

Promote the resilience of disaster affected urban populations in Khyber Pakhtunkhwa (KP)



Funded by European Union Civil Protection and Humanitarian Aid

Funded by European Commission Humanitarian Aid and Civil Protection (ECHO) Implemented by: CARE International in Pakistan (CIP)

ABOUT CARE:

CARE (Cooperative for Assistance and Relief Everywhere) is one of the world's largest international, non-governmental and non-profit organisations founded in 1945. In 2018, CARE's humanitarian and development programme benefitted 56 million people in 95 countries.

In Pakistan, CARE started its operations in 2005 and is currently registered with the Ministry of Interior (MoI) and Economic Affairs Division (EAD) via an MoU valid up to 2020. Since its establishment, CARE has supported the Government of Pakistan's efforts to reduce poverty and suffering of the people affected by disasters. CARE's programs focus on helping Pakistan achieve its Sustainable Development Goals especially in the areas of Health, Education, Women's Economic Empowerment and Emergency Preparedness and Response (EPR).

CARE seeks to address the underlying causes of poverty and recognizes that families that suffer from poverty need to be empowered and equipped with the proper resources. CARE's approach is based on respecting dignity and leveraging the talents of communities for self-reliance rather than making them dependent on aid. Its programs are based on the humanitarian principles of neutrality and impartiality.

CARE International in Pakistan and Emergency Response: Since starting operations in Pakistan, CARE has responded with life-saving support to a series of large-scale disasters. Through emergency programs CARE International in Pakistan (CIP) has provided relief, recovery and rehabilitation support to millions of Pakistanis affected by disastrous floods, earthquakes

and displacement. Recognizing the long-term need for support of full recovery and its important link to poverty, CIP focuses on implementing developmental projects linked to emergency response. CIP has worked in all provinces of the country including the most rural and remote areas.

Year	Emergency	Major Response Activities
2005	Earthquake in Khyber Pakhtunkhwa & AJK	Distributed non-food items (NFIs), provided health services, sanitation, rehabilitated/reconstructed public infrastructure i.e. schools, water supply schemes (drinking and agriculture), access roads/ footpaths, distributed crop seeds, capacity-building of teachers, etc.
2007	Floods in Sindh and Baluchistan	
2008	Earthquake in Ziarat, Baluchistan	
2009	Temporary Displaced Persons (TDPs)	
2010	Floods in Sindh and KP	
2011-12	Floods in KP and Sindh	
2013	TDPs KP, Foods	
2014-18	FATA emergency response	
2015	Flood in Rajanpur, Punjab	



Multi-Hazard Vulnerability & Risk Assessment/ CBDRM Planning done by DMC members



The project was implemented in three union councils of Peshawar, namely: Ander Sheher, Khalisa 1 and Khalisa 2.

The project area is vulnerable to urban floods, earthquakes and cyclones with increasing intensity in the past few years. Alarming increase in urban flooding is primarily due to almost completely clogged sewerage and drainage systems owing to poor solid waste management. Heavy encroachments, poor land use management and unplanned settlements have also led to the worsening of the situation.

The communities where the project was implemented were surveyed before project implementation and it was found that most of the community did not know any key precautionary steps to protect their lives in the case of a disaster. The communities generally considered their own homes to be unsafe and were not aware of government rules related to safe house construction. Most in the community also did not believe that vulnerable groups with special needs are properly understood and their needs incorporated into planning and response. A lack of concrete early warning systems (EWS) was also observed by community members.



CBDRR training for Male DMC in Ander Sher by Master Trainers

Strong synchronization between different sources (radio, TV, local mosques, mobile phone) has not been carried out. The community also felt that there was a great gap in the availability of trained individuals in relevant departments and also at the community level in the area of First Aid and Search and Rescue.

Project objectives

- Improved delivery of urban disaster risk governance by provincial, city, town and neighborhood councils, Provincial and District Government Departments in Peshawar promoting risk sensitive development.
- Improved coordination for effective implementation Disaster Risk Reduction Plans and Disaster Preparedness Plan



Female DMC training Khalisa 1 including first aid and Search & Rescue training

The Community Based Disaster Risk Management (CBDRM) approach was originally developed by CARE with financial support from ECHO in 2014- 2017. It was used in the current project as a cascading approach (two way) whereby it involved experts from provincial government departments who then trained individuals at district, union council level and community level. Planning was done at a community level and this created ownership among the community.

Beneficiaries reached:

A total of 39,417 individuals were reached under this project. These included different stake holders from government departments, PDMA, community members representing vulnerable women, men, disabled refugees, and minorities.

Main activities and achievements

1. COMMUNICATION AND DOCUMENTATION:

- Multi Hazard Vulnerability Need Assessment conducted
- High Rise Building study in Peshawar City conducted through Earthquake Engineering Center- University of Engineering & Technology Peshawar which will act as guideline for future high rise building construction in KP Radio messages regarding monsoon rains for public awareness were broadcasted jointly with PDMA Khyber Pakhtunkhwa
- Awareness material like brochures, leaflets regarding monsoon rains, forecasting and safety measures disseminated to flood prone districts of Khyber Pakhtunkhwa
- Establishment of Multi-Hazard Early Warning System in consultation with PDMA which will be linked with DMC's (EWS sub- committee)

2. CONSTRUCTION / REPAIR OF 3 MITIGATION SCHEMES

 Water drainage systems improved, leading to decrease in chances of flooding, spread of disease and pollution

- Repairing of water delivery pipelines to prevent water born epidemics Coordination and Capacity Building
- 10 Disaster Management committees were formed and trained with equal number of women and men being trained (98 each) on disaster management including First Aid training
- 18 people from fifteen government departments trained on CBDRM
- 3 UC level Disaster Management plans developed
- Maximizing female participation by including female officials and trainers
- The CBDRM Model was very effective for creating a pool of trained people. The communities were trained through Government Master Trainers and replicated those trainings in managing emergency situation (e.g. Dengue).
- Provincial Steering Committee formed at PDMA was effective for providing technical support and facilitation in project implementation
- All the project activities were executed through PDMA which created ownership, effectiveness and sustainability
- Orientation of Government departments to mainstream DRR into their Annual Development Plans



Training of Govt. Master Trainers

Community Testimonials

MR. MASOOD QADIR, NAZIM FOR NEIGHBORHOOD KHALISA NO. 2 AND A MEMBER OF THE DMC

"In the training we learned how to help others. There was an accident on ring road and there was a passenger bleeding a lot. We used the first aid that we learned in our training to help them. It's our responsibility to take care of ourselves and we cannot leave it up to the government. In the trainings we learned how to help others and we are passing that message on to others as well." The emergency response skills were utilized in managing Dengue in the urban community.



MISS SAKHAWAT, DMC MEMBER KHALISA NO. 2

"We learned during the training that during emergency situations we need to stand with the men in our community to help others. We learned what to do to protect our children and ourselves."



MISS SHAKEELA, DMC MEMBER KHALISA NO. 2

"I attended the training where I learned how to take care of vulnerable sections of society which before attending this training I did not have any knowledge about."



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