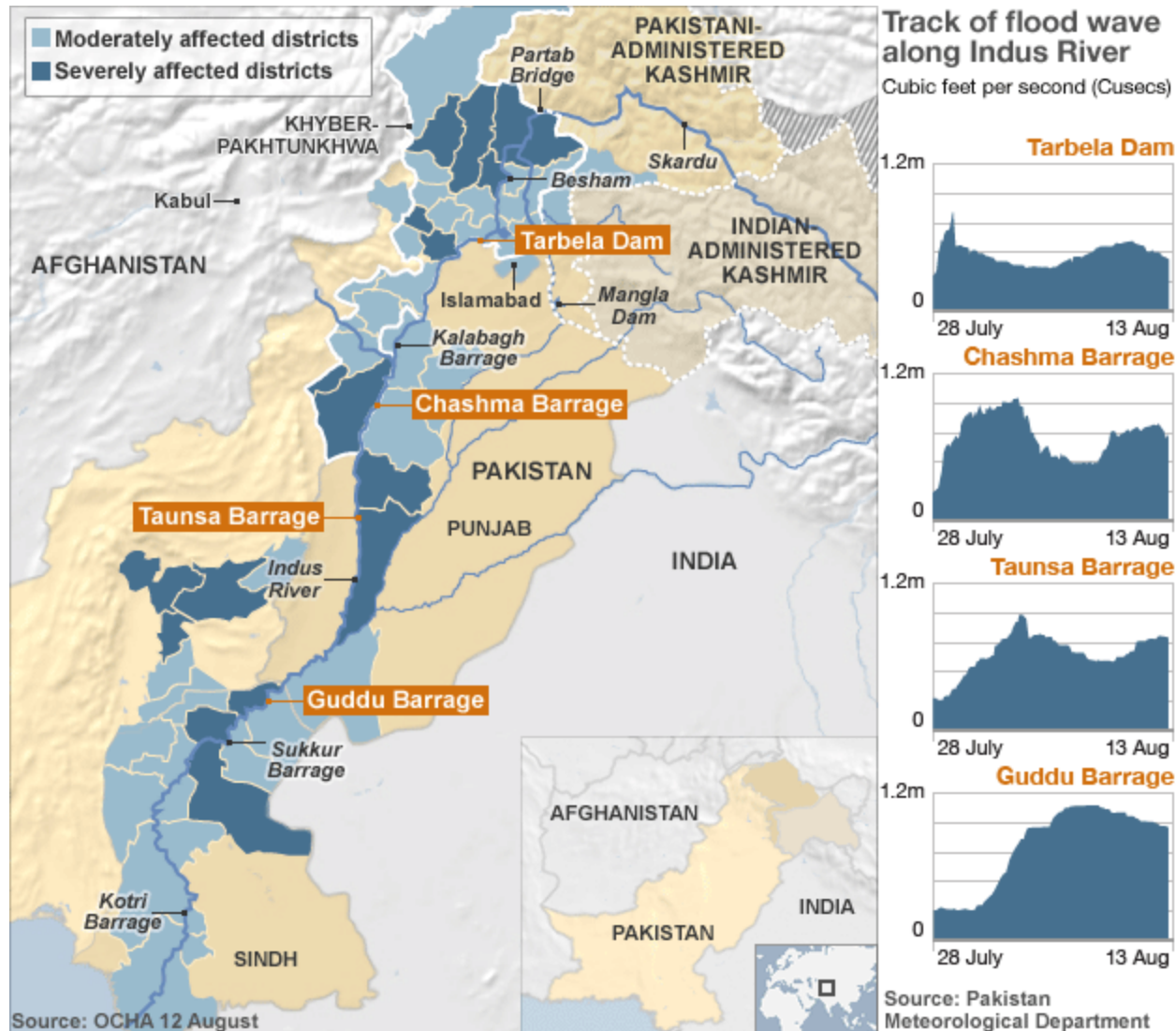


The AKU response to the Flood Disaster: an action plan

Floods summer 2010

- Unprecedented disaster!
- Rainfall in the North in the last week of July 900 mm in 24 hrs; 90 x annual average)
- Continued deluge for the next 2 weeks (three flood waves, last in next 2 days)
- Waters will only start to recede by the end of August





~ 20 million affected people; at least 6 million children
 ~ 8-9 million displaced; 730,000 houses destroyed

Immediate risks & population needs (1)

- Drowning and flood damage related injuries/deaths (landslides/structure collapse etc)
- Rescue & shelter
- Water
- Sanitation



Immediate risks & population needs (2)

- **Food needs are critical**
- The initial chaos is beginning to settle down
- World Food Program has reached a million people (still short of target) but infrastructure is set
- Most indigenous philanthropy has targeted food, clothes and other basic needs
- Health related interventions just beginning



Aftermath

- **Special Flood related Health Risks**
 - Water and sanitation related illnesses
 - Diarrhea (major risk of cholera, dysentery)
 - Skin infections and infestations
 - Typhoid
 - Hepatitis A
 - Malaria (especially in Sindh), Leptospirosis
 - Snake bites
 - Mental health problems
 - Issues related to population clustering in camps (e.g. TB)
- **Regular health problems compounded by health system & infrastructure disruption**
 - Maternal and child health problems
 - Immunization needs
 - Chronic diseases
 - Diseases of the elderly

Anticipated MNCH problems

- Common maternal illnesses and pregnancy related disorders
- Newborn illnesses (anticipated ~50,000 births in Sindh alone over the next 4 months)
- Childhood illnesses
 - Diarrhea
 - Pneumonia
 - Measles
 - Undernutrition (severe acute malnutrition)



Principles of our response

- **Meaningful, evidence and needs based activities in areas of our expertise**
 - AKU to lead in health related response in coordination with AKHSP and AKPSB
 - Other AKDN partners FOCUS, AKF, AKES, FMFB to also engage in relevant activities for rehabilitation
- **Sustained and well endowed response** (people, commodities, support services and quality)
- **Close liaison with the government, UN agencies and major NGOs**
- **Equity focused** (reaching the poorest in need)
- **Sufficient elasticity** to adapt to changing circumstances

Multi-disciplinary teams (1)

- **Teams will operate from special health camps with facilities for ambulatory care, basic deliveries and urgent care**
- **Core team to consist of**
 - Medical officer with family medicine experience
 - Medical officer with pediatric experience
 - Female medical officer with training/experience in obstetrics/maternal health
 - Trained nurse/midwife/technician/dresser
 - Logistics support staff member
 - Security guards
 - Driver with vehicle
- Other activities can be layered on this as appropriate (Water & Sanitation outreach, malaria control measures etc)

Multi-disciplinary teams (2)

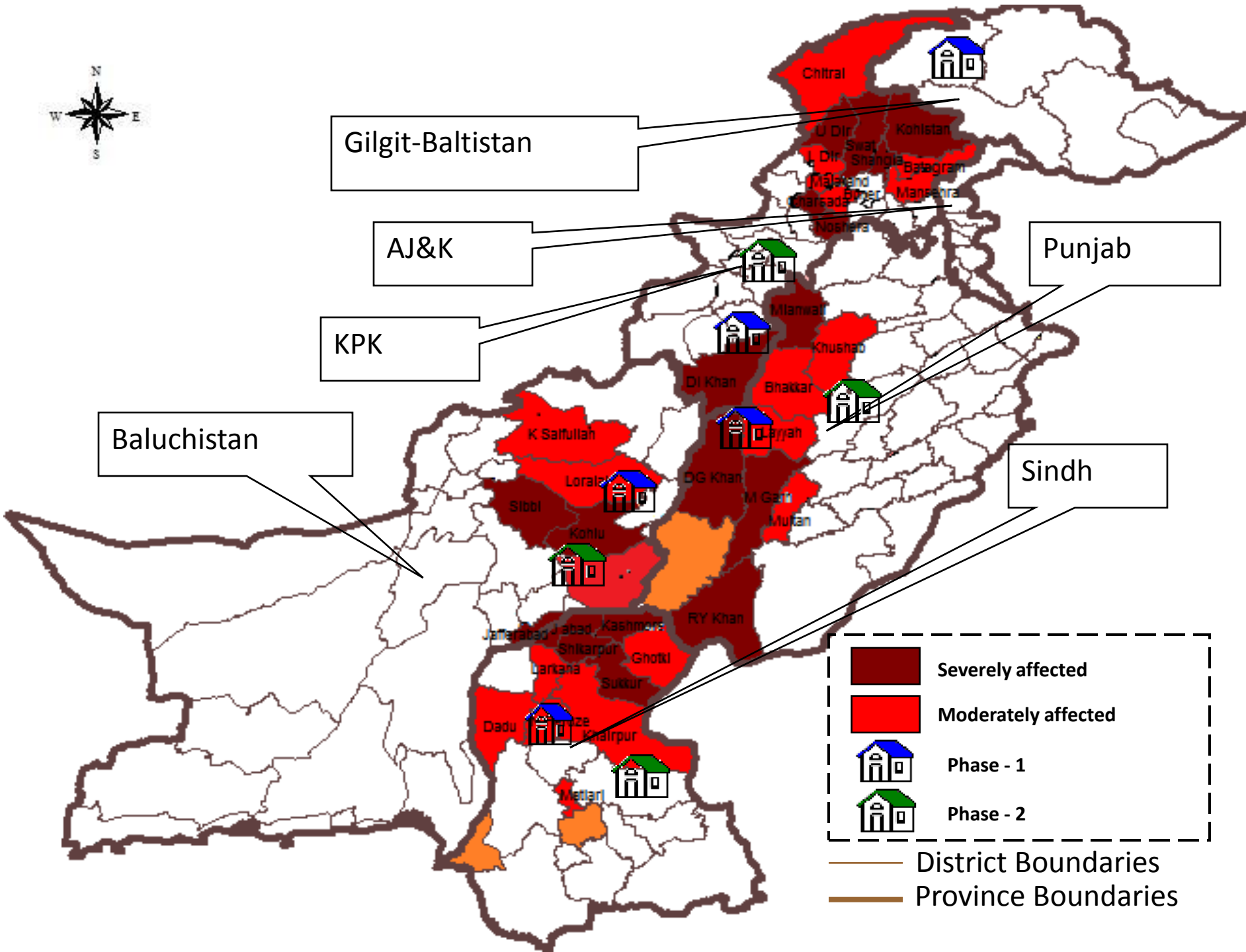
- **How will we meet the human resource needs?**
 - Volunteers from AKU & AKHS fraternity
 - Short stints (2-3 weeks) of volunteered time (University will defray time) Overlapping Assignments
 - A core group of staff (medical and support) will be hired through advertisement and vetting process
 - All medical staff to receive 3 days of targeted training in core MNCH and Primary care needs
 - Support staff to receive core training in management & logistics
- **Contributing departments** WCH Division, SON & Clinical Nursing, Family Medicine, CHS etc.
- **Coordinating team** chaired by Medical Director AKUH

Deployment Plan (Phase 1)

- 50 teams over 4-6 weeks deployed in strategic districts, 5 by next week
- 5 Hubs to be established in liaison with clinical laboratory outlets & AKHSP in Hyderabad, Naushero Feroze/Sukkhur, Multan, Gilgit, DI Khan
- Sindh (25), Baluchistan borders (12), DI Khan (5), Southern Punjab (5) and Gilgit Baltistan
- Exact location and nearest referral facilities to be identified in liaison with local governments and UN staff

Deployment Plan (Phase 2)

- Additional 50 teams will be deployed strategically, depending upon experience and response (and evidence of work load, challenges and barriers)
- Targeted final deployment ~ 100 teams
 - Sindh (60 teams)
 - Baluchistan (17 teams)
 - Southern Punjab (10 teams)
 - KPK (10 teams)
 - Gilgit Baltistan (3 teams)



Time lines (August – Dec 2010)

Activities	Weeks															
	1	2	3	4	5	6	7	8	9	10	11	16	17	18	19	20
Planning Phase & Situation analysis																
Acquisition of logistics																
Team hiring & volunteer identification																
Team training																
Hub & Camp Facility establishment																
Service provision			Phase 1 (50 facilities)				Phase 2 50 additional				Phase 3 All 100 operational					
Roll back, Hand over and Exit																

Challenges

- **Human Resources**
 - We may run out of steam as the adrenaline settles and waters start to recede
 - Work will be tough
- **Financial needs**
- **Coordination needs**
- Unforeseen and the “unknown unknown”
- Inshallah we will prevail.... **Why?**

Philanthropy in Pakistan, A report of the initiative on Indigenous Philanthropy, Karachi, 2000

- Survey of indigenous philanthropy in Pakistan (1998)
- Almost a third of the estimated indigenous philanthropy of Rs 41 billion annually in 1998 was from people with little to no income
- **Voluntarism accounted for an additional 58% of individual giving!**

***"Calamity is the perfect glass wherein
we truly see and know ourselves"***

Sir William D'Avenant