1st Situation Analysis Survey Report
District Tharparkar
March, 2014

Conducted by HANDS Pakistan & Technically Facilitated by UN-OCHA
# Table of Contents

Preface .................................................. 1

Acknowledgement ....................................... 2

1. Introduction ......................................... 3

2. Rationale ............................................ 4

3. Study Methodology ................................... 5
   - Main objective .................................... 5
   - Specific objectives ................................ 5
   - Location .......................................... 5
   - Methodology ...................................... 5
   - Period of field assessment ...................... 5
   - Population Universe ............................. 5
   - Study Population ................................ 5
   - Data Collection .................................. 6

4. Assessment Results .................................. 8
   - Key Findings ..................................... 8
     - Livelihood (Livestock and Agriculture) .... 9
       - Main Livelihood Sources ....................... 9
       - Livelihood source losses .................... 9
       - Walking Distance to reach nearest Market (in KMs) .... 9
       - Livestock Losses ............................... 10
       - Villages affected by Animal Diseases ......... 10
       - Fodder Stock Availability ..................... 11
     - Health and Nutrition ............................ 11
       - Nearest Health Facilities in the Area ....... 12
       - Villages with Nearest Health Facility and Functional status .... 12
       - Distance to Nearest Health Facilities ....... 12
       - Prevalence of Diseases ....................... 13
       - Nutrition ...................................... 13
       - Exclusive Breast Feeding ..................... 13
       - Nutritional Status and Dietary habits of Married and Pregnant Women .... 14
       - Food fed to Infants (Common) ................. 15
     - Food Security .................................... 15
       - Families Food Buying Capacity ............... 15
       - House Holds Food Stock ....................... 15
       - Food Availability in Markets (Percent of villages) .......... 16
     - Water and Sanitation ............................ 16
   - Protection ......................................... 17
   - Communication .................................... 18

5. Recommendations .................................... 19
   - Major Strategies ................................ 19
   - Livestock Interventions ........................ 19
   - Main or Water accessibility or availability .... 19
   - Agriculture ...................................... 19
   - Food Security .................................... 20
   - Health Services .................................. 20
   - Accessibility ..................................... 20

6. Annexes .............................................. 21
   - Data collection tool - Drought 2014 Therparkar .... 21
Preface:

This Publication is an attempt to present the recent drought conditions reported in southern areas of Sindh. The United Nations Office for the Coordination of Humanitarians Affairs (OCHA, Pakistan) and Health And Nutrition Development Society (HANDS) took notice of the prevailing draught situation and its emerging affects on the lives of population as well as animals. The deaths of 23 children have been reported at Mithi District Hospital in the month of February; number of animal's death during 02 months was reported by the Media.

To assess the level of incident HANDS initiated rapid study on Multi clustered approach as Food Security, Health, Livelihood and Economic needs of the people, Social protection and gender issues on the event. The Rapid Assessment conducted by HANDS named the report "1st Situation Analysis of Tharparkar" in district Mithi. This Rapid Assessment was planned and implemented by Monitoring Evaluation and Research Department of HANDS by the technical support of UN-OCHA.

The Unfavorable climate was the major cause of crop failure that has led to widespread distress, famine and reported deaths. Through the situation analysis it was recognized that most basic human need is food security. That it was critical for human and animal needs. Immediate improvement in the situation was possible through immediate resource mobilization.

An important lesson was that to provide people with assurance of food security the local population and farmers need to understand more about the weather. The Government officials and local bodies need to timely convey to the farmers the climate and related information they need.

Finally, all the Findings were shared with OCHA and officials of Sindh Government. Through Situation Analysis, immediate relief and mitigating measures were planned and taken by the Government of Sindh, OCHA and HANDS.

Dr. Shaikh Tanveer Ahmed
Chief Executive
Acknowledgement:

First of all let us thank Almighty Allah (Subhan-e-Taalah) who has blessed us with an organization like HANDS that has provided us a wonderful platform to serve humanity and enable us to contribute good deeds, to bring relief in the lives of poorest of the poor. We are fortunate to have technical input from our Chief Executive Dr. Shaikh Tanveer Ahmed, his timely guidance and supportive role throughout the activity was the key of success. In addition; all the programs of HANDS supported us during the process of data collation in field level.

We would like to acknowledge The United Nations Office for the Coordination of Humanitarians Affaires (OCHA, Pakistan) for their integral part in this 1st Situation analysis of Tharparkar, especially to Dr. Salman Safdar (Head of Sub-Office Sindh) for his extra ordinary efforts also Mr. Awais Awan, Information Manager and Mr. Imran Laghari. They all deserve our due respect and appreciations, their role were a valuable contribution in this activity.

We are thankful and acknowledge the effort of field team and especially our District Managers without whom we would not have been able to complete this daunting task of data collection, documentation and further analysis. Dr. Satram Ropani, District Executive Manager, Mr. Parkash Malhi, and Monitoring Manager, Tharparkar. Mr. Jawaid, District Project Manager CMAM. Mr. Narrind Kumar, District Admin Manager. Mr. Abdul Kareem Samejo, Project Manager.

Most of all we would like to express extreme gratitude to all the women and men enumerators of Mithi district Tharparkar, who participated in the field activity, spared their time and shared their experiences with us on daily bases. A Rapid assessment like this is heavily indebted to the openness and honesty of the work and it make way for learning and policy change.

Let us acknowledge to my Program team for their extra ordinary efforts of day and night work, especially; Mr. Umair Aslam, Program Associate for his leading role in designing and implementation of this whole activity. Mr. Zulfiqar Sario, Senior Manager Monitoring Evaluation and Research Program, and Mr. Zafar Tahir for their valuable input in report finalization.

Our Special thanks for the priceless inputs from representatives of WHO, Unicef, WFP, FAO and Other Humanitarian Partners

Dr. Muhammad Sarwat Mirza
Chief Research & Development Executive

Rubina Jaffri
Senior General Manager
Monitoring Evaluation & Research Program
1. Introduction:

Thar Desert Region spans vast areas of Pakistan and India stretching from Cholistan to Nagarparkar in Pakistan and from South of the Haryana to Rajasthan in India. District Tharparkar which is in Pakistan, comprises of Four Talukas: Naghar Parkar (24°28'N 70°46'E), Diplo (24°35'N 69°35'E), Chachro (25°05'N 70°15'E) and Mithi (24°44'N 69°48'E), which is the head quarter of the district. These Talukas are mostly deserts and, the region has no permanent fresh water source. Nonetheless, in Nagarparkar two perennial springs as water sources identified as Anchlesar and Sardho, is present. Besides, there are some hilly tracks in the region and some temporary streams which flow during rainy seasons. Hence, when there is rain, the desert soil support some form of crop cultivations, forage and grass. These in turn support raising livestock and staple crops of millet. Therefore, the economy of the people in Tharparkar is largely dependent on raising livestocks and millet cultivation. As such, Tharparkar district has the lowest Human Development Index in Sindh (in 2005 it was 0.3140).

Language used In Tharparkar is Dhatki. It is also known as Thari; which is a Rajasthani language; it is common and it is also the majority language of neighboring Umerkot district. However, Sindhi and Urdu are also spoken. The largest tribe in Tharparkar district is Meghwar Scheduled Castes.

<table>
<thead>
<tr>
<th>Tharparkar:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (estimated)</td>
</tr>
<tr>
<td>The total area of the district is</td>
</tr>
<tr>
<td>Number of Taluka /Tehsil</td>
</tr>
<tr>
<td>Number of union councils</td>
</tr>
<tr>
<td>Number of Villages</td>
</tr>
<tr>
<td>Number of Health Facilities:</td>
</tr>
<tr>
<td>1 - DHQ, 03 - THQ, 02RHC, 31 BHUs</td>
</tr>
</tbody>
</table>

Tharparkar population can be divided into three main classes, Rajputs, which include Muslim and Hindu tribes and aboriginal tribes. The large numbers of aboriginal Bhils populations are also settled in Tharparkar district. Many nomadic Sindhi tribe inhabit the region as well. Thakurs; the Elite Hindu class; mostly left Tharparkar and migrated to India after independence of Pakistan.

Traditionally the economy of the district population depend on livestocks and agriculture. If a family requires cash for essential commodities or services, they trade-in or sell their animals to fulfil their requirements.
2. Rationale:

The Pakistan Meteorological office stated the reason of calamity is low rainfall over the last three years during the monsoon season. This resulted in local crop failure, coupled with outbreak of sheep pox among livestock. Additionally, the death of large number of small livestock is associated with serious lack and deficiency of food for the animals. The food insecurity has affected mainly the mothers and children. Many previous studies showed that the malnutrition is largely prevailed among women and children. Recently the Provincial Disaster Management Authority reports that 259,947 families are affected. Most of the population of Tharparkar has minimal access to social services including improved water source, food source and healthcare. The authority also reported that there were total 167 deaths recorded in 06 health facilities of the district including 99 children and 68 adults.

The ongoing drought is having highly negative impacts on the food security and nutrition situation of rural communities. Several factors have contributed to increasing food insecurity, including significant losses of livelihoods to the drought for rural communities, and reduced cereal stocks across the region. The hike in fuel prices is resulting in high food prices that make basic food items inaccessible to drought-affected households. Insufficient access to food, acute lack of access to safe water storages, lack of adequate hygiene practices, and low access to health services worsen already high malnutrition rates, and increase the risk of disease outbreaks.
3. Study Methodology:

3.1 Main objective
Determine the vulnerability of drought affected communities in district Tharparkar, province of Sindh

3.2 Specific objectives
Data collection focused on the following:
- Determine most severely affected Talukas and Union councils with gaps in coverage of drought affected population with regards to food security, nutrition/health, water access and sanitation conditions, migration patterns, and condition of livestock
- Identify key programmatic areas of intervention

3.3 Location
All four Talukas --- Mithi, Diplo, Chachro and Nagarparkar including all 44 Union councils in these Talukas in District Tharparkar, Province of Sindh, Pakistan

3.4 Methodology
Data collection focused on secondary sources review, interviews with key informants and household members, and direct observation

3.5 Period of field assessment
From 11th to 15th March, 2014

3.6 Population Universe:
Total Population of the district is 1.25 million. Population of Taluka Mithi is 0.330 million, Diplo 0.222 million, Chachro 0.488 million and Nagarparkar 0.210 million. The estimated affected population in the four talukas of Tharparkar districts is 0.306 million. The largest numbers of affected population is in Chachro (0.105 million) followed by Mithi and Diplo. Smallest numbers of affected populations are in Nangarparkar.

3.7 Study Population:
Out of total 2188 villages 322 villages were selected through randomization. The data was collected from selected 637 household respondents (including 322 female and 315 male) from all 44 UCs of 4 Taluka of Tharparkar district.
Population distribution is depicted in Fig.1

(Fig-1)

[Pie chart showing distribution with percentages: 35%, 28%, 11%, and 26% for different categories.]

The distribution of Key informants located in four talukas and Gender wise is given in Figs.2a, 2b, 2c, 2d).

(Fig-2)

(Fig.2a: Distribution of 173 Key Informants in Chachro by Gender
(Fig.2b: Distribution of 238 Key Informants in Diplo by Gender
(Fig.2c: Distribution of 120 Key Informants in Mithi by Gender
(Fig.2d: Distribution of 106 Key Informants in Nangarparkar by Gender

**3.8 Data Collection:**

For the rapid assessment multi-stage cluster sampling strategy was adopted. There were two stage of sample selection including all talukas and all 44 union councils in the study. The villages and households were selected through randomization technique. The Key Informant Interviews were conducted from each selected household, and the respondents were the women and the men. Data collected from the various respondents was cross-verified, and used to identify the trends across Talukas and villages. All the interviews
were semi-structured, based on a questionnaire prepared prior to departure on the basis of preliminary research (questionnaire was adopted and modified from Multi Cluster Initial Rapid Assessment tool. and allowing both the interviewer and the respondent the flexibility to discuss issues. The Key Informants were identified through consultations with local community representatives. Assessment teams were made up of four male enumerators, four female enumerators and one supervisor.
4. Assessment Results:
The rapid assessment was conducted from 11 to 15 March 2014 in four Taluka of district Tharparkar covering all union councils. The results depicted that majority of the population has been affected by the recent drought to some extent. The survey revealed that the average household size is seven, the male female ratio is 49:51.

Key Findings:
- All villages included in the study were found to be affected to some extent from the drought and its effects. Findings of the rapid assessment indicated that the recent drought has affected approximately at least 306,686 people
- The most grossly affected Taluka is Chachro
- 76 percent respondents have no food stocks at their home
- 93 percent households are not able to buy food from the nearest market due to lack of financial resources or high cost of food
- Majority of the households (88 percent) currently have no source of income due to dry season over the last three years
- Due to dry season unavailability of fodder, very scare water supply and sheep-pox resulted in mass mortality of livestocks. 303,902 livestock died due to different diseases.
- Currently surviving animals are mostly non-lactating, very weak with poor body conditions, thereby these animals are unmarketable.

4.1 Livelihood (Livestock and Agriculture)

In the locations assessed, the respondents indicated that 80-95% of the population was dependent on seasonal agriculture, livestock and livestock products as their major means of livelihood. A complete absence of available fodder is reported in affected areas. The data revealed that the drought related livestock mortality rate at approximately 70 %. Mass mortality of livestock, a lack of lactating surviving animals, and the unmarketable poor body condition of animals remaining in location centees has led to a complete cease in cash availability for local populations. Without a source of income, most of the persons are not able to access markets. Community elders indicated an urgent need for emergency fodder to retain breeding stock.

Findings of the rapid assessment indicated 35 Percent of the 15,077 families that depend on agriculture have been affected and require assistance to restore their livelihoods. Further, 36 Percent of the 15,524 families that depend on livestock production need support, as 10,725 heads of livestock were reportedly lost. Some 55 percent of the communities reported that
they have no fodder for their livestock, and another 42 percent reported available fodder sufficient for two to four weeks. A further 88 percent of the 6,433 families that depend on daily labour as their primary source of income have lost their livelihood and need immediate assistance.

4.1.1 Main Livelihood Sources

The main livelihood of the people is related to agriculture and livestock rearing. A significant number of populations are daily wage earners and primarily work as laborers. The main livelihoods are distributed as follows (Fig. 3)

![Fig (3) Main Livelihood Sources]

4.1.2 Livelihood source losses

It was assessed that very large number of population had suffered from loss of livelihood. For three sectors of the local economy, it is estimated that 88 percent of livelihood loss was in daily wage sector where large number of daily laborers worked. This was followed by 79 percent livelihood losses in Agricultural based activities and 69 percent livestock based occupations.

![Fig (4) Livelihood Sources Losses]

4.1.3 Walking Distance to reach nearest Market (in KMs)

The distance from the village to reach the market was assessed by the
team. On an average, for 87 percent villages the commuting distances to the nearest market was 5 KM. Only 13 percent markets were within 5 KM distance.

**Fig (5) Distance to reach nearest market**

4.1.4 Livestock Losses

Very large numbers of livestock were lost in the drought affected areas. It is assessed that on a cumulative basis some 40 percent livestock had perished. The number of small animals (cows, buffalos, camels etc.) was about 43 percent. This was followed by 27 percent large animals.

**Fig (6) Livestock Losses**

4.1.5 Villages affected by Animal Diseases

It was also assessed that very large numbers of live stocks were lost from three dreaded animal diseases. These diseases have occurred widely in the affected areas. The losses occurred in 89 percent villages from Sheep Pox, 78 percent villages from Pephario (Contagious Pleuropneumonia / Pest des Petits) Ruminants (PPR) and 49 percent villages from Barkki (Anthrax).
4.1.6 Fodder Stock Availability

The lives-stocks in the area were also greatly affected by shortages of fodder. It was assessed that 55 percent affected population had no Fodder stocks for their livestocks. This was followed by 33 percent population who had Fodder available for 2 weeks only, while 9 percent population had fodder stocks for 2 to 4 weeks. Only 3 percent population had fodder stocks for more than one month.

4.2 Health and Nutrition

The main health problems reported by key informants in the drought hit areas are diarrhea (87 percent), fever and malaria (82 percent), followed by cough and respiratory tract infections (79 percent), and lastly skin diseases (41 percent). It can be assumed that given their heightened vulnerability, the affected population will require specific attention and specialized care by the trained healthcare providers.

During the assessment, 66 percent respondents reported that nearest health facility is at a distance of more than 5 kilometers and of those 26 percent highlighted basic health unit (BHU) as nearest health facility, 24 percent reported DHQ/THQ as nearest health facility and 19 percent report dispensary as nearest health facility for them. In 32 percent villages nearest facility was
reported not functional. This indicates more than one third population has to travel a long distance for availing healthcare services.

During the assessment, key informants of 39 percent villages reported that there are reports of women who have stopped or reduced breastfeeding after the drought. An indicator strongly associated with an increased risk of malnutrition in infants and young children is exclusive breastfeeding. It was seen that there is also a decrease in exclusive breastfeeding after drought which is 11 percent less than before (39 percent). Nonetheless, in addition, some supplementary food is given to infants and young children. These are goat milk, wheat flour, rice and biscuits as supplementary food.

4.2.1 Nearest Health Facilities in the Area

The nearest health facilities were identified by the respondents. These are BHU, RHC, DHQ/THQ hospitals, dispensaries, private clinics as depicted.

4.2.2 Villages with Nearest Health Facility and Functional status

There were 315 villages where Health Facilities were available. However, a significant number of the facilities were not functional.

4.2.3 Distance to Nearest Health Facilities

The travelling distance to the nearest Health facility was assessed by the team. Majority of the facilities were located at a distance of more than 5 KM.
4.2.4 Prevalence of Diseases

A number of life threatening diseases were present in the affected areas and the weakened fragile affected populations were exposed to them. Most common was diarrhea, followed by malaria, cough & cold and, skin diseases. The distribution of the diseases in the affected population is depicted in

4.2.5 Nutrition

Nutrition is very important from all aspects of health. During the droughts, malnourished, poor and weak populations easily become victims. The team assessed the number of lactating and pregnant women, number of women exclusively breast feeding and, changes that have occurred from the episode of drought. These are given below.

4.2.6 Exclusive Breast Feeding

From assessed data it was seen that before the disaster, 39 percent women were exclusively breast feeding their babies. After the disaster, this was reduced by 11 percent and currently 28 percent were exclusively breast feeding their babies.
The team assessed the changes that have occurred in Breast Feeding practices in the affected areas. Although no change was reported by 42 percent women, Before the crisis 39% women were exclusively breast feeding their babies, which is currently reduced to 28%.

4.2.7 Nutritional Status and Dietary habits of Married and Pregnant Women

A cross-sectional study was carried out in District Tharparkar to know the dietary habits, nutritional status and maternal anemia among married and pregnant women. Total 678 married women of reproductive health and 616 pregnant women (during the 1st trimester) were interviewed. From randomly selected LHWs and non-LHWs areas, the anthropometric measurements and Hemoglobin level were also recorded of those pregnant women.

The data revealed that the mean weight of the women was 44.2 kg, and nearly 28% women are below the 41 kg, the lowest limit of the normal range. The mean height was 151 cm. and mean BMI calculated was 19.2. WHO criteria (Overweight and obese > 25 kg/m2, Underweight < 18.5 kg/m2) for BMI assessment were followed to know the status. It was found that the vast majority of women were underweight (90%) and a negligible proportion were overweight or obese, and less than one tenth of them having normal range BMI. Most of women were anemic. The mean Hb was 10.2 g/dl of these women, which falls in category of moderate anemia, 80% of women have moderate anemia, 8% women have severe anemia.

Number of meals taken by most of these women were 2 per day. The dietary pattern revealed that mostly the tea, dry vegetables with wheat bread are the most common diet for almost all of the women.
4.2.8 Food fed to Infants (Common)

The respondents indicated that where it was possible, the infants and young children in the drought affected population were given goat milk, wheat flour, rice and biscuits as supplementary food.

4.3 Food Security

During assessment, 76 percent Key Informants (KIs) reported that they have no food in their stock, and another 18 percent reported available food in sufficient for two weeks which indicate urgent provision of food to affected families. Only 7 percent (2,974) of affected households have adequate resources to buy food, while 59 percent of (KIs) indicate that local markets have plenty of food. Furthermore, 89 percent key informant of the 322 villages reported Sheep pox as a foremost cause of small animal loss while other two diseases Perphario & Barkki were also reported by the 78 percent and 49 percent informants respectively.

The findings show that among the 322 villages visited in district Tharparkar during assessment, families in 166 villages have left their homes to seek livelihoods in nearby districts while in 148 villages, families are planning to move to avoid precarious conditions which are endangering their lives.

4.3.1 Families Food Buying Capacity

Unfortunately 93 percent of the affected population did not have any buying capacity for food. Only 7 percent were fortunate enough and could buy their own food.

![Fig (14) Families Food Buying Power](chart.png)

4.3.2 House Holds Food Stock

The affected populations were very severely handicapped by; low quantity of food stock that were available to them. It was significant to note that 76 percent population did not have any food stock. This
grave situation was followed by 19 percent population who had stock for 2 weeks, 4 percent population who had food stocks for 2 to 4 weeks. Only 1 percent population had food for more than a month.

### 4.3.3 Food Availability in Markets (Percent of villages)

The availability of food was assessed and 59 percent villages indicated that food availability in the market was plenty. Data from 11 percent villages indicated that food was available but the quantity was inadequate. Nonetheless, for 14 percent villages, food was not available in the market and, 12 percent villages did not know about the food availability in the market. For 4 percent villages, the market was not functional.

### 4.4 Water and Sanitation

Water related issues were not of concern during calamity. As reported by 322 village's key informants, water was accessible in most of the villages. However, more than 99 percent of the households do not treat drinking water as they consider dug well water safe. Women are widely engaged to fetch water from nearby sources, and nearly three quarter women spend one hour to collect the water.
According to the assessment more than 95 percent of the respondent reported that they do not do any water treatment before drinking. Out of 322 village's responders, 44 percent have access to the water within 15 minutes, 24 percent have access to the water between 30-60 minutes while remaining communities can access water in one to three hours respectively.

**Fig (17) Distance to Collect Water**

![Distance to Collect Water Diagram]

**4.5 Protection**

In the affected population, it is estimated that female population was slightly higher than the female population of Tharparker. As such it is assessed to be 49%. Therefore, security is of prime concern in the affected population. From protection perspective, the assessment results represent a very basic set of findings, which will need to be validated and expanded through further qualitative monitoring and consultations with the affected population.

**Fig (18) Facing Problems in Obtaining Assistance**

![Facing Problems in Obtaining Assistance Diagram 1]

**Fig (19) Facing Problems in Obtaining Assistance**

![Facing Problems in Obtaining Assistance Diagram 2]
However, from protection-related analysis, there were two major findings revealed during assessment:

| 11 percent | Key Informants (KIs) reporting problems with assistance (299 KIs out of 322 responded to the query). Of positive answers: 11 percent reported community faced problem in obtaining assistance. |
| 15 percent | KIs highlighting security concerns (246 KIs out of 296 responded). Of positive answers 15 percent identified possible criminal acts (looting, thefts and robberies) as major security problem.; some situations of harassment that would need additional enquiry. |

4.6 Communication

Communication through phone/SMS was revealed as major primary source in assessment which is 63 percent followed by Radio 53 percent while communication through friends (17 percent) and NGO staff (13 percent) ranked third and fourth respectively. Telenor mobile service is widely used in all four talukas of district Tharparkar.

<table>
<thead>
<tr>
<th>Table - 1: Means of Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mode of Communication</strong></td>
</tr>
<tr>
<td>Radio</td>
</tr>
<tr>
<td>Family and Friends</td>
</tr>
<tr>
<td>NGOs Staff</td>
</tr>
<tr>
<td>Phone/SMS</td>
</tr>
</tbody>
</table>

Only 11 percent of the respondents identified problems in obtaining assistance in drought situation while 15 percent of them reported security concern in the community. Radio and Mobile phones are the main source of communication in the villages. Some 63 percent informants reported mobile phone as primary source of communication, 53 percent KIs reported radio as mode of primary source of communication and 13 percent reported NGO staff is also primary of source of communication.
5. **Recommendations:**
The assessment teams have also found that the pastureland is completely depleted and denuded resulting already in a significant loss of livestock along with pretty chaotic and desperate migration of rural population moving from one place to another in search of livelihood means without much success. If this threat is not addressed very urgently, an immense disaster will ensue whereby both animal and human populations would succumb to a large scale starvation.

Following are the major recommendations of different stake holders in response to findings of survey:

### 5.1 Major Strategies:
- Recommended interventions include large scale emergency water trucking, rehabilitation of existing boreholes, emergency cash intervention, long-term alternative livelihoods, and provision of animal drugs
- Short Term: Considering the alarming situation which is expected to deteriorate because of continuous dry spell; till next monsoon; planned rescue and relief activities are needed to implement.
- Long Term: The solution of Thar is in long term development plans of at least 10 years to address problems of their livelihood, livestocks, agriculture, drinking and irrigation water, in addition to health education and other safety nets.
- Public, Private and Non profit partnerships need to be explored.

### 5.2 Livestock Interventions:
- Immediate cash compensation on livestock mortalities
- Ensure accessible and affordable veterinary services including vaccination and treatment facilities
- Ensure cost effective supplies of fodder.

### 5.3 Main Water ACCESSIBILITY or availability:
- Considering the major livelihood that depend on rain water -- alternate water accessibility is needed to be worked out as long term solution
- Availability of safe drinking water through deep boreholes, trucking of water

### 5.4 Agriculture:
However, immediate steps are need to be taken for
- Rain water harvesting techniques
- Seed distribution (free of cost or low cost) thorough seed bank
- Drip irrigation method should be encouraged
- Fertilizers supplies (low cost and appropriate)
- Tools support provision to group of farmers

### 5.5 Food Security:
- Community level food stocks/ storage should be constricted and maintained
- Equitable supplies of necessary food items should be provided to households through proper logistics and supplies mechanism
- Ensure the supply chain mechanism for necessary food items supplies such as vegetables or fruits, dairy products on low cost on long term basis

### 5.6 Health Services:
- Need to ensure functional all Primary, Secondary & Tertiary care level Health Facilities with availability of medicines, essential equipments and trained health care providers, technical and sufficient support staff
- Early warning System required to be established

### 5.7 Accessibility:
- Communication through Mass media and local FM Radio for promotion of Health Awareness messages
- Relay or dissemination of healthy messages through Mobile Phone.
- Social Protection: especially to vulnerable through safety nets programs
- Availability of Transport system on subsidized rate or free of cost
## 6. Annexes:

### Data Collection Tool - Drought 2014 Tharparkar

#### TEAM INFORMATION
- A. Date (day/month/year): [Input]
- B. Team Number: [Input]
- C. Enumerator Name: [Input]
- D. Enumerator gender: [Select gender]

#### SITE INFORMATION
- E. Province: [Input]
- F. District: [Input]
- G. Tehsil: [Input]
- H. Union Council: [Input]
- I. Village/Deh: [Input]
- J. Position coordinates: [Input]

#### KEY INFORMANT (PRIMARY)
- M. Name of Key Informant: [Input]
- N. Role in community: [Input]
- O. Gender of Key Informant: [Select gender]
- P. Cell Phone No.: [Input]

#### OVER VIEW COMMUNITY
- I. Population Data Original
  - a. Total population (x)
  - b. Number of households (x)

- II. Displacement / Migration situation
  - a. No of families who left this village/site
  - b. How many more families expected to move

- III. Are there any sites where displaced populations are concentrated nearby?
  - 1. No
  - 2. Camp
  - 3. City (Nearby)
  - 4. Other, specify:

- iv. Is anyone providing assistance to those sheltered? (x)
  - 1. Yes
  - 2. No

- v. If yes, who is providing assistance?
  - 1. NGO
  - 2. Community
  - 3. Authorities/GOV
  - 4. NGOs
  - 5. Army
  - 6. Other (Specify)

#### FOOD SECURITY
- 7. What are the main sources of livelihood in the community? (% of households)
  - a. Agriculture based on own farm or shared cropping
  - b. Livestock based
  - c. Regular job
  - d. Daily labourer
  - e. Other

- 8. What are the percentage losses to each source of livelihood in the community? (%)
  - a. Agriculture based on own farm or shared cropping
  - b. Livestock based
  - c. Regular job
  - d. Daily labourer
  - e. Other

- 9. What is the total number of livestock owned by the community (total of the village) before the Drought?
- 10. What is the total number of livestock lost in the community?

- 11. For how many days do you think the current food stock is sufficient?
  - 1. One day
  - 2. Two days
  - 3. Three days
  - 4. More than four days

- 12. How long does it take (Walking) to reach the market? (In KM)
- 13. Total No. of HHs have food available
- 14. How long you take to buy food?
  - 1. Before the crisis
  - 2. After the crisis
- 15. Is sufficient food available in the nearest physically market?
  - 1. Plenty (no problem)
  - 2. Inadequate (available but not enough)
  - 3. Not at all
  - 4. Not applicable/Market not functional

#### NUTRITION
- 16. Has there been any distribution of following since the Drought?
  - Plumpy nut
  - Ready Mixed Powder
  - Infant formula
  - Dried Milk Powder
  - Infant formula
  - Liquid Milk Feeding bottle/teats

- 17. Do people in the community face problems in obtaining assistance?
  - 1. No
  - 2. Yes
  - 3. Don't know
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>If yes, indicate what type of problems (Tick all that apply)</td>
</tr>
<tr>
<td></td>
<td>1. Not enough assistance for all entitled</td>
</tr>
<tr>
<td></td>
<td>2. Some specific groups are excluded</td>
</tr>
<tr>
<td></td>
<td>3. Difficult access</td>
</tr>
<tr>
<td></td>
<td>4. Other, please specify</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>19</td>
<td>Are there any security concerns affecting the community?</td>
</tr>
<tr>
<td></td>
<td>1. No</td>
</tr>
<tr>
<td></td>
<td>2. Yes</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>20</td>
<td>If yes, what types of concerns / incidents have occurred? (Tick all that apply)</td>
</tr>
<tr>
<td></td>
<td>1. Criminal acts (Robbing, Theft, robbery, Physical assault)</td>
</tr>
<tr>
<td></td>
<td>2. Violence against women, boys and girls</td>
</tr>
<tr>
<td></td>
<td>3. Abduction/kidnapping of children and women</td>
</tr>
<tr>
<td></td>
<td>4. Presence of landmines or UXOs/mines incidents</td>
</tr>
<tr>
<td></td>
<td>5. Others, specify</td>
</tr>
<tr>
<td>21</td>
<td>Who are the main concerns / problems / needs of women and girls now?</td>
</tr>
<tr>
<td></td>
<td>1. Exclusion / no access to assistance</td>
</tr>
<tr>
<td></td>
<td>2. Lack of space and privacy</td>
</tr>
<tr>
<td></td>
<td>3. Lack of bathing facilities and hygiene</td>
</tr>
<tr>
<td></td>
<td>4. Acts of violence / harassment</td>
</tr>
<tr>
<td></td>
<td>5. Other</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>22</td>
<td>Does water from the main source available?</td>
</tr>
<tr>
<td></td>
<td>1. No</td>
</tr>
<tr>
<td></td>
<td>2. Yes</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>23</td>
<td>Does water from the main source appear clean?</td>
</tr>
<tr>
<td></td>
<td>1. No</td>
</tr>
<tr>
<td></td>
<td>2. Yes</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>24</td>
<td>What % of households is mainly relying on the listed water sources for drinking water? (Tick all that apply)</td>
</tr>
<tr>
<td></td>
<td>1. Protected sources (protected wells / hand pumps / springs)</td>
</tr>
<tr>
<td></td>
<td>2. Open and exposed to surface water source</td>
</tr>
<tr>
<td></td>
<td>3. Tank</td>
</tr>
<tr>
<td></td>
<td>4. No drinking water available</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>25</td>
<td>Average minutes to collect the water for a house hold (Write minutes only)</td>
</tr>
<tr>
<td></td>
<td>1. Before the crisis</td>
</tr>
<tr>
<td></td>
<td>2. After the crisis</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>26</td>
<td>What % of households practice water treatment at home before drinking?</td>
</tr>
<tr>
<td></td>
<td>1) Chlorination</td>
</tr>
<tr>
<td></td>
<td>2) Boiling</td>
</tr>
<tr>
<td></td>
<td>3) Filter and stand</td>
</tr>
<tr>
<td></td>
<td>4) Solar</td>
</tr>
<tr>
<td></td>
<td>5) None</td>
</tr>
<tr>
<td>27</td>
<td>Is any health facility accessible nearby?</td>
</tr>
<tr>
<td></td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. No</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>28</td>
<td>Nearest Health Facility type:</td>
</tr>
<tr>
<td></td>
<td>1. Hospital</td>
</tr>
<tr>
<td></td>
<td>2. Rural Health Centre</td>
</tr>
<tr>
<td></td>
<td>3. Basic Health unit</td>
</tr>
<tr>
<td></td>
<td>4. Dispensary</td>
</tr>
<tr>
<td></td>
<td>5. Outreach / mobile team</td>
</tr>
<tr>
<td></td>
<td>6. Private clinic</td>
</tr>
<tr>
<td></td>
<td>7. Other</td>
</tr>
<tr>
<td></td>
<td>8. None</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>29</td>
<td>What is the distance to reach at nearest facility? (Write in KMs)</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>30</td>
<td>Is Health Facility still functional?</td>
</tr>
<tr>
<td></td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. No</td>
</tr>
<tr>
<td></td>
<td>999. Don't know</td>
</tr>
<tr>
<td>31</td>
<td>What are the main health problems in the community? (Tick all that apply)</td>
</tr>
<tr>
<td></td>
<td>1. Diarrhea</td>
</tr>
<tr>
<td></td>
<td>2. Malaria</td>
</tr>
<tr>
<td></td>
<td>3. Cough and Cold fever</td>
</tr>
<tr>
<td></td>
<td>4. Skin diseases (scabies)</td>
</tr>
<tr>
<td></td>
<td>5. Don't Know</td>
</tr>
<tr>
<td></td>
<td>6. Other, specify</td>
</tr>
<tr>
<td>32</td>
<td>What primary sources of communication the community uses to get information (Tick all that apply)</td>
</tr>
<tr>
<td></td>
<td>1. Radio</td>
</tr>
<tr>
<td></td>
<td>2. Friends / Family / Community / Masjid / Masjid Gah</td>
</tr>
<tr>
<td></td>
<td>3. Authorities</td>
</tr>
<tr>
<td></td>
<td>4. NGOs Staff</td>
</tr>
<tr>
<td></td>
<td>5. Phone / SMS</td>
</tr>
<tr>
<td></td>
<td>6. None</td>
</tr>
<tr>
<td>33</td>
<td>Which mobile phone services work in this area?</td>
</tr>
<tr>
<td></td>
<td>1. Mobilink</td>
</tr>
<tr>
<td></td>
<td>2. Ufone</td>
</tr>
<tr>
<td></td>
<td>3. Telenor</td>
</tr>
<tr>
<td></td>
<td>4. Warid</td>
</tr>
<tr>
<td></td>
<td>5. Zong</td>
</tr>
<tr>
<td>34</td>
<td>Assistance received</td>
</tr>
<tr>
<td></td>
<td>1. Wheat</td>
</tr>
<tr>
<td></td>
<td>2. Cooked Food</td>
</tr>
<tr>
<td></td>
<td>3. Drinking Water</td>
</tr>
<tr>
<td></td>
<td>4. Food Package</td>
</tr>
<tr>
<td></td>
<td>5. Treatment &amp; medicines</td>
</tr>
<tr>
<td></td>
<td>6. Other, specify</td>
</tr>
</tbody>
</table>
HANDS was founded by Prof. A. G. Billoo (Sitara-e-Imtiaz) in 1979. HANDS has evolved in 34 years as one of the largest Non Profit Organizations of the country with integrated development model. HANDS has a network of 32 offices across the country and has access to more than 16.2 million population of nearly 20,274 villages / settlements in 35 districts of Pakistan. HANDS strength is 18 volunteers Board Members, 12 Districts Patrons, more than 1700 full time staff. They are backed by thousand of community based volunteers of more than 5000 medium & small size organizations.

HANDS is certified by Pakistan Centre for Philanthropy (PCP) and tax exempted by Income tax department of government of Pakistan. HANDS has qualified the Institutional Management Certification Program (IMCP) of USAID for management standards. HANDS is accredited with European Union and achieved membership of Humanitarian Accountability Partnership (HAP). HANDS is also member of International Union of Conservation of Nature (IUCN).

HANDS international recently established its office in London, United Kingdom. HANDS International UK is registered as non Government Organization in Companies act 2006 of England and Wales.

HANDS Pakistan Head Office
140-C, Block II, PECHS, Karachi. Tel: (021) 34389180, 34532804, 34527698 Fax: (021) 34559252
Email: info@hands.org.pk, info@handsinternational.org.uk

HANDS on Social Media:

https://vimeo.com/user15449840
facebook.com/HANDSPakistanOrg
handspakistan.wordpress.com
twitter.com/handspakistan
flickr.com/photos/handspakistan

HANDS Suggestions And Complaint System: complaint@hands.org.pk
Tel: (021) 34389180, 34532804, 34527698 Mobile: 0345-8227501, 0334-2634403