



**HEALTH:**

- Clean water should be provided prevent water borne diseases. All households should be provided with Aqua Tabs and PUR sachets
- Comprehensive RH services (in accordance with the MISP) should be part of the emergency medical response.
- Female doctors should be part of emergency medical team to ensure medical treatment is available and reaching women in the community as the women are apprehensive to get checked from men
- All households should be provided with ORS, Aqua Tabs and PUR sachets
- Provide basic health/RH awareness sessions that help to promote health and prevent illness

**PROTECTION:**

- Provide safe spaces for women and girls to receive psychosocial support (trauma counseling, coping strategies)
- Provide safe spaces for breast feeding, washing of sanitary items etc and for provision of hygiene and delivery kits
- Identify vulnerable individuals, including survivors of gender based violence<sup>2</sup>, and refer them to appropriate services/assistance<sup>3</sup>
- Agencies must incorporate gender based violence prevention and response activities in their emergency programming. The 'IASC Guidelines on for Gender Based Violence Interventions in Humanitarian Settings' are highly recommended as a guide for all clusters.
- All agencies to watch out for inequity in distribution

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<sup>2</sup> In accordance with MISP guidelines

<sup>3</sup> All ARC medical officers have been trained in Medical Management of Rape and comprehensive RH services will be offered by ARC emergency medical teams.