On March 22, 2014, the Hashoo Foundation Relief Team arrived in Karachi at 2.00 pm. The flight from Islamabad to Karachi was delayed due to VIP air trafficking.

We had a meeting with the Director of Food & Beverages-Hashoo Group, Mr. Waseem Baig in Pearl Continental (PC) hotel Karachi, to discuss the details of food packaging and delivery modes. Both parties agreed to conduct a local market survey of Mitthi, Tharparkar, before placing the final order. The second meeting was conducted with PC admin staff to discuss available clothing for relief efforts. It was mutually agreed that clothes would be supplied to the affected areas, the intended clothes include; cotton items, children’s wear, tracksuits and simple trousers.
Day 2
23 March 2014

On Day 2, we travelled to Mitthi, Tharparkar, in Sindh.

We met the Banh Beli team at their Mitthi office, Tharparkar. The teams discussed the current famine situation, government and NGO roles and logistics issues. The following issues were discussed in detail:

- Identification of beneficiaries
- Food parcels
- Recruitment of health staff
- Hiring vehicle for mobile health unit
- Team transportation around the district

The team specifically addressed the issue of recruiting female health staff to focus on Maternal Child Health (MCH) issues in remote villages.

We shared the Thar relief initiative and proposal with the Banh Beli team and we requested them to help in field activities and to provide the necessary support. As a result, we mutually agreed to identify vulnerable individuals and families to ensure the fair distribution of food packages among them.

Day 3
24 March 2014

Day 3 began with a meeting with the District Coordination Officer of Tharparkar, Mr. Imran Bhatti and other local government officials. It was identified that the three Tehsils of District Tharparkar: Islamkot, Mitthi and Diplo are severely affected by the famine and drought. The government had already distributed 50 kg wheat bags to approximately 259,000 needy families, yet many families remain unaddressed. The DCO requested the HF team to work in the above mentioned Tehsils to distribute food items to the poor and vulnerable families. The day involved another meeting with the Muslim Hands International team to analyze their current interventions and to identify the subsequent gaps that needed to be fulfilled. It was noted that Muslim Hands International has been working on the food security issue of migrants and those who have established homes. The Muslim Hands International team recommended HF to focus on geographical areas located within the three highly affected Tehsils too. In this comprehensive meeting, different ideas associated with HF's Mobile Health Unit (MHU) and food distribution were shared with the Muslim Hands International team. Our team suggested that a cluster of meetings should be held with all NGOs working in Tharparkar, to analyze which areas need assistance and to concentrate further activities.

The meetings conducted with governmental and non-governmental organizations concluded that an HF warehouse needed to be established to store the emergency food supplies. Poor infrastructure and the scattered population made it difficult for organizations to reach out to the local communities. Hence, it was decided that the warehouse shall be the food distribution point. HF decided to distribute food ration cards to the deserving and vulnerable people, who were asked to collect food and water on a specific date from the HF warehouse. Simultaneously, another team member visited...
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After the meeting with the Muslim Hands International team, the HF team and volunteers from Banh Beli, moved to the affected areas of Mitthi.

The HF team conducted a situation analysis. Focus group discussions were held to assess the basic needs and problems of the local community. It was identified that malnutrition is common among the local residents and a huge portion of the population is affected by epidemics and infectious diseases, leading to the loss of human life.

The HF team observed that the recent displacement from the remote areas of Tharparkar has reached half a million, approximately:

- 70% are children
- 20% are women and elderly
- 10% are men.

Many people are currently suffering from severe food insecurity and loss of livestock, due to fodder scarcity. The HF team travelled door to door to examine the socio-economic situation of the community and
recorded complete bio data of the potential beneficiaries. Initially, we successfully distributed food ration cards to 50 vulnerable families.

Our team assigned a focal person from the community to communicate the finalized date and venue for the food distribution.

The innocent faces of drought affectees in Tharparkar

On Day 4, the HF team divided into two groups; Group A and Group B. Group A met local property dealers to identify and select the best location for the warehouse and distribution center. The aim was to ensure that the warehouse and distribution center is located in a secure area within everybody’s reach. Group A evaluated three locations but found neither to be suitable. Group A also examined food samples and received the final quotations from local food vendors. The group members also conducted a thorough price analysis of quotations received and successfully finalized a supplier.

Group B, on the other hand, moved to the field in order to find the most vulnerable people who were severely affected by the drought. As mentioned earlier, three Tehsils (Mitti, Islamkot and Diplo) are highly affected by the drought, thus, the HF team decided to focus on IslamKot. Group B successfully identified, registered and distributed food ration cards to the selected community members in IslamKot.

The HF team and volunteers reached Tehsil Islamkot and visited two of the most affected villages: Shehmir Vickya and Darailo Paro. After initial discussion with community representatives, we travelled door to door and assessed the condition of the local community.

The day ended with a short meeting to finalize the following day’s agenda and tasks.
Day 4

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The HF team and volunteers reached Tehsil Islamkot and visited two of the most affected villages: Shehmir Vickya and Darailo Paro. After initial discussion with community representatives, we travelled door to door and assessed the condition of the local community.
The HF team noted that the poor socio-economic conditions of the community and their subsequent disparity. They do not have access to basic resources to satisfy their life needs. The HF team registered 120 vulnerable households for food assistance.

Case #1
Ranno, an elderly woman, lost most of her cattle due to the drought. This was devastating because livestock is the main source of survival for the people of Tharparkar. Raano is raising the family of her widowed daughter along with her own. After the loss of her cattle, she had to switch her source of income to stitching handmade bed sheets. It takes her a week to stitch one bed sheet, whereas she only earns 500 PKR, which is insufficient to support her large family. The HF team supported Ranno in her time of need.
The HF team noted some heart wrenching stories from the drought affected community members.

**Case #. 1**

We met Raai Chand, a poor 70 year old man, who lost six buffalos and twenty sheep due to the drought. Raai Chand lost his wife and young son last year due to the unavailability of basic health facilities. He could not reach the relief location due to the crowd of needy people gathered there. The HF team visited Raai Chand's home and reassured him that he would be provided with food items in a dignified manner. This brought a ray of hope on his face.

![Raai Chand - a recipient of HF's relief assistance](image)

**Case #. 2**

Ranno, an elderly women lost most of her cattle due to the drought. This was devastating because livestock is the main source of survival for the people of Tharparkar. Ranno is raising the family of her widowed daughter along with her own. After the loss of her cattle, she had to switch her source of income to stitching handmade bed sheets. It takes her a week to stitch one bed sheet, whereas she only earns 500 PKR, which is insufficient to support her large family. The HF team supported Ranno in her time of need.
Maai Jothoo is suffering from musculoskeletal problems and muscle wasting from the last 2 years, therefore she is bedridden. Muscle wasting is one of the worst indicators of malnutrition, which causes frequent muscle cramps, body aches and an inability to move around. The lack of health facilities in Tharparkar, has made her life miserable. Maai Jothoo's son has eight children and he is unable to finance her costly health needs. Therefore, the HF team extended support to Maai Jothoo and her family.

Case #. 3

Maai Jothoo is suffering from musculoskeletal problems and muscle wasting from the last 2 years, therefore she is bedridden. Muscle wasting is one of the worst indicators of malnutrition, which causes frequent muscle cramps, body aches and an inability to move around. The lack of health facilities in Tharparkar, has made her life miserable. Maai Jothoo's son has eight children and he is unable to finance her costly health needs. Therefore, the HF team extended support to Maai Jothoo and her family.
Day 5

Day 5 began with an HF team meeting to discuss the current agenda. Again, we divided ourselves into two groups; Group A and Group B.

Group A continued the search for a suitable warehouse and distribution center. Also, they obtained quotations from vendors regarding the HF Mobile Health Unit (MHU) and ambulances.

Group B travelled to Tehsil Diplo, Khenroi village to identify the vulnerable people requiring support.

During meetings with government and nongovernment organizations, it was evident that Tehsil Diplo is the most drought affected region. Therefore, the HF team ensured that food would be distributed to all the needy families.

After a detailed assessment of the bio data, each deserving family was issued a food ration card.

Group A had a series of coordination meetings with representatives of different NGOs working in Tharparkar. We met the team members from the following organizations:

- Provincial Disaster Management Authority (PDMA) Sindh
- Al-Mustafa Welfare Society
- Helping Hands
- Falah Insaniat Foundation
- Pakistan Rangers
- Muslim Hands International

During these meetings, the HF team discussed the current situation in Tharparkar and the population’s needs. The HF team shared it’s relief strategy and activities with the representatives. We highlighted our focus to help the most vulnerable and malnourished population with food distribution and mobile health interventions. The PDMA agreed to work with us.

The meetings identified the following immediate needs of the drought affected population:

- Food Parcels
- Maternal & Child Health (MCH) Services & Medicines
The meetings identified the following long term needs:

- Education
- Health
- Livelihood Projects (Livestock/Honeybee farming projects)
- Skill Development Training
- Water Availability and Purification

Focus Group Discussions (FGD) and door to door assessments of the village were the core field activities. The HF team consulted the community representatives to identify and analyze the socioeconomic and demographic conditions of the community and their subsequent needs.

Current relief efforts in Tharparkar focused on the main cities/areas and neglected the remote areas that had poor infrastructure and roads. Therefore, the HF team decided to target those neglected areas and hired a Potohar Jeep to head towards Village Arjak.
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HF team engaged in a focus group discussion with community members.

Means of transport used by the HF team to reach the neglected and remote areas of Tharparkar.

HF team member distributes food ration cards to drought affected community members.

HF team members identifying the vulnerable people of Kohli Hindu tribe who require support.
The HF team travelled to village Sabrhi, where the Kohli Hindu tribe reside. They are considered to be “untouchables,” by the local people of Tharparkar. Hence, the Kohli Hindu tribe is a very vulnerable segment of society. The HF team distributed food ration cards amongst the tribe.

Following is the summary of identified families:

<table>
<thead>
<tr>
<th>Date</th>
<th>No of families</th>
<th>Villages</th>
<th>Tehsil</th>
<th>District</th>
<th>Distance from Mithi</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-03-2014</td>
<td>50</td>
<td>Baraj</td>
<td>Mithi</td>
<td>Tharparkar</td>
<td>32 km</td>
</tr>
<tr>
<td>25-03-2014</td>
<td>120</td>
<td>Shehmir Vickyya and Darailo Paro</td>
<td>Islamkot</td>
<td>Tharparkar</td>
<td>45 km</td>
</tr>
<tr>
<td>26-3-2014</td>
<td>130</td>
<td>Khenroi, Arjakh and Sabhri</td>
<td>Diplo</td>
<td>Tharparkar</td>
<td>70 km</td>
</tr>
</tbody>
</table>

Day 6 27 March 2014

On Day 6, the HF team had an internal meeting and highlighted that health is a major concern in Tharparkar because 47% of children are categorized as malnourished.

Mud and thatch huts in which the drought affectees reside
The team visited **Sakrio Bajeer village** in Tehsil Mitthi to provide relief support.

We learned that saline water is a major problem within this region. The village is dependent on rainwater, which only satisfies their needs for 3-4 months annually. During the remainder of the year, the community collects water from distant locations. Our team visited the village’s water well and found it to be contaminated.
The second destination was Sooray Jotthar village in Tehsil Mitthi. We learned that 70% of the village cattle died due to an acute shortage of fodder. Cattle is a major source of food and income for the community. The community is devastated by the high death toll of cattle. The residents fear for their future if the animals continue to die at this rate.

The community also earns its livelihood by producing carpets from wool, however, due to the large death toll of sheep, they lack the raw materials. The HF team successfully distributed food ration cards among the community.

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**Case #. 4**

A widow of 40 years, who wished to remain anonymous, has four children. She is the sole breadwinner within her house and earns her living by stitching clothes. Her current income is insufficient to meet the needs of her family. Also, her child was suffering from acute health problems. The HF team registered her name, provided her with the food ration card, and information about how she can benefit from their upcoming Mobile Health Unit. She was relieved to receive the necessary support from Hashoo Foundation.

Pneumonia and Diarrhea are two of the leading ailments that cause child mortality in Tharparkar. Doctors believe that the death toll can be reduced if mothers implement basic hygiene and health practices in their daily life.
Case #. 5

Sakrio Bajeer is a 52 year old woman, who is suffering from Osteoporosis. This is a progressive bone degenerative disease that is characterized by a decrease in bone mass and density, which can lead to an increased risk of fracture. Osteoporosis is usually caused by food deficiency and drinking contaminated water.

Sakrio faces difficulty in walking due to intense pain in her bones, she perceives herself to be a burden on her family. The HF team provided her with the necessary support.

HF intends to launch a Mobile Health Unit (MHU) in three Tehsils; Mitti, Diplo and Islamkot to reach out to minority communities. HF aims to provide health care to remote areas via it’s Mobile Health Unit as it is difficult for the community to travel to static health centers located in the main cities. Therefore, our team finalized the ambulance and a team of qualified health professionals to operate HF’s Mobile Health Unit (MHU).

Our goal for the MHU is to serve 4,500 patients per month. Our field team identified and distributed almost 70 food ration vouchers today, despite the intense heat.

To date, our team has successfully reached out to 380 families and distributed food rations cards to family heads.
Day 7  

28 March 2014

Day 7 began with an internal meeting to devise the daily targets. The warehouse location was still pending, we had to make the necessary arrangements for the Mobile Health Unit and finalize a vendor for medicines, equipment and resources.

Group B moved to Dondio village in Tehsil Diplo to identify the vulnerable community members and to distribute the ration cards. Dondio Village has a primary school and a medical dispensary, however, both were not functioning due to a lack of resources.

The second village visited by the team was Karaywari village in Tehsil Diplo.
The HF team conducted a door to door assessment of the community for the purpose of distributing food ration cards.

In contrast, Group A, successfully identified a suitable location for the warehouse and distribution center which satisfied all of the HF specifications.

Group A met the District Education Officer (DEO) and the Director of Colleges to discuss HF’s relief operation. The HF team requested them to arrange some volunteers from schools and colleges to distribute food to beneficiaries. The DEO and the Director of Colleges agreed to provide a dedicated team of 30 volunteers to ensure a smooth distribution process.

Furthermore, the team arranged telephonic interviews to recruit the Mobile Health Unit team. We ensured that the selected candidates were capable of speaking the local languages and understood the culture. Resulting, in the hiring of a competent team.

The HF team met the selected vendor who confirmed that the required quantity of food items would be supplied at the right time.

The Communications team in core office did an excellent job in a very short span of time, to ensure all the banners, stickers, jackets and caps reached Tharparker on time. Their timely support helped us to efficiently perform the relief operation.

The HF team noted some heart wrenching stories from the drought affected community members and is currently focused on helping them.