Disaster Management Program

Introduction

Disaster management aims at reducing or avoiding the potential losses from hazards, assuring prompt and appropriate assistance to disaster victims and achieving an effective and rapid recovery. The program ensures appropriate actions at all points which lead to greater precautionary measures along with better warning system causing reduced vulnerability or possible prevention of disasters. The holistic disaster management cycle majorly focuses on the shaping of public policies and plans that either modify the causes of disasters or mitigate their effects on people, property and infrastructure.

Best Practice Service Models

Model-1

Establishment of Relief / Emergency Camp

Camp Management ensures the provision of basic human rights to people through shelter, protection and assistance, in accordance with international laws and standards.

Objectives:
The objectives of this model are to:
- Provide temporary shelters to the Internally Displaced Persons (IDPs) according to their needs.
- Accommodate the IDPs till they can return to their homes.

A view of HANDS relief camp in a disaster hit area

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Methodology:
- Disaster Management (DM) team at the district office identifies displaced persons and conducts their need assessment and identifies the ground/space to set up camps.
- Tents are erected at the identified site for the camp.
- A camp management committee is formed which comprises of 10 persons (8 males and 2 females).
- The camp management committee registers all the families.
- The activities at the camp are conducted in coordination with this committee including distributions of all sorts.

Achievements:
Overall 213 camps have been established till date which provided shelter to 131,463 disaster victims since 2010.

Model-2

Food Distribution During Emergency
The food distribution model of Disaster Management Program focuses on feeding and nutritional requirements of IDPs due to disasters. The United Nations' (UN) World Food Program has provided the guidelines for average requirement of food/calories per person (2100 kcal per person per day). The average requirement of an adult person is about 515 grams per person per day for the food distribution in emergencies. This distribution varies to suit local conditions, taking into account the population's actual nutritional requirements and its ability to access food. Their requirement of micronutrients is also considered.

Model-3

Disaster Risk Management Centre (DRMC)
Disaster Risk Management Centre is a resource for HANDS community workers to support the hazard victims. The centre assists in providing material support, medical aid and advisory support to the affected areas. Training of volunteers and community persons to respond to the emergency or need is also included as one of the purpose of disaster centre. The establishment of a DRMC sets a formal and legal channel for bringing relief to people.

Objectives:
The objectives of Disaster Risk Management Centre are to:
- Respond and reduce the damage caused by disasters.
- Minimize potential losses from hazards.
- Assure prompt and appropriate assistance to victims of disaster.
- Achieve rapid and effective recovery.

Methodology:
- Appraisal of the current status of hazard/risk assessment, capability assessment of HR & Logistics areas.
- Establishment of a comprehensive emergency management program based on local needs.
Disaster Management Program

- Development of strategies.
- Development of a 1-5 year work plan to improve emergency management.
- Research on population database.
- Integration of maps and mapping data.
- Customizing reports.
- Adding information and links to database.
- Training of staff.

Achievements:
HANDS has established 13 Disaster Risk Management Centres in Sukkur, Thatta, Hyderabad, Jamshoro, Matiari, Umerkot, Mirpur Khas, Sanghar, Badin, Jacobabad, Karachi, Ghotki and Muzaffargarh.

Model 4

Network for Disaster Risk Reduction

These are the networks of Community Based Organization (CBO). The purpose of the network is to bring CBO representatives on a common platform to facilitate communication, sharing and mobilization for action plans.

Objective:
The objectives of this model are to:
- Promote coherent actions in disaster risk reduction at district levels between all CBOs.
- Communicate, share and mobilize the communities after short notice periods and intervals.

Methodology / Function of Disaster Risk Management Centre:
- All the CBOs of the district are trained in community based Disaster Risk Reduction (DRR).
- All the CBOs are certified by District Government.
- The DRR committees' database is developed by Disaster Risk Management Centre.

Achievements:
HANDS has established 02 networks in Northern and Southern districts of Sindh which represent about 3,000 CBOs. HANDS has also led a consortium of NGOs established by Relief and Rehabilitation Department, Government of Sindh.

Model 5

Health Services in Emergencies (HSIE)

Provision of health services through medical camps has proved to be very effective especially in situations where these services could not be readily provided to the patients due to difficult circumstances. This method is particularly effective in case of disaster struck areas where travelling and access to basic health facilities becomes impossible. The medical camps, static or mobile, can be placed at a health facility, community room or a tent provided by local community.

Objective:
The objectives of this model are to:
- Provide easy access to health services.
- Provide basic health services in disaster/emergencies.
- Provide specialised healthcare services for certain diseases/emergency cases in a community/camp.

Services:
Through medical camps health services could be provided for specialised/specific management as well as for general. The specific management camps include family planning programs, diabetes, eye treatment and surgeries (cataract) etc. The general issues treated at the camp include antenatal, postnatal, diarrhea, acute respiratory infections, skin infections, eye infections and measles etc.

Methodology:
- The camp is established at an agreed site easily accessible by the patients/clients.
- Coordination with local CBOs or any other voluntary group is sought to organize and facilitate camp conduction.
- Appropriate and adequate equipment/medicines are arranged and placed at camp site.
- Healthcare provider/s is/are arranged.
- Community is informed.
- Patients / clients are treated/ managed.
- Management Information System (MIS) is placed and managed to keep record of client/patient...
management and follow ups.

Achievement:
Overall 3,718 medical camps have been held and 377,988 patients / clients have been managed in medical camps for different health issues.

Model-6

Education in Emergencies (EiE)
The model of Education in Emergency (EiE) is based on provision of education facility in disaster / emergencies. This model includes Temporary Learning Centre (TLC), Child Friendly Space (CFS) and School Rehabilitation (SR). Through these models, safe learning opportunities are provided to children who have lost their education facility in disaster.

Objectives:
The objectives of this model are to:
1. Provide healthy and safe learning environment to children in disaster struck areas.
2. Provide opportunity for disaster struck children to retain their healthy routines.
3. Help recover from physical and mental trauma.
4. Provide healthy learning activities for children with interrupted school activities due to disaster.

Methodology:
1. Identification of safe/hygienic place for the model with play area.
2. Identification and training of facilitator.
3. Provision of WASH facility.
4. Provision of toys and other learning material.
5. Conduction of session/classes.
6. Monitoring and supervision.

Achievement:
Overall 59 Child Friendly Spaces (CFS) and 150 Transit Shelter School (TSS) have been established so far along with rehabilitation of 1065 schools with wash room and hand washing facilities in disaster affected areas. These schools were also provided bags, copies, sports item & stationary.

Model-7

Ambulances Network
HANDS Pakistan has network of Ambulance services

HANDS Ambulance Services
in 14 districts of the country, which aims to ensure provision of health and social care services to community in HANDS intervention areas with safe, effective, empathetic, high-quality care on very nominal charges.

Objectives:
The Objectives of Ambulance Service are to:
1. Provide economical ambulance facility to the community in HANDS intervention areas.
2. To meet better health outcomes for all as per growing need of population during any medical emergencies.
3. To refer serious patients, victims of accidents and burn cases to save their lives.
4. Improved patients access and experience
5. To transport dead bodies to their destinations according to the request.

Methodology:
1. Community is well aware regarding the number of Ambulance Service at District Level to avail the services as per requirement
2. In case of any emergency / Road accidents HANDS Ambulances will reach on point to be the part of Rescue services
3. Provision of Quality Services with equality, dignity diversity and human rights

Achievements:
1. Total 3,606 Patients have been received /availed the ambulance Service
2. HANDS is providing services through Ambulance Network in 12 different districts of Sindh

HANDS Ambulance Coverage Districts
Thatta, Hyderabad, Matiari, Dadu, Sanghar, Umerkot, Kashmore, Jacobabad, Ghotki, Sukkur, Badin and Karachi Rural
Disaster Management Program

Best Practice Training Models

<table>
<thead>
<tr>
<th>Model-8</th>
<th>Model-9</th>
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<tbody>
<tr>
<td><strong>Training on Camp Management</strong></td>
<td><strong>Drought Mitigation Trainings</strong></td>
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<tr>
<td>This model of Disaster Management offers trainings on camp management which is crucial in emergency situations. Lack of management capacity leads to misuse of resources and adds to the miseries of camp dwellers.</td>
<td>The Drought Mitigation Training provides an opportunity for practitioners to learn essential skills and knowledge in drought mitigation and climate change to address implementation challenges in a systematic manner. Through exercises and simulations, participants practice risk assessment and risk management planning.</td>
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<td><strong>Objective:</strong> The objectives of this model are to:</td>
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<td>- Gain knowledge on camp organization, management and systems.</td>
<td>- Examine various models of disaster risk management and drought mitigation.</td>
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<td>- Learn how to secure and uphold the protection of the rights of refugees and IDPs under international law.</td>
<td>- Design and conduct Drought Mitigation assessment.</td>
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<td>- Identify measures for hazards and vulnerability reduction and community capacity building.</td>
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<tr>
<td><strong>Methodology:</strong> Encourage participants to think creatively and utilize contemporary adult learning methodologies. It also includes interactive discussions, lectures, group work, in-house exercises, camp mapping, presentations, case studies, videos and brain-storming.</td>
<td><strong>Methodology:</strong> Learning through exercises, group work, field work, simulations, videos, discussion forums, lectures, presentations and interactive activities.</td>
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<tr>
<td><strong>Training Duration:</strong> 03 days</td>
<td><strong>Training Contents:</strong></td>
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<td>- Crop diversification</td>
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<td>- Conservation farming</td>
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<td>- Early planting</td>
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<td>- Livestock production</td>
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<td>- Gardening</td>
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<td>- Winter ploughing</td>
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<td>- Relief food</td>
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<td>- Timely acquisition of farming inputs</td>
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<td>- Enterprise diversification</td>
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<td>- Food storage</td>
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<td></td>
<td>- Bamboo cultivation</td>
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<td></td>
<td>- Introduction of donkeys and small livestock</td>
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<td>- Use of drought tolerant varieties</td>
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<td>- Bee keeping</td>
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<td></td>
<td>- Water harvesting</td>
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<td></td>
<td>- Small grants</td>
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<tr>
<td><strong>Training Duration:</strong> 06 days</td>
<td><strong>Achievements:</strong> 02 trainings have been conducted in last couple of years and 50 participants have been trained for Drought Mitigation which includes risk assessment &amp; management.</td>
</tr>
<tr>
<td><strong>Achievement:</strong> 31 trainings have been conducted on camp management and more than 422 organization professionals have been trained in preceding years.</td>
<td><strong>Achievements:</strong> 02 trainings have been conducted in last couple of years and 50 participants have been trained for Drought Mitigation which includes risk assessment &amp; management.</td>
</tr>
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Model-10

Community Based Disaster Risk Reduction Trainings (CBDRR)

This model of disaster management program is designed to train professionals to manage the victims of and effects of natural disasters and calamities.

Objectives:
The objectives of this model are to:
- Reduce the damage caused by natural hazards like earthquakes, floods, droughts and cyclones.
- Minimize the damage and trauma due to disaster.
- Manage early recovery from disaster.

Methodology:
- Trainings are conducted by HANDS' trainers through showing short films and documentaries.
- The skills required at the time of any disaster are demonstrated by the resource persons with special emphasis on practical life-saving skills.

Training Contents:
- Disaster management
- Basic concepts of hazards and vulnerabilities
- Earthquake: Understanding the hazard, causes, effects and do's and don'ts of earthquake safety
- Landslides: Understanding the hazard, causes, effects and its precautionary measures
- Floods: Understanding the hazard, causes, effects and mitigating measures
- Structural safety
- Non-structural safety
- Village disaster management plan
- Evacuation planning and earthquake drill
- Search and rescue methods
- First aid skills
- Fire safety methods
- Psychosocial support skills

Training Duration:
04 days

Achievements:
42 trainings have been conducted till date attended by 1014 participants. 264 step down trainings have also been conducted by CBOs on the subject to Community Based Disaster Risk Reduction.

Model-11

Community Based Disaster Risk Management (CBDRM) Training

This model provides training opportunity for professionals to manage or respond in emergencies/disasters in a community setup.

Objectives:
The objectives of this model are to:
- Examine various models of Disaster Risk Management.
- Design and conduct community based Disaster Risk Assessment.
- Identify measures for hazards and vulnerability reduction.
- Community capacity building.
- Prepare a risk reduction plan and understand how to integrate it into development activities.

Methodology:
Fun filled learning through exercises, simulations, videos, discussion forums, interactive activities, field activities, lectures, role plays and group work.

Training Contents:
- Disaster Management Terminologies
- CBDRM Approach
- Types of Hazards
- Characteristics of Hazards
- Hazard Assessment
- Vulnerability and capacity analysis
- Disaster risk reduction planning
- Standards (Sphere standards)
- Sphere and disaster preparation
- Organizational level disaster preparation
- Contingency planning
- Capacity mapping
- Response planning

Training Duration:
06 days

Achievements:
HANDS Disaster Management program team has so far trained 30 master trainers on the subject of Community Based Disaster Risk Management. Overall 417 training have been conducted and 11,437 participants have been trained on the subject.
Major Contributions of HANDS Disaster Management Program

HANDS Disaster Management Program responded to major disasters in Pakistan and in Nepal and has vast experience to deal with emergency responses during the recent disaster in Pakistan and out of the country. Following is the history of HANDS disaster response:

1. **2016 Sindh Heat Wave anticipatory Emergency Response:**
   Immediately Emergency Response was initiated by establishing Heat Wave Relief camps at different locations of Karachi. HANDS Utilized its community based staff for provision of awareness regarding precautionary measures during heat waves to more than 35,000 people have been received HANDS relief included awareness raising material in different districts of Sindh including Karachi at the cost of Rs. 2.2 million.

2. **2015 Shangla & Chitral Earthquake Emergency Response:**
   Immediately Emergency Response was initiated for affected families by shifting affected families at safer places and provision of Medical services. More than 5000 families received HANDS relief in affected areas of Shangla & Chitral, the cost of Rs. 17.7 million.

3. **2015 Flood Emergency Response in Sindh, Punjab and Khyber Pakhtoonkhawah:**
   Immediately Emergency Response was initiated to the effected population by providing transport, health and temporary shelter services to the affected families. More than 6750 families in 7 districts including Layyah, Rajanpur of Punjab, Thatta, Shaheed Benizirabad, Khairpur of Sindh and Chitral of KP were benefited at the cost of Rs. 58 million Rupees were contributed in this response.

4. **2015 Karachi Heat Stroke Emergency Response:**
   Immediately Emergency Response was initiated by establishing Heat Stroke Relief camps at Jinnah Hospital Karachi and at HANDS Hospital Jamkanda Bin Qasim town of District Malir more than 10,000 people have been received HANDS relief included referral and medical services in Karachi at the cost of Rs. 05 million.

5. **2015 Nepal Earthquake Emergency Response:**
   Immediately Emergency Response was done for survivors. The response later transform in to early recovery. More than 5,000 survivors were benefited from HANDS services through health, shelter, temporary learning centre (schools) and food distribution services. HANDS has contributed upto 50 million Nepali Rupees in this intervention.

6. **2014 Flood Emergency in Southern and Northern Punjab:**
   Immediately Emergency Response was initiated to the affected population by providing transport, health and temporary shelter services. The early recovery intervention initiated with rehabilitation of water, food, sanitation, education, street pavement and small bridge facilities. More than 7000 families in 6 districts including Muzafargarh, Rajanpur, Sialkot, Chiniot, Mandi Bahauadin and Jhang were benefited. More than 15 million Rupees were contributed in this response.

7. **2014 North Waziristan Emergency Response (IDPs):**
   Emergency Response was initiated within 36 hours to provide assistance to Internally Displace Peoples (IDPs) at Bannu. HANDS intervention is comprised of health services to more than 10,000 beneficiaries with the cost of Rs. 2.3 million.

View of a disaster hit victim at Chitral
Disaster Management Program

8. **2014-2016 Tharparkar Drought Response:**
Emergency Response was initiated in March, 2014 at 02 districts of Southern Sindh that is Tharparkar and Umerkot. Relief packages were provided to 6,000 families. Later 0.8 million population were benefited with Community Based Management of Acute Malnutrition (CMAM). HANDS has contributed more than Rs.195 million in this intervention.

9. **2013 Awaran Balochistan Earthquake Response:**
Emergency response was initiated within 8 hours & comprehensive relief package was provided in hard conditions and conflicted areas to more than 10,000 families in three districts Awaran, Panjgur and Kech. The intervention comprised of health, education, shelter, livelihood and water sanitation services. HANDS contributed more than Rs. 250 million in these areas.

10. **2012 Northern Sindh, South Punjab and Balochistan Rain Emergency Response:**
Emergency response was initiated in 06 districts of Sindh, Punjab and Balochistan which includes Jacobabad, Kashmore, Ghotki, Shikarpur, Rajanpur and Jaferabad. Emergency relief package was provided to 27000 families at the cost of Rs. 46 million.

11. **2011 Southern Sindh Rain Emergency Response:**
Emergency response was initiated in 8 districts of Southern Sindh, including Umerkot, Badin, Sanghar, Matiari, Shaheed Benazirabad, Mirpurkhas, Thatta & Jamshoro. 29000 families were reached. Total cost of the projects was Rs. 220 million.

12. **2010 Northern and Southern Sindh Flood Emergency Response:**
Emergency response was initiated in 07 worst affected districts of northern and southern Sindh. 36,000 families were reached. Later the early recovery and rehabilitation intervention done. Total cost of the projects were Rs. 415 million.

**Case Study**

**Immediate and planned emergency response will have a positive impact**

Pakistan due to its geographical and geological characteristics, frequently experience devastating natural disasters that cause colossal loss both in terms of life and property. It is located in the earthquake zone and most of its population is inhabited in these areas. In the recent earthquake of October 26, 2015 having a magnitude of 8.1 the provinces that were mostly affected were primarily; KPK and FATA where over 280 people died and 1770 were injured. The number of damaged premises/houses/buildings were about 109,123.

HANDS started emergency response soon after the disaster. Initially 100 food packs were distributed in the earthquake affected community of Shangla. Later on HANDS established a fully operated office at Shangla and started assessment. As the result of this assessment, most affected households were identified and 2500 roofing kits were distributed amongst the most deserving community in 5 UC’s namely Chakesar, Sarkool, Opal, Bunirwal and Martung Khas. HANDS also distributed 2500 winter kits, 2500 hygiene kits, 2500 solar lights in the same community at Shangla. In addition HANDS also distributed 2500 cheques of Rs. 500 each to all 2500 beneficiaries.