

Consolidation of Field sessions exercise(Project formulation exercise)-Wadulla

19-28 March, 2012

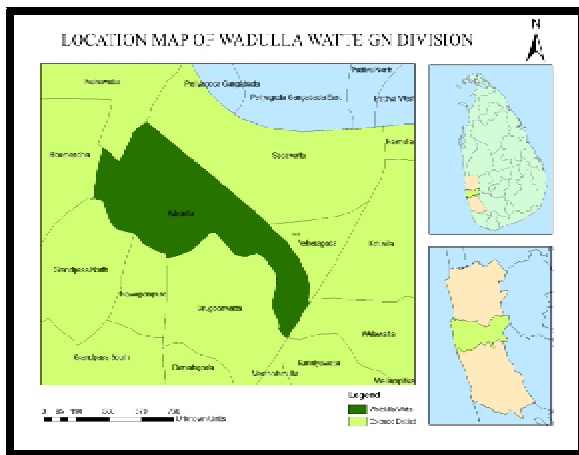
Sri Lanka

1. Introduction

1.1 The District Profile

Colombo District has an area of 2671 Sq. KM with a population of 5,648,000 as per census 2010. The estimated midyear population for 2005 is 2.41 Millions. Of the population,

District has 11 D.S. Divisions and 11 MOH Divisions spread out from Colombo city to Awissawella.



Majority of those in the labour force from urban areas are employed in the Public and Private sector and Trade and Business while the rural population is engaged in Farm and nonfarm Agriculture, Trade, business and casual labour earning daily wages and lesser number in the Public and Private sector.

Since the district has the main Economic and Administrative hub of the country located in Colombo City, daily population movement in

and out for Trade, business, schooling and employment and myriad of activities have made the district the busiest with activities, services and emergencies.

Standard of education in the district and Educational attainment of students is at a higher level in the districts with the presence of large number of privileged and affluent schools and the school dropout rate at primary grades is at a lower level.

As per Health Indicators, Health Standards in the district is relatively high except in the slum dwellings and few rural areas. District has an integrated Health Care network with curative and preventive Health care facilities and the Immunization coverage within the district is almost 90%.

As per the Geographical location, the District has 34 KM of coastal stretch with many flood plains in the low land and terrain in it's the Eastern parts. This location specificity has reflected in nearly 1/3 of the district being demarcated as disaster prone areas with flash floods, Water lodging, occasional landslides, heavy winds and manmade civil commons, riots and demonstrations. The security of the civil life is under threat to some degree at present particularly in the urban areas due to civil disturbance in the country.

1.2.Community context:

Wadulla Watte is a small Grama Niladhari Division with area of 0.75 sq km and total population of 8178 (2011 Families estimate). The main ethnic group is the Tamil people, who number around 6564. The most notable of the other ethnic groups are: the Sinhala and the Muslims, all with their own languages. Official languages are singhala. Also spoken Tamil and Sinhala. Predominantly (over 80%) people are Hindu plus Buddhist, Catholic and Islam communities. The Community is prone to various disasters: flood, Fire, Epidemic Disease and Oil Spill.



In Wadulla Watta, life expectancy at birth is 50 years. About 90 % people live in slums. Majority of the people are Labourers (60%). About 40% people are illiterate. 90% people are estimated to be employed in different sectors: Own Business, government etc. Flood rating for Wadulla Watte is considered as "High" as compared to the other GN in the Kolonnawa Divisional Secretary area.

1.3.Community context:

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1.4. Community Wadulla Watta:

Information	Explanation
Background of community (area & population)	
1. Area	District: Colombo, DS Division: Kolonnawa, GN Division: Wadulla Watte.
2. Area topography	Low land, like a river valley
3. Weather condition	Humid and wet ; Tropical climate ; temperature: 27-30 degrees Celsius
4. Demography condition	Total population: 8178 (4008M, 4170F). Children: 1635, total families: 2000.
Contact person information & the leader in that area	
5. Contact point in the local level	Grama Niladhari
6. The highest authority in the community	Grama Niladhari
7. External support (NGOs/Govt)	In 2011, the Urban Development Authority supporting to literacy development, idea behind this to minimize underworld activities.
Vulnerability situation	
8. Most vulnerable community groups to disaster	Who lives in low lands, disabled people, elderly people, children, lactating Children, pregnant mothers and drug addicted groups. (whole community is marginalised from rest of other community)
9. Underlying factors that make these groups vulnerable to disaster risks	Poor socio-economic prospects; limited livelihood options, over reliance on subsistence agriculture, low capacity & knowledge to prepare for and respond to any disaster. Under security measures taken by Kalani Thissa power station, constructed a bund and its stops draining raining water. Geographically this land is low land surrounded with marshy land. Urbanization,
10. Health service	They have to visit either National hospital or maligawatte hospital.

11. Health condition	
12. Physical vulnerability	<p>Community has wooden houses: roof with iron roofing sheets.</p> <p>The distance from the local river is about 500 m. The Kelani river affect the community. In 10 decade, these rivers affected 1000 families and their houses.</p> <p>The main hazard in the community is flood.</p>
13. Community access to infrastructure	<p>The community is about 30 minutes drive from capital city of Colombo.Road condition is good to access the community. Though it is only 10 minute drive from the main road head to get to the community.</p> <p>Community has access to telephone signals, there has electricity. And Water.</p>
14. Food	<p>People live on rice, bread as a normal food.</p>
15. Water	<p>This community has access to pipe born water. (Source: 4 km from community). However, from 2007 water quality is not good because the water supply system is destroyed by river flood.</p>
16. Sanitation condition	<p>Poor condition. All community has only Ten common water taps and 10 common toilets for their sanitation facilities.</p>
Planning and preparedness	
17. Emergency response plan, Early warning system, evacuation system, trained people on first aid, disaster simulation conducted in the community	<p>People don't know-how about disaster preparedness; however, there is no plan about disaster response. No CBO/NGO/Govt agency is present in the area to support them for disaster preparedness. There is no early warning system in the community. There is no evacuation plan in place in the community.</p>

Disaster response	
18. Emergency stocks	There is no any emergency stock in place.
Local capacity to response to disaster risk	
19. Physical, technical, social and institutional capacity	Community has some skill to protect themselves from flood. But this is not enough to protect them from disaster.
20. Security situation	Community people feel safe. They are not worried about security problem except river flood.

1.5. SLRCS-Colombo Branch profile

Colombo Branch of the SLRCS was established with the territories of Colombo City, Kaduwela, Padukka, Kotte, Piliyandala, Colombo North and Central Colombo in 1958.

The branch evolved through the provision of Humanitarian assistance to vulnerable and at present it has 05 divisions with 15 Units.

Branch has its Governance comprising the Hony. Chairman Hony. Secretary and Treasurer with committee members who make policy decisions. The volunteer force has risen to 300 active volunteers in various disciplines. The Branch membership has grown up to 7000 and 05 divisions 17 school circles 3 youth division, 02 Kakulu cycle are functional at present.

The Branch management is comprised of Branch Executive Officer, Assistant Accountant, 02 division development officers, fundraising staff and other support staff with 03 Project staff.

The branch has undertaken wide range of humanitarian programs and activities in the core and non-core areas and they are in operation throughout the district at present. They are : First Aid service/Training, Sharmadana (Self Help & Voluntary service) Projects, Construction, water and Sanitation, Volunteer Training, Micro finance Program, NCD Project, Youth and Junior school circle and active membership development and Activities, Dissemination Program ,dengue Awareness Programs etc.

The branch has also identified programs in the in priority areas for future which need special attention. They are: Based on the ICB 180 days Program, an attitudinal and mind setting orientation Program Implemented in a sustainable manner to achieve the corporate goal of the SLRCS

Capacity building for branch governance and management, Material and Human resource Development, Office Building, expansion of fund Raising and income generation, new attitudinal change for all branch governance and management.

2. Assessment

Please briefly describe the findings of each tool

2.1. Social mapping.

- Brief of process

The purpose of social mapping was to capture information with regards to resources, vulnerabilities, hazards and capacities in one birds view. The process was started with a summarised briefing by Mahindra (Lead facilitator for the special map) to give an idea to the community on what how and what is expected to achieve from this tool. The social mapping was done by a group of about 15 community members lead by the Grama Niladhari (village Headman). The process was initiated by marking the main roads/sub routes and boundaries. Within the boundaries community centre was taken as a centre point to develop the map. The map includes houses, holy places, water and sanitation facilities, canals, rails way tracks, oil pipeline, streams, etc. Through identification of afore mentioned infrastructure findings are covered in subsequent headings.

- Findings

- Vulnerabilities/Hazards

- Open sewerage systems/waste canals
- Open garbage dumping areas/open defecation areas
- Oil pipeline
- Common latrines
- Densely populated areas
- Flood prone areas/ low lying areas
- Fire prone areas
- High tension power lines
- Atomic Energy Authority Building
- Canal



2.2. Capacities/ Resources

- Proximity to the main road
- Sub-routes leading to the main road (serve as a evacuation routes during emergencies)
- Community Centre
- Electricity

- Pipe borne water
- Telecommunication
- Private medical centre
- Play ground
- Religious buildings (Temples, mosques, church)
- Auto rickshaw/three wheelers

2.3. Observations

Most common health issues found in the community are due to open sewerage systems, open garbage dumping and bad hygiene practices (use of common latrines /bathing places). These health issues are amplified due to water logging leading to flood situations.



All religious buildings are situated next to each other. This shows the religious harmony within the community.

2.4. FGD (Focus Group Discussion) - Women

- Brief of process



A questionnaire was developed as a guideline to direct the Women Focus Group Discussion. The questionnaire was structured with questions from Health, DM, Early warning livelihoods. For the discussion 11 women were selected from different areas to represent the whole community. Due to the sensitive nature of some of the questions lot of time was spent to build rapport. The discussions were conducted in

a very participatory and informal setting. Lead facilitator (Kumari) initiated the discussion but the process involved more observation and listening.

- Findings

- Disaster Management

- Floods

- The community is very vulnerable to floods and people are very aware of the risks involved during flooding
 - Even though it floods at least once every year, community agrees that they have very limited preparation for the flood
 - It was highlighted that the community had very limited support of the government during flooding. This is because there is no coordination mechanism or no District Management Committee at District level as well as due to lack of a Village Disaster Management Committee at the community level.
 - There is no evacuation place identified at the moment to evacuate during disasters and people usually take shelter in religious buildings such as the temple, church or mosque
 - Government had not taken any mitigation measures to minimise the damage done by the floods every year. Furthermore there is no response or a contingency plan made at the community level.
 - No projects related to DRR have been implemented in the community to date.

- Waste Management

- There is no mechanism of waste management in the community
 - Garbage collection bins are placed however no regular system to empty the bins
 - The Sewerage systems are blocked with waste and are causing water logging.

- Health

- Very limited common latrines in the community and these few are not managed properly.

- There is no proper drainage system in the community. Due to this sewerage is leaked into homes or living areas.
- There are a lot of street dogs in the community and there have been many cases of dog bites causing rabies
- Due to congested living conditions and insufficient public facilities, sanitary practices in the community are of concern. This problem is also worsened due to lack of awareness.
- Lack of awareness on Family planning , pregnancy, traditional delivery, pre-maternal care and breastfeeding practices
- Increase of epidemics such as dengue outbreaks, Hepatis, water borne diseases and infections
- There has also been as increase of non communicable such as diabetes, high blood pressure, etc
- Vaccination is supported by the government
- There has been an increase of child pregnancies and young age marriages.
- Community has access to pipe drinking water but safe drinking practices such as boiling water are not practiced.
- There are 3 government hospitals located near the community however there is no ambulance service or First Aid trained persons in the community. There is one private clinic and a private dispensary located in the community.

Social problems

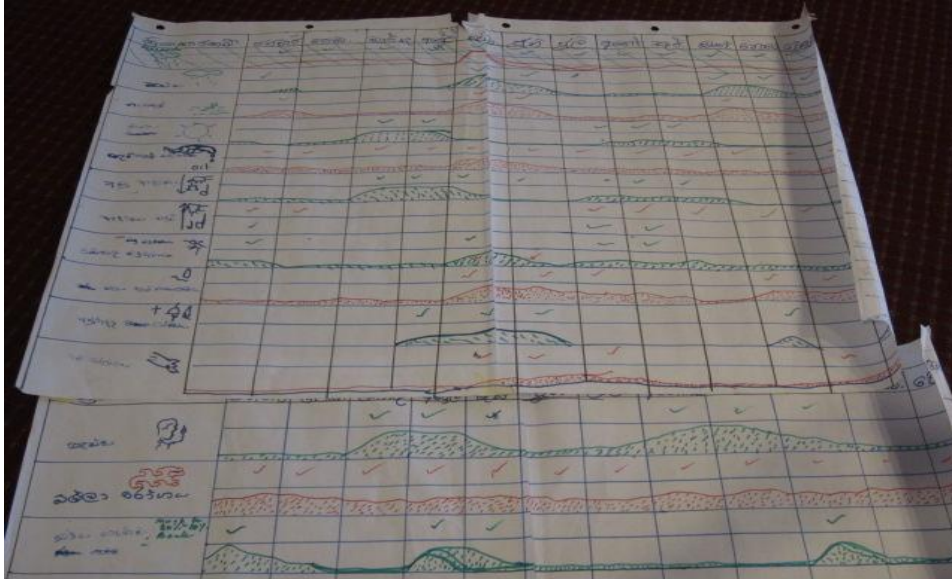
- Women FDG also highlighted some of the social problems that are increasing in the community such as Child abuse, prostitution, drug abuse and trade as well as harassments
- Due to the family conditions women have expressed their dissatisfaction about their family life

Livelihoods

- Most families are Men headed families and they are the main decision maker as well as the main income earner for the community.

- Women involve in small scale self employment livelihood activities such as Dress making/selling fishing/making air sticks
- There are 03 Micro finance bank supporting small scale livelihoods initiatives by giving 01 year loan scheme. However not all women are aware of this opportunity and taking loans have trapped some families in the vicious poverty circle because they have been unable to pay back the loan.
- There is a women society currently in the community
- Government has started the Agriculture programme as Divinagume Programme
- Observations
 - The group who participated in the discussion came from a diverse group which included people from different religions, ages and marital status. Most participants had atleast O'level education. As a result of this, information collected reflected all areas as well as different women groups in the community.
 - Certain issues were sensitive and participants were reluctant to share such information in a group but they expressed the wish to share it individually.
 - Social centre was highlighted as a capacity for the community. However it was mentioned that such public places are not maintained well and not utilized. The building needs to be repaired, maintained and used to conduct community activities.
 - There is an existing CBO (Nagarika Sanwardana Samithiya), however the CBO is not active and community has not received any service from this CBO.
 - There is a Civil Defence committee who are active in the community. However people are not aware of their role. Hence people ignore the Civil Defence Committee security advices and are unaware of how their services can be used in the community

2.5. Seasonal calendar



- Briefing process



The seasonal calendar was made with the help of 14 community members (13 x females, 1 x male) in order to know their activities within the year; with the use of this tool we come to know that in which month what their activities are.

- Findings

In the light of the seasonal calendar the conclusion of the events/activities during the year is appended

below:-

Events/Activity	Description
Raining	The months of Dec and Jan is with normal rains, however, during the month of May, June, July, Oct and Nov raining is ranges from normal to high.
Flooding	The flooding started in the month of May and last till July with peak time in June, later In Oct high floods which ended up in the month of Nov.
Seasonal Dry	The months of March & April mostly dry season.
Oil pipe Line Leaking	The oil pipe line leakage could be done at any time during the year. But during flooding There is more chances of leakage and mixing of oil in flood water and spreading in the Area.

Low Income	In the months of May – July due to flooding the livelihood activities slows down which Affects on their income generation , likewise due to excessive holidays during the months Of August & September less chances of getting labour work.
High Income	At the onset of new year leads to the launching of new projects by companies Provided with the opportunities of the jobs/ labour work. In addition to that in the months September and October good chances of involved in livelihood activities.
Mosquito Breeding	Mosquito breeding started in January Leads to the outbreak of Dengue Fever/ Malaria in the months of May-August
Water Borne Disuse	Due to the floods Water Bourne diseases intensifies during the months of May – August & then from October to November.
Festivals	The festivals are celebrated in the months of April , May , June & December
Other Diseases (cough, itching)	Different diseases specially cough, itching affect the community through out the year
Dog Biting	Through out the year
Debit	Due to decreased livelihood activities community members face difficulty in returning Debits in the months of April, May , October, January

2.6. Historical profile

- **Brief of process**

With the help of historical profile tool we look at the history of community through the eyes and participation of females of different ages

- **Findings**

- The historical profile of the village is as follow:
- 1951 Total area is paddy field and settlements started which later on resulted in diminishing of paddy field
- 1960 a major flood strikes the community which damages their infrastructure leads to the health diseases, lose of livelihood and the emergency was responded by the community itself.
- 1979 Rapid increase in population and settlements of outsiders decreases construction the availability of cultivatable land.
- 1986 New Kalany Pura was established along with construction of a new read and the initiative was taken up by the Govt.

- 1991 Floods destroyed infrastructure and livelihood. In response to the flood a local NGO along with the Govt provided assistance to the affected population. As per one old lady the total no of houses were 250 at that time.
- 1994 The YMC (Young Man Christian Associated started a Per- Primary School in the community to address the educational needs. However floods again disturbed the life.
- 1995 Construction of brick houses and provision of electricity to the community. The electricity was provided by the government.
- 1998 In house Water supply Facility was provided to the community by the Govt to decrease the trucking cost for water.
- 1999 Wadulla housing scheme was introduced by the Govt. because of heavy snow fall many deaths occurred and houses destroyed.
- 2003 Dengue Fever Outbreak resulted in loss of life. It was responded by PHI and the community. Later on the breeding places were era diced.
- 2004 Construction of Community Centre by the Govt. and it serves the community for different activities.
- 2007 Due to the construction of new road bridge nearby community started facing read accidents and sliding occurred due to which houses damaged and three causalities
- 2010. A fire incident due to the out breast of oil pipeline. Two deaths occurred and some people injured along with damage of a house and environmental pollution.
- 2011. Destruction of few houses with major floods and no deaths
- Conclusion.
Through historical profiling it is being observed that Wadulla community is prone to floods and the frequency of the onset of the flooding is annually.

2.7. Venn Diagram

- Brief of process

Venn diagram was used to collect and examine information related to institutions, partners and officials in the community and their service delivery, problems and issues. In the Venn diagram each circle represents a partner in the community. Size of the circle indicated how important the services provided by that organization. Positions of the circle indicated how close this service to the community. Checklist of questions

was prepared to facilitate the discussion with community. In doing the Venn diagram a mix group of 12 to 15 people were selected. In discussion with community list of principle players were identified. Then these players were ranked based on the importance and their service delivery using the paper circles on flipchart paper

- Findings

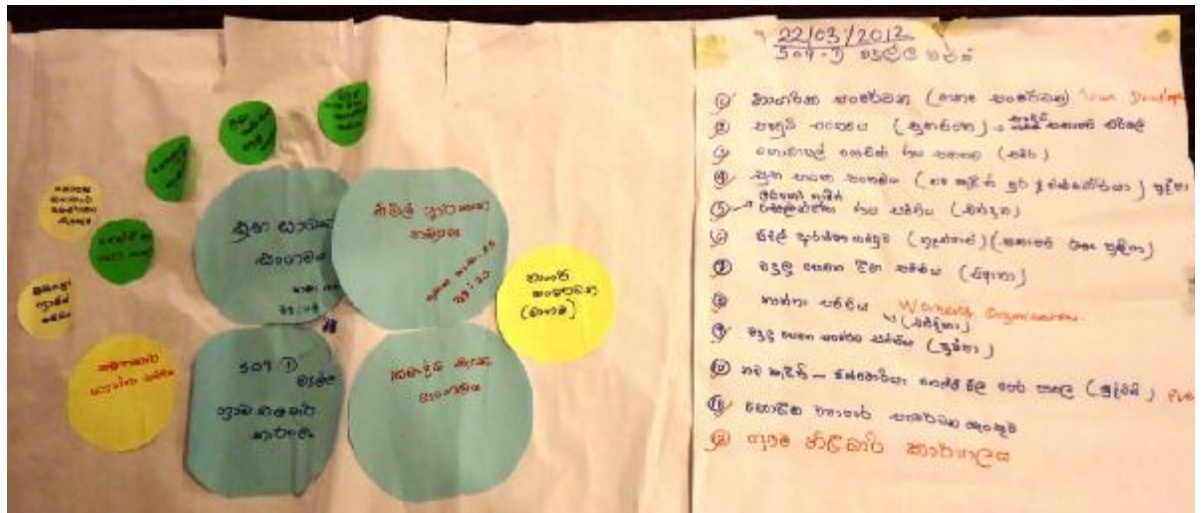
Key players in the community

- 1) Welfare Society of the community – 100 members /started in 2008
- 2) Graman Niladhari Office
- 3) Civil Defence Committee
- 4) Samurdhi Bank Association
- 5) Officer from Urban Development Authority
- 6) Women's Corporative Society
- 7) Nelun Pre-school
- 8) Commercial Credit Pvt Ltd
- 9) Wadhulu Sevana Childrens Society
- 10) Wadhulu Sevana Development Society
- 11) Gramin Micro Credit Society
- 12) Colombo Entrepreneur Development Bank



- Only the top 4 players were identified as key service providers and partners.
- Community has a established welfare society but very few has taken membership (only 100 members)
- Most of the people were unaware of the partners present in the community.
- Very poor participation in welfare society due to lack of understanding of the services available, lack of interest, unavailability of time. Most people in the community think paying the membership fee is a burden on them.
- Different community organisations are limited for different clusters within the community based on the nature of the settlement.
- In general, the organising community and community participation was low and people had little interest in participating in community work .
-

- Illustration



2.7. Direct Observation

- Brief of process
Direct observation was done in 2 groups. One group focus on specific institutions and the other group took a route from the social map and followed the route observing the community. The team interviewed people on the way and also took photo graphs. Direct observation was also used to verify the information on the social map.
- Findings
 - There are 8 common toilets and out that 3 toilets were out of service. Overall maintenance and hygiene of the common toilets were very bad.
There are 6 six common bath basins with lack of privacy. Other then this many houses are having their own bath basin and toilets.
 - There are open sewerage canals passing the side of the households. One septic tank covering large number of households causing over flow.
 - Due to open garbage to dumps at many places in community with street dog and cats leading to dog bite and rabies.
 - There is another community centre inside the community which is not in service.
 - Lots of plantation everywhere. Wild growth plantation was also visible in some areas
 - Open sewage system and stagnant water around the community leading to favourable to be mosquito breeding places.
 - Mostly wooden houses with inadequate ventilation and prone to fire
 - There is an unregistered medical practitioner in the community charging 250 for the medicine for 3 days
 - Damaged oil pipeline and high tension electrical line near to each other

- Community demarcation wall
- Garbage Bins at only few places in the community
- Worship places for different religions adjacent to each other
- Household in legal settlements
- Illustrations

2.8. Risks Identification & ranking

- Brief of process
Key problems and threats existing in the community were identified in the discussions with the community using different tools. These problems were then listed and presented to the community for their agreement. Each problem was discussed to have a common understanding of the community before the voting. After finalising the list, community was asked to vote by raising their hand for each problem. As per the voting, 5 problems with the most votes were prioritized.

- Findings

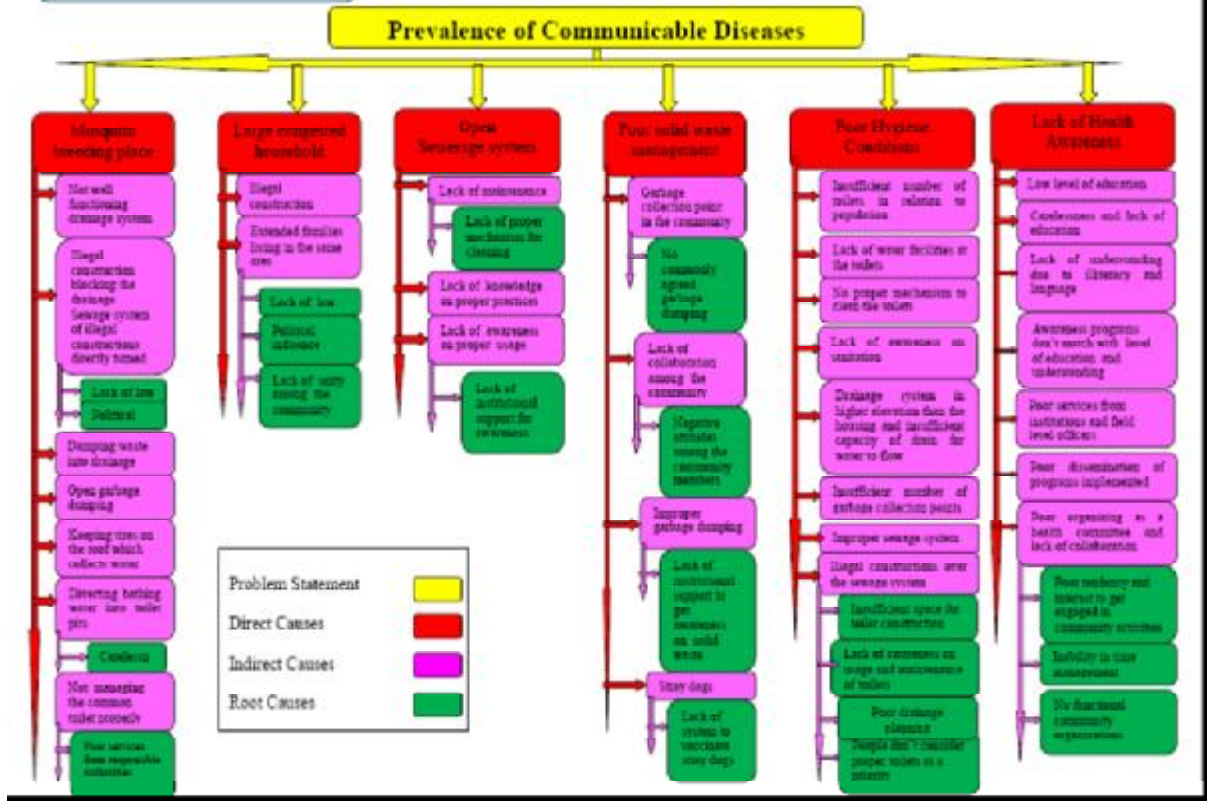
Problems/Hazards	Ranking
Low Health and Sanitation Conditions prevailing in the community	24
Damaged access roads and lack of street lights	22
Low level of education and early marriage	22
Lack of unity among the community	17
Flooding	15
Families living in debt	14
Drug addiction	10
High tension Electricity lines	7
Fire Incidents in Households	1

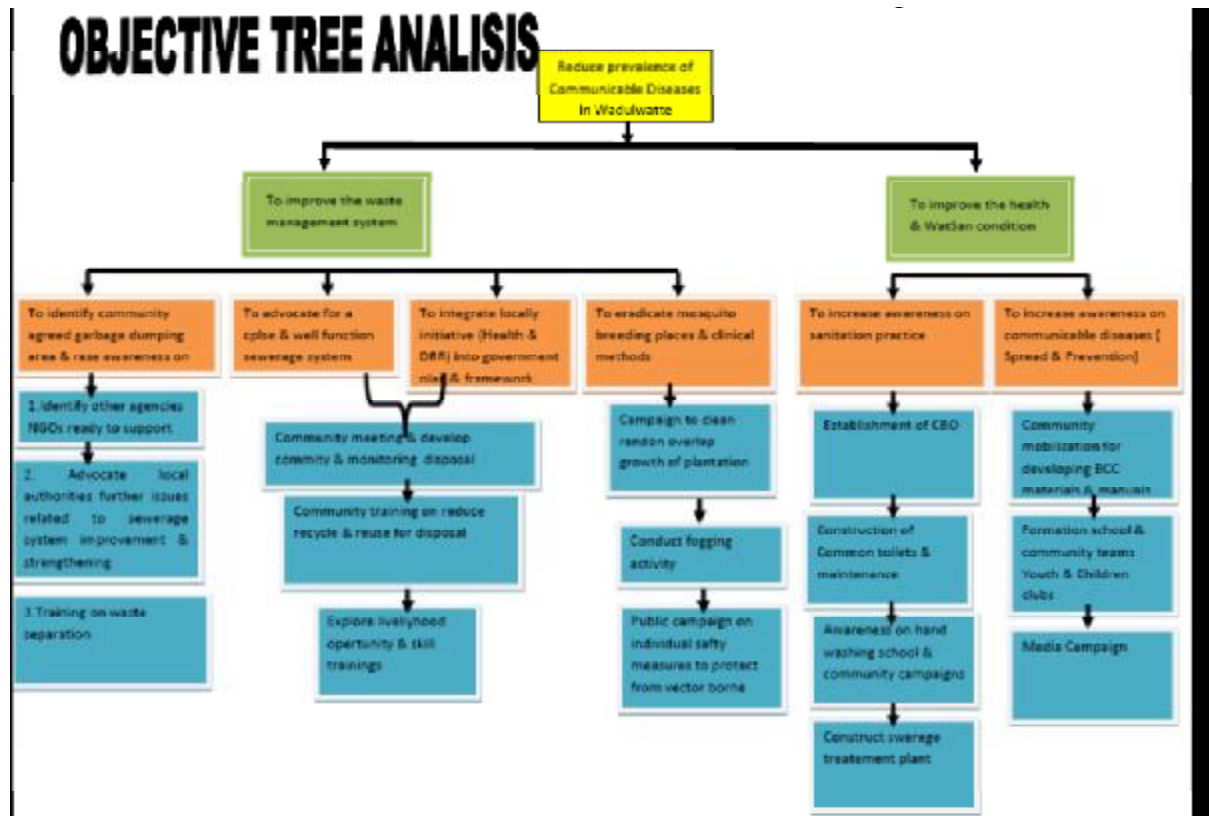
- Illustration

3. Situation Analysis and rationality

- a. Problem analysis -

Figure : Problem Tree





4. Goal and Objectives

Goal: Reduce prevalence of Communicable Diseases in Wadulwatte

Objectives :

1. To improve the waste management system
2. To improve the health & WatSan condition

5. Strategies

- Preparedness and mitigation: Involvement of community people in every steps of planning and implementation is vital. Thus, the project will engage all walks of people by implementing number of preparedness measures. For this, community preparedness is basic task and this can be done through forming the community group, going through number consultations and orientations and engaging community people by developing community plan in relation to WASH and disaster risk reduction. Likewise, there will be some structural work to mitigate the risk at community level such as toilet construction to mitigate the health risk and construction of appropriate drainage system to flow the water logging.
- Community mobilization and capacity building: Looking at the sustainability aspect of the project, the project is intended to build the capacity at various levels through the community mobilization measures such as training programmes for individual empowerment, physical capacity building by improving existing facilities, and livelihood promotion by providing certain income generation activities. The project also envisions mobilizing internal resource in form of beneficiaries participation in the project activities and management project through project steering committee (PSC).
- Public campaign and Advocacy: This project is a part of the overall response in the *Wadulla Watte* community. Engaging the local media and identifying contextually appropriate communication channels is very important for addressing health and hygiene related components. The public campaigns should be designed by the involvement of target groups to reach with the large beneficiaries level. There are some stakeholders who already identified, are very important to get support. For instance, additional support may required to create conducive environment for achieving the results that envisioned by this document. Thus, advocacy sessions will be designed and implemented as per need. For example: advocacy with the local authorities to further improvement of sewage management system and ask them to allocate some funds for the same would be an agenda for advocacy.
- Coordination and collaboration: Partnership and collaboration with local CBOs and government units is very important for the optimum use of available resources. This can be only possible if there will is uniform understanding about the problems and their solution. There are number of stakeholders who are identified during the VCA process

- would be necessary to bring in a board to settle the identified problems by optimum utilization of available resources. Thus, the project will organize regular coordination meeting by involving major stakeholders who are working for the *Wadulla Watte* community. This process will help to increase utilization of available resource as well as reduce the duplication of resources.

6. Plan of action

Plan of Action

Community: 509 D Wadulla Watte

Activities	Target group	Responsible	Internal resource available	External resource needed	Timeframe											
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Mobilization of the community	Wadulla Watte community	SLRCS Colombo Branch	SLRCS - HR, Logistics, Funds Community-Leaders, Venue, Peer groups	Knowledge, Information from policy, academic and research institutions	█	█	█	█	█	█	█	█	█			
Conduct sensitization meetings in the community	Wadulla Watte community	SLRCS Colombo Branch	SLRCS - HR, Logistics, Funds Community-Leaders, Venue, Peer groups		█	█										
Conduct orientation meeting to the government authorities and stakeholders	Government authorities and stakeholders	SLRCS Colombo Branch	SLRCS - HR, Logistics, Funds		█	█										
Form small HH groups (according to the clusters in the community)	Wadulla Watte community	SLRCS Colombo Branch	SLRCS - HR, Logistics, Funds Community-Leaders, Venue, Peer groups			█	█									
Form a village Disaster/Health risk reduction committee (representation of two members from each cluster)	Wadulla Watte community	SLRCS Colombo Branch	SLRCS - HR, Logistics, Funds Community-Leaders, Venue, Peer groups			█	█									
CBO management trainings for	Disaster/Health risk reduction	SLRCS Colombo Branch	SLRCS - HR, Logistics,	Knowledge, Information from						█						

			Funds Community-Leaders, Venue, Peer groups	relevant authorities														
Identify other interested agencies in hygiene and sanitation and share the community needs	Other interested agencies in hygiene and sanitation	SLRCS Colombo Branch	SLRCS - HR, Logistics, Funds Community-Leaders, Venue, Peer groups	Knowledge, information from relevant authorities														
Public campaign on prevention of dengue and malaria	Wadulla Waitta community	SLRCS Colombo Branch	SLRCS - HR, Logistics, Funds Community-Leaders, Venue, Peer groups	Knowledge, information from relevant authorities														

Recommendations for follow up:

7. Risks assumptions

- Grama Niladhari (leader of community) and other major stakeholders will be supportive to implement the project activities
- Community participation will be available as expected
- The supportive organization (IFRC) will release agreed fund on time
- There will be no internal and external disturbance (politics) in relation to project activities

8. Budget

LKR 5,000,000/=

9. Name of Team Members

S N	Name	Designation	Country	Organization	Email	Skype
1	Bal Krishna Sedai	Senior Officer	Nepal	Nepal Red Cross Society	balkrishna.sedai@nrccs.org bksedai@gmail.com	balkrishna.sedai
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4	S. Satheeswaran	Branch Executive Officer	Sri Lanka	Sri Lanka Red Cross Society	mullaitivebeo@redcross.lk	satheesskype1
5	M.K.M.Munafeer	Programme Support Officer	Sri Lanka	Sri Lanka Red Cross Society	m.munafeer@grc-lk.org mmunafeer@yahoo.com	mohamadmunafeer
6	Dorene Olivia Jeevanathan Niles	Community Mobiliser	Sri Lanka	Sri Lanka Red Cross	dorene.niles@redcross.lk doreneniles@gmail.com	

				Society		
7	Fathimath Rishana	CBDRR Project Officer	Maldives	Maldivian Red Crescent	fathimath.rishana@redcrescent.org.mv	fathimathrishana
8	Thargasara Rajasrikantana	Branch Executive Officer	Sri Lanka	Sri Lanka Red Cross Society	kilinochchibeo@redcross.lk	
9	Dr. Muhammad Umer Iqbal	AD. CBHFA	Pakistan	Pakistan Red Crescent Society	umerdr@yahoo.com	umerdr
10	Asima Naseem	AD. DRR	Pakistan	Pakistan Red Crescent Society	asima_nasim@yahoo.com	faraah3
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