

# WASH ERUS IN PAKISTAN FLOODS Case study

## CONTEXT

Starting from mid-June 2022, unprecedented monsoon rains triggered one of Pakistan's worst floods in decades. One-third of Pakistan's territory and around 33 million people were impacted by the floods leaving 20 million people in need of assistance. IFRC requested M15 staff, Water Supply Rehabilitation (WSR), Household Water Treatment and Safe Storage (HWTS) ERUs and a Community Case Management of Cholera (CCMC) module of the Public Health ERU. Close collaboration and the complementarity of the ERUs contributed to a successful response.

### **Success factors**



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**Work as one team** – WASH and Public Health integrated; working towards one goal: health improvements for the affected population – four ERUs working towards one intervention.



**Strong coordination** – the WASH Coordinator focused on alignment and coordination of the ERUs. The Public Health in Emergencies Coordinator linked in, and the CCMC integrated early on with WASH.

**Co-location** – working through the same IFRC hub, sharing the limited number of vehicles, and being obliged to wait together for several days for authorization to travel to affected communities helped to know each other, mandates, and resources.

### Recommendations



- **Deploy HWTS and WSR together** although the feasibility of a joint deployment depends on the context, they complement each other, and both are affordable response options.
- **HWTS and WSR should develop joint SOPs and train together** to align methodologies and maximise synergies. While HWTS has a training course, WSR is still missing one.
- Streamline IFRC Logistics local contracting and procurement procedures in emergencies – it's crucial for a successful WSR mission. It reduces cost, contributes to green response, and allows for locally/culturally acceptable NFIs.

"A successful WASH ERU response doesn't necessitate shipping heavy and expensive equipment."



#### Household Water Treatment and Safe Storage ERU

Design and implementation of a comprehensive household water program, including hygiene promotion and safe storage

- 1-6 staff
- Equipment weight low: hold baggage
- More information on <u>GO</u>

### Water Supply Rehabilitation ERU

Rehabilitation and, if necessary, establishment of new water supply infrastructure

- 1-5 staff
- Equipment weight and cost low: hold baggage / 5,000 CHF
- More information on <u>GO</u>



Asif, team leader of Pakistan Red Crescent volunteers in the Badin district of Sindh province, teaches children how to wash their hands. IFRC/Irem Karakaya



Women collect water from a water source rehabilitated by the Pakistan Red Crescent Society in Jacobabad, Sindh.

## **Additional considerations**

**WASH ERU deployment order** – While every response is tailored to fit the local context and needs, <u>WASH ERUs</u> are complementing each other to ensure an integrated or harmonised action through: 1) <u>M15</u> or <u>M40</u> to cover the immediate need of safe water, 2) Mass Sanitation Module (<u>MSM</u>) to cover sanitation needs, 3) <u>WSR</u> to cover long-term needs and as an exit strategy for the M15/M40, and 4) <u>HWTS</u> (together with the WSR) to ensure proper treatment and safe storage of water at household level.

**Cash and voucher assistance** – Consider replacing local procurement of WASH NFIs with cash and voucher-based assistance to speed up the implementation and to reduce logistics costs. Current IFRC Logistics procurement procedures in emergencies need to be streamlined first, though.

**WASH ERUs complement the CCMC module of the Public Health ERU** – There was a common understanding on how WASH ERUs could support not only the installation of the Oral Rehydration Points in the communities, but also working with those communities to ensure access to safe water, proper sanitation and to improve the hygiene practices, so the conditions for an outbreak could be avoided.



"When we first came to this village for assessment, the situation was really bad. There was open defecation, clean water resources were near to zero, and people didn't have a good concept of hygiene and sanitation. Mobilising the community was not that easy. The affected community was skeptical about us and the ideas and practices we brought along. But slowly, we were able to push through and bring behavioral change, and people gradually started to adopt personal hygiene practices." Saira Pawar – volunteer, PRCS Badin district branch

#### See <u>WASH</u> on ifrc.org to learn more.