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# Revised emergency appeal

## Pakistan: Monsoon Flash Floods

 International Federation  
of Red Cross and Red Crescent Societies

### Emergency appeal n° MDRPK006 GLIDE n° [FL-2010-000141-PAK](#) 3 August 2012

This Revised Emergency Appeal seeks CHF 92.6 Million in cash, kind, or services to support the Pakistan Red Crescent Society to assist 900,000 people (130,000 families) for 36 months, and will be completed by 31 July 2013. A Final Report will be made available by 31 October 2013 (three months after the end of the operation).

#### Appeal history:

- A [revised emergency appeal](#) was launched on 15 November 2010 for CHF 130,673,677 (USD 133.8 mil or EUR 97.9 mil) to assist 130,000 families (some 900,000 people) for 24 months.
- An [emergency appeal](#) was launched on 19 August 2010 for CHF 75,852,261 (USD 72.5 mil or EUR 56.3 mil) for 18 months to assist 130,000 flood-affected families (some 900,000 beneficiaries).
- A preliminary [emergency appeal](#) was launched on 2 August 2010 for CHF 17,008,050 (USD 16,333,000 or EUR 12,514,600) for 9 months to assist 175,000 beneficiaries.
- Disaster Relief Emergency Fund (DREF): CHF 250,000 (USD 239,406 or EUR 183,589) was allocated on 30 July 2010 to support the National Society's response to the emergency.



Pakistan Red Crescent Society volunteers and staff at Nowshera KPK distributing food items procured with the support from the International Federation in the early stages of the operation. **Photo:** Pakistan Red Crescent Society.

#### Summary:

With the relief phase closed in April 2011, the operation focused on the planning and design of the current recovery programme, employing the integrated and community based approach in six selected districts of flood-affected provinces of Khyber Pakhtoonkhwa (KPK), Punjab and Sindh. The relief phase was evaluated in June-July 2011. The findings and recommendations have been shared with the Pakistan Red Crescent Society (PRCS) / the International Federation of Red Cross and Red Crescent Societies (IFRC), made public. Together with the findings of the Real Time Evaluation conducted in 2010, the recommendations of the relief phase evaluation have informed the PRCS / IFRC response to the 2011 floods in Sindh.

In the first quarter of 2011 an implementation plan was developed for the recovery phase. Before drafting the outlines, a vulnerability and capacity assessment (VCA) was undertaken in December and January. An Integrated Recovery Programme (IRP) was designed for 39 villages in six districts in three provinces. While the size and range of the IRP was based on the findings of the VCA, it was also designed in line with the available funding. The essence of the IRP is a programmatic shift from assistance to the beneficiaries towards resilience building of the community. The assistance to the flood affected population, in particular those who lost their houses and livelihoods, continues, but the focus is on sustainability and a positive effect on the resilience of the community.

The PRCS management delegated the responsibility for the implementation of the IRP to the three Provincial Branches (KPK, Punjab and Sindh). The IRP required a substantial upscaling of the human resources in the Provincial Branches (more than 125 new staff members). It took more than two months to advertise for the positions, recruit the required staff and introduce them to the essentials of the IRP and induction in the IFRC tools before the actual involvement in the villages.

Also, the IFRC country office required decentralization of the operations, in order to maintain its responsibilities for the transparency, accountability and provision of technical advice. As such the country office restructured its operational hubs in the field and strengthened the offices in the Provincial Branches. The IFRC sub-offices worked directly with the PRCS provincial branches in November 2011 for the implementation of all IFRC supported programmes. Bank accounts were opened for efficiency in financial transactions and more responsibilities were delegated to the field, in the cause of the planning and budgeting exercises at provincial level.

The final quarter of 2011 was an eventful one. After the establishments of the first Village Committee in September, the Village Committees started the selection of beneficiaries for the cash-based components of shelter and livelihood. The design of these activities was based on the experience gained from a pilot project in Thatta, Sindh for 43 households. At this time, a baseline survey was conducted, providing a much-needed overview of the targeted populations' existing conditions prior to the interventions planned under the IRP. The same period saw the operations run into difficulties, causing delays in the implementation: massive flooding in Sindh which prompted a six-month emergency operation, a harsh and drawn-out winter in KPK and the suspension of the activities in Punjab due to internal irregularities and court cases against the Punjab Branch.

The benefits for the beneficiaries started to show visible physical results from November 2011 onwards. This was largely due to the health interventions undertaken by the PRCS health units including provision of coaches trained in community-based health and first aid (CBHFA) and psychosocial support. In addition, it was a result of the cash programming picking up pace in shelter and livelihood interventions, and the water and sanitation "hardware" components of building latrines and water supply schemes being established. The cash programme had selected the General Post Office as potentially the best service provider with the largest outreach to the beneficiaries. However in the course of the programme the services rendered by the Post Office remained far below the agreed delivery criteria and delayed the implementation of the IRP.

Considering the IRP approach was a first for the PRCS and the IFRC in Pakistan, a mid-term review of the recovery phase was conducted in early 2012 to examine the progress achieved towards the stated objectives; the appropriateness of the recovery planning; and methodology employed to achieving the recovery objectives. The findings and recommendations of the review have generated current good practices, and identified challenges to overcome and actions required to strengthen the delivery and overall impact of the recovery assistance during the remainder of the operation. The learning from this review has further informed the revision of the recovery phase particularly aspects related to integrated approaches, cash programming, and sector interventions in health, shelter, livelihood, disaster risk reduction and beneficiary communication.

This revised emergency appeal presents a revised plan for the recovery phase of the appeal. The actions undertaken within the relief phase have not been altered. It shows the outcome of the modifications which were made in the activities across the different sectors in order to create an integrated approach in the selected six districts. The plan is based on extensive discussions with the PRCS Headquarters and the Provincial Branches. It includes an extensive upscaling of the human resources of these Branches in order to be able to meet the targets. However these targets have been gradually reduced as a result of cross checking the beneficiaries identified in the original VCA which was executed in December/January 2011. Notwithstanding the upscaling and increase of staff, the complexities of the Pakistan environment and the

security situation had an impact on the actual implementation rate which did not reach the expected pace. Therefore the implementation plan has been reviewed and the operation has been extended by 12 months.

### Overall achievements relief and early recovery

Sector	Achievements (families reached)
Relief food and non food including emergency shelter	<b>228,976</b>
Shelter (winterised transitional shelter during relief phase)	<b>6,393</b>
Shelter (relief)	<b>181,064</b>
Health and care (relief)	<b>133,689</b>
Health and care (recovery)	<b>46,356</b>
Water and sanitation (relief)	<b>31,300</b>
Water and sanitation (early recovery)	<b>1,835</b>
Livelihoods (winter vegetable seeds during relief phase)	<b>2,000</b>
Livelihoods (early recovery)	<b>33,602</b>

Overall through the implementation under this emergency appeal, the PRCS/IFRC has reached at least 1,602,832 people (228,976 families) across five provinces most affected by the floods. This represents half of the Red Cross Red Crescent Movement's current reach of 3 million<sup>1</sup> people. Of these, 228,976 people were reached in the relief and early recovery phase of the operation, while 79,155 people are being reached under the integrated recovery programme.

For further details on the activities of this operation please refer to the latest operation update which can be found [here](#). Also, the progress of achievements under this operation can be found through regular reports produced on the [www.ifrc.org](http://www.ifrc.org) Pakistan page.

To date, the following partner national societies (PNS) and other donors have contributed multilaterally to this emergency appeal:

American Red Cross, Andorra Red Cross, Australian Red Cross/Australian government, Austrian Red Cross, Bangladesh Red Crescent, Belarus Red Cross, Belgium Red Cross (Flanders), Belgium Red Cross (French), Bosnia and Herzegovina Red Cross, British Red Cross/British government, Bulgarian Red Cross, Canadian Red Cross/Canadian government, Czech Red Cross, Danish Red Cross, the European Commission's Aid department (DG ECHO), Fiji Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Hong Kong branch of the Red Cross Society of China, Macau branch of the Red Cross Society of China, Icelandic Red Cross, Iranian Red Crescent, Irish Red Cross, Japanese Red Cross, Republic of Korea Red Cross, Luxembourg Red Cross, Mauritius Red Cross, Monaco Red Cross, Moroccan Red Crescent, Nepal Red Cross, Netherlands Red Cross/Netherlands government, New Zealand Red Cross/New Zealand government, Norwegian Red Cross/Norwegian government, Portuguese Red Cross, Singapore Red Cross, Slovenia Red Cross, Spanish Red Cross, Swedish Red Cross/Swedish government, Swiss Red Cross, Taiwan Red Cross, UAE Red Crescent, OPEC Fund for International Development, US Agency for International Development (USAID), the Italian government and private donors have made contributions to this appeal.

In addition, Red Cross and Red Crescent National Societies from Bangladesh, Indonesia, Malaysia, Sri Lanka and Solomon Islands deployed Regional Disaster Response Team (RDRT) members from their societies providing valuable human resources to support the operation.

On behalf of the PRCS, the IFRC would like to thank all partners for their generous response to this appeal.

<sup>1</sup> Because of the integrated approach in programming, there are challenges in avoiding multiple counting for people who receive assistance from more than one sectoral intervention. Therefore, it is assumed that the minimum number of people reached by the overall operation is based on the imprint of the programme with the largest reach, in this case, relief.

[<click here to view the attached emergency appeal budget; or here to view contact details>](#)

## The situation

In August 2010, Pakistan encountered the worst floods in recent memory, prompting a government and international humanitarian response that extended across the country's expanse, as it attempted to assist an estimated 20 million people affected by the floods.

With the authorities announcing an end to the so-called relief phase by 31 January 2011, and flood waters receding in all but the worst-affected areas of Sindh, aid organizations turned their focus to early recovery interventions. Amid concerns of food security due to loss of stockpiles in the 2010 floods, escalating food prices and a worsening energy crisis, the government and external partners continued to brace for a monsoon that was expected to arrive as early as mid-July 2011. Subsequently a flood was experienced in the Sindh Province in September 2011, which saw a situation that the government of Pakistan has called the province's worst flooding in history.

High-profile security issues in KPK and Punjab served to further tighten the government's restrictions on visitors to the country, with visa control directly assumed by the ministry of foreign affairs. In many instances, this meant complete suspension of activities for the Red Cross Red Crescent Movement (Movement). Meanwhile, heightened tensions and incidents of violence in conflict-affected areas of Baluchistan and KPK provinces reached levels not seen since 2009, underlining the precarious balance of order that allows humanitarian actors to continue working in Pakistan.

The political and social unrest that has been part of Pakistan's context for the past decade shows no signs of abating – in mid-June 2012, the country's new Prime Minister took office, amidst allegations that the once-untouchable Supreme Court is also tainted with corruption.

National disaster contingency planning for 2012 was decentralized to the provinces/states, with provincial disaster management authorities drawing up individual disaster scenarios. Once more, KPK, Punjab and Sindh have been identified as the three provinces most likely to be affected by a possible monsoon flooding disaster, although overall predictions in 2012 point to a low- to medium-level of flooding across Pakistan.

The first half of 2012 witnessed renewed intervention of the Pakistan army in Karachi – the city Times magazine called Asia's most dangerous – as public outrage against worsening targeted killings blamed on rival political factions and gangs once more brought the military in direct confrontation with civilians.

Recent sectarian violence in the previous peaceful province of Gilgit Baltistan shocked the nation, a grim reminder of the volatility and instability of the country.

Meanwhile, increasing cross-border militant incursions and external military operations including drone attacks place a heavy strain on Pakistan's relationship with the US and Afghanistan. The government has only recently decided to reinstate its land supply routes for NATO to Afghanistan, suspended when 22 Pakistan army personnel were killed in a NATO raid mishap in November 2011 – a decision that has riled the government's main political rivals and sparked large demonstrations in the capital. Analysts remain divided on the future direction of these bilateral relationships, but for the moment, there is a stalemate.

Because of PRCS's unique relationship with the communities and authorities in its area of work, through its well-established network all the way down to district level, the impact of these issues has been minimal. While delegate movement in remote field areas continues to be a challenge, the PRCS has been able to work well through national staff and volunteers. This reliance on the PRCS without the physical presence of the IFRC has exposed the programming to some serious risk: the suspension of the Punjab branch and possible legal charges in KPK reveal the ever-present threat to the IFRC's accountability and further highlight the need for a strengthening of PMER (particularly monitoring and evaluation) systems in the National Society.

The government's National Disaster Management Authority (NDMA) maintains a figure of 1,985 deaths and 2,946 people injured by the floods<sup>2</sup>. It is estimated that more than 20 million people out of Pakistan's population of 170 million were affected by the floods<sup>3</sup>.

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<sup>2</sup> These figures have not changed since November 2010.

NDMA update (unchanged since November 2010)

Summary of damage	Punjab	Sindh	KPK*	Balochistan	AJ&K	GB	Total
Deaths	110	411	1,156	54	71	183	<b>1,985</b>
Injuries	262	1,235	1,198	104	87	60	<b>2,946</b>
Houses damaged	497,700	876,249	284,990	75,596	7,106	2,830	<b>1,744,471</b>

\* Including Federally Administered Tribal Areas (FATA)

## Coordination and partnerships

### Internal coordination:

Initially, in the first phase of the operation, a regular schedule of daily meetings for PRCS and IFRC staff was maintained at the PRCS's national disaster management and logistics cell (DMLC), to inform and discuss operational and management issues. Periodic teleconferences with the disaster management unit in the zone office in Kuala Lumpur facilitate information sharing and support.

Towards the recovery phase these meetings gradually reduced as the operational part was decentralized to the provinces and monthly coordination meetings with PRCS, IFRC and operational PNS were held in the three provincial headquarters. The IFRC country office continued with weekly briefings on the progress for its programme staff.

### Movement coordination:

The PRCS reduced the daily operations meetings at the DMLC when the relief operations came to a conclusion and recovery planning took the forefront. At such time regular Movement Coordination meetings were established to ensure coordinated efforts in the planning of recovery activities and to avoid overlap. The meetings were on rotation organized by PRCS, IFRC and ICRC. In addition PNS representatives based in Pakistan were invited to participate in the meetings. The coordination meetings were not only used to map out the activities, but also to discuss security issues and the developments within the PRCS.

A special retreat was organized by the IFRC for PNS representatives in November 2011, in order to improve the cooperation among all partners. At this meeting, it was proposed to hold Movement coordination meetings every two months. In addition discussions touched on joint programming possibilities and the services rendered by the IFRC to the PNS. Building on this positive outcome, the IFRC country office has taken the lead with regard to maintaining the coordination with PRCS, ICRC and PNS through the Movement coordination platforms and meetings. While engagement has been positive, there have been recent challenges through the changes in the PRCS management within a short timeframe. This is seen as a short term matter and meetings will resume as soon as the situation has settled.

### Coordination with authorities:

In May 2011, the PRCS organized a lessons learnt conference on mega disasters, attended by IFRC, ICRC, all the in-country PNS and governmental and external authorities on disaster management. The conference focused on five thematic working groups, sharing unique perspectives, reflecting on past disasters, and mapping lessons learnt for future responses. This was followed up in December 2011 with an event commemorating the launch of the World Disaster Report.

The IFRC continues to participate in Humanitarian Country Team (HCT) meetings to coordinate with UN and other humanitarian organizations working in country. The IFRC humanitarian diplomacy delegate continues to be the main point of liaison with authorities.

### National Society capacity:

The PRCS has considerable experience gained from previous major disasters including the earthquakes in 2005 and 2008 as well as the 2007 Cyclone Yemyin floods. When the 2011 flooding in Sindh happened, it had been barely a year since the massive operation of the 2010 floods. Dubbed a "mega disaster" by governments and aid organizations, affecting a staggering eighth of Pakistan's 170 million people and touching every province in the country, it was an operation that severely tested the capacities of the PRCS, and left behind indelible experience and knowledge.

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<sup>3</sup> Source: NDMA situation report as of 24 October and Pakistan response as of 30 September.

Since 2005, and with support from IFRC, ICRC and PNS partners, the PRCS has extended its response capacity by developing DM-cells across the country. The PRCS is still in the process of establishing emergency stocks for 200 families in all these cells and training its staff in all elements of disaster preparedness. This will enable the PRCS to respond quickly and conduct the future operations through its network of branches and trained volunteers.

The PRCS, with support of selected PNS and IFRC, initiated in a number of districts the development of community based disaster preparedness programmes. Comparable activities are part of the IRP which aims to support the implementation of a country wide strategy with increased community involvement in all phases of disasters.



A young girl is taking food items from the PRCS/IFRC relief distribution camp at Nowshera, one of the worst-affected districts in Khyber Pakhtoonkhwa. **Photo:** IFRC.

As the main activities of the IRP are implemented by the provincial branches, the HR capacity has been significantly extended in the provinces. In order to strengthen the branch capacity to continue activities and to maintain contact with the villages and communities, a programme focusing on strengthening the branch structure and sustainability of district branches and /or DM cells has been strengthened within the revised emergency appeal.

#### **Capacity building:**

One of the objectives of this intervention was to reinforce the capacities of the PRCS in terms of technical, financial and additional human resource to face the rapidly changing context in which they operate. This intervention also reflects the IFRC's strong commitment to enhance the coherence and effectiveness of its humanitarian assistance; employing for the first time in Pakistan the integrated programming approach in an emergency operation.

Since the end of 2011, the governance and leadership of the PRCS have gone through a period of major change. A new chairperson and secretary general were appointed by May 2012 after a series of personnel change within the national society. Because of these changes, urgent strategic decisions were postponed, in particular on the future structure of the PRCS. The present human resource structure of the PRCS is based on the implementation of emergency programmes. With the 2005 earthquake and 2007 cyclone appeals closed at the end of 2011 and the appeals for the 2010 and 2011 floods concluding, the PRCS needs to decide on a sustainable size of the National Society. Within this light, an exit plan is being developed for this appeal where in its final phase, the IFRC will either handover, or phase out activities, and jointly review the future needs of maintaining the increased human resource capacity built up during the implementation of the IRP. This concerns in particular the capacities in the programmes of livelihood, shelter, and beneficiary communications and accountability. In-depth discussions on these issues, leading up to a planned "think tank event" has been rescheduled for September 2012.

#### **Capacity of the IFRC:**

The IFRC has a well established country office in Pakistan, with a head of delegation, a Programme Coordinator ((since February 2012, replacing the Operations Coordinator), coordinators in disaster management, health, communications and shelter as well as finance logistics and security delegates in place. This team is supported by nationally recruited staff in various technical and administrative positions including finance, PMER, information technology, communications, security and administration.

In view of the above challenges, a branch development delegate was recruited in April 2011 to strengthen the PRCS branches in developing self-sustainable mechanisms for the future after the winding up of the IRP after it has come to an end.

A logistics development delegate continues to assist the PRCS in strengthening its logistics capacity – an early result was the finalization of its stock positions across the entire country in June 2012, accounting for all

IFRC partners. This has been a vital piece of information needed in the update of the PRCS's contingency plan for 2012.

A humanitarian diplomacy delegate was also recruited in April 2011 and is involved in advocating and disseminating messages from the PRCS and IFRC leadership and governance at higher levels, including government authorities, Movement partners and external actors. A continuing constraint to the well functioning of the country office and its relations with Government is the lack of a 'status agreement' for the IFRC.

## Red Cross and Red Crescent action

### Overview:

The PRCS continues to lead the overall flood response operation, with the support of the IFRC, PNS and in-country institutional donors. Well-recognized as an important partner, the PRCS continues to coordinate with the national and provincial disaster management authorities (NDMA/PDMA), mobilizing in areas where gaps in assistance are present and providing technical resources to refine sectoral assessments.

The IFRC zone and regional offices are also providing recovery, shelter, water and sanitation, health and communications support to the operation.

All relief activities have been completed and are summarised in the [One-Year Progress Report](#). Further details can also be found in previous Operations Updates published on the IFRC website under [Pakistan publications](#). All activities are therefore being focused now on the Integrated Recovery Programme and the IFRC Long Term Planning Framework for Pakistan (which is separately reported on). Efforts are made to ensure close linkage between the two programmes ensuring complementarity and no overlap.

## The integrated recovery programme (IRP) approach

### The IRP Approach: What is it really?

It is a concept which aligns all the interventions in the recovery programme toward an overall goal:

*to contribute to the ability of households and communities to cope with, to recover from emergencies and to build community resilience.*

At its heart, Preparedness and Risk Reduction will focus on community level programming to build the capacities of communities so they are more resilient to future natural disasters. For this reason, DRR will be cross-cutting and the engine for the mobilization of communities.

The programme will involve communities from the inception stage through to the end of the programme and beyond.

### Background:

In October 2010, as relief efforts for the 2010 monsoon flash floods was at its peak, the transitional planning assistance team (TPAT) (a recovery assessment team deployed by the IFRC) conducted a series of assessments that provided the framework for a recovery programme that would cover longer-term needs of the affected populations through interventions in health, livelihood, shelter, and water and sanitation, led by a disaster risk reduction programme, all holding a common goal of disaster-resilient communities.

While the TPAT reports recommended an "integrated approach" that was eventually adopted by the operation as it moved from relief to early recovery, details on the mechanisms of how to implement this approach on the ground were not specified and have subsequently required substantial time and discussion between PRCS and IFRC

staff and management.

### Early steps towards the IRP – December 2010 to March 2011

The first step began in late December 2010 with the month-long VCA conducted by the PRCS across flood-affected areas in Pakistan. As a result, the IRP identified six priority districts – two in each province of KPK, Punjab and Sindh – in which the integrated approach would be employed. The VCA, however, was not without shortcomings, which became visible late in the implementation of the programme. While it provided a good picture of the vulnerabilities, it was not able to capture the full extent of local capacities to deal with the disaster. Another shortcoming was that some of the main baseline data such

### The IRP Approach: Where will it be implemented?

The 'integrated approach' for recovery programming provides 36 communities in six districts with a complete package of support, focusing on shelter, health, water, sanitation and hygiene, livelihoods, and disaster preparedness and disaster risk reduction.

The programme, however, also extends to communities outside of the so-called IRP districts where sector-specific needs are evident.

as population sizes and geographical boundaries for the target villages/sub-villages were inaccurate – this would later lead to difficulties in identifying beneficiaries in the later stages of the IRP, particularly in Sindh.

In March 2011, the PRCS, jointly with the IFRC, conducted a pilot monitoring exercise. This was important for two reasons: it demonstrated the National Society's willingness to emphasise the importance of monitoring and evaluation on its operations, and it also gave insight into the successes of the relief phase and potential findings that would help design a better integrated recovery programme.

The framework for implementation of the IRP was formally adopted by the PRCS in April 2011, with the main roles and responsibilities delegated to the Provincial branches.

#### **The IRP Approach: Why do it? Doesn't it take longer?**

Integrated programming promotes efficiency and enables the sharing of resources, volunteers and capacity, thereby adding value to the overall recovery response. Integration promotes joint planning and joint field visits, with technical staff looking beyond their sector expertise, and enables volunteers to work across sector divides. An integrated approach starts with support to the victims of the disaster but allows then the possibility to respond to the needs of communities to strengthen its resilience to cope with disasters.

Implementing the concept is fairly new to PRCS/IFRC and the communities, especially at the scale originally intended. Considerable time and effort has been spent familiarising new staff with the IRP. Nevertheless, all those involved are convinced that this is the correct way to ensure long-term benefits of a recovery intervention.

#### **Decentralization and scaling up of capacities – April to August 2011**

In June and July 2011, Movement induction and recovery orientation workshops were organized for Sindh, KPK and Punjab provincial branches. As a direct result, detailed workplans and budgets for recovery activities were finalized, for which quarterly review and planning meetings continue to be held to monitor progress and plan for each province.

The human resource structure and scaling up of capacities that was required for the extended operation proved to be the main issue for the IRP. Over the next six months, PRCS/IFRC began recruiting, training and inducting over 125 additional staff. Hiring qualified personnel and establishing new structures such as warehouses and field offices, while balancing issues of sustainability and appropriateness, is a continuing challenge for the operation.

#### **Mobilizing the communities; distribution of the cash grants – September to December 2011**

Once inductions had been completed for newly-recruited programme staff and the field operations were fully aware of their roles in the IRP, community mobilisers were recruited. These supported the disaster management officers in engaging and supervising the communities supported by the operation. By September 2011, social mobilisation and community organization trainings were conducted, successfully forming the first village committees in KPK. Latter months saw the conclusion of the same in Sindh and Punjab – helping identify beneficiary households for the cash-based programming of the IRP.

By November 2011, the first cash instalments were disbursed through the general post office to 198 beneficiaries of the shelter programme, while entrepreneurship development trainings were conducted for some 1,000 beneficiaries of the livelihood programme (these later received their first cash instalments in December 2011).

With this being the first time the PRCS / IFRC have implemented integrated recovery programming, a mid-term review was conducted to examine the progress achieved and the appropriateness of the methodology in achieving the recovery objectives. The findings and recommendations of the review have generated current good practices, and identified challenges to overcome and actions required to strengthen the delivery and overall impact of the recovery assistance during the remainder of the operation. The learning from this review has further informed the appropriateness of actions such as the early provision of seeds and tools, as well as providing recommendations for enhancing particularly the owner-driven shelter component where changes have been made to the cash disbursement process. Aside from the impact on the remainder of the operation, the findings of the review related to integrated approaches, cash programming, and sector interventions in

#### **The IRP Approach: How does it happen? Who is involved?**

The IRP recognises the dignity of beneficiaries through the empowerment of village committees, ensuring that communities are constantly involved and participate in decision-making, monitoring and supervising their own activities.

Disaster management officers act as key entry points, supported by community mobilizers, responsible for presenting the IRP to the community.

These committees are representative of the communities, and include women participation. It is they who advise and decide on the implementation of PRCS/IFRC support to their communities, with PRCS teams promoting minimum standards for beneficiary selection, transparency, accountability and information sharing.

These standards and procedures are contained in terms of partnership agreements signed between the village committees and PRCS. These also specify roles and responsibilities, as well as terms of engagement between the National Society and the community.

health, shelter, livelihood, disaster risk reduction and beneficiary communication, are seen as extremely valuable for Pakistan and wider IFRC recovery programming.

### **Challenges; looking ahead:**

The implementation of the IRP experienced a slow pace over the passage of 2011, mainly due to the ongoing challenges in human resource recruitment as well as the difficulties in identifying suitable beneficiary populations in certain areas where VCA data was inaccurate or obsolete (for example, at the time of selection, populations earlier assessed to be eligible for assistance no longer met certain criteria).

Additionally, the six-month emergency operation for the flooding in Sindh only ended in March 2012; the unusually harsh and prolonged winter in KPK, and the suspension of the PRCS in Punjab due to internal irregularities, further conspired to delay planning and implementation. Meanwhile, the ongoing threats of social unrest and insecurity throughout the country continue to pose challenges to the timely implementation of the IRP.

Nevertheless, many steps have been taken forward in the IRP and the PRCS is looking forward to gain impetus from a change of leadership in 2012. The sector teams under the IRP have now adjusted their interventions, revising activities and targets, taking into account the current challenges and capacities of PRCS/IFRC – these are now presented under the current revised plans, detailed in the accompanying logframe document.

## **The needs**

### **Beneficiary selection:**

Within the framework of the IRP a modified approach to beneficiary selections has been employed compared to that followed in the relief phase. The significant difference in selection was the involvement of village committees in the identification and selection of beneficiaries. This required the setting up of the committees, including sub-committees within that structure (such as sectoral sub-committees or women's sub-committees). These committees were then orientated and trained on selection criteria and feasibility actions to enable them to appropriately identify beneficiaries.

The PRCS requested the recovery to be implemented in the three most-affected provinces. Based on the VCA findings, 39 villages were identified in 12 union councils in six districts. The selection of beneficiaries was confined to the selected 39 villages<sup>4 5</sup>.

The selected villages and the target population were chosen based on the following criteria:

- Where relief interventions in distribution, water and sanitation, and health were not made.
- Where the needs are high and chronic vulnerability exists.
- Where the PRCS had relief interventions or existing capacity and where the PRCS would like to extend its coverage.
- Keeping principles of equity and neutrality at the forefront of PRCS/IFRC interventions.
- Coordination with other actors through established mechanisms, such as Inter-Agency Standing Committee (IASC) clusters, coordination with the national, provincial and district disaster management authorities.

Village committees in the selected areas were requested to present a list of potential beneficiaries based on the following criteria for the different sectors:

### **Shelter**

- Low income, widow, disabled, single females who lost family members whose house was destroyed.
- Still living in reconstructed mud house (vulnerable to floods) self –recovery after 2010 floods.
- One beneficiary per household.
- Owner of the land or, if tenant, have entitlement to stay for minimum five years.
- No shelter support received from other organisations.

<sup>4</sup> The Health Programme continued to support the Basic Health Units and Mobile Health Units in the 5 Provinces where it started in the relief phase. The Health programme operates therefore also outside the IRP area.

<sup>5</sup> As the number of beneficiaries in the selected 14 villages in Sindh was substantially lower than the estimated targets, 29 new villages in the same Union Council were selected and village committees set up to select new beneficiaries.

**Not eligible**

- Owns and lives in brick/solid house.
- Non-owner of the land/cannot provide land title ownership.
- Well-to-do, financially stable having monthly steady income (to be based on judgements made by field teams).

**Livelihood**

- Low income, widow, disabled.
- One beneficiary per household – preferable the bread-winner who is still struggling for livelihood due to lack of regular and sufficient income. (A family can decide who would get support).
- Households which have not received help from other organizations for livelihood support.
- Have capacity/skills to establish business/livelihood but lacks financial resources.

**Not eligible**

- Financially well to do.
- Multiple beneficiaries from a single household.
- Government/private sector employees.

**Water and sanitation latrines**

- Household without a proper latrine.
- Owns house and land.
- One latrine for household beneficiary.
- Availability of proper space for drainage.
- Have not received shelter with latrine.

The list prepared by the village committees is verified by PRCS staff. The verification process is monitored by IFRC.

**Needs analysis:**

The needs addressed within the relief phase have not changed with regard to the revision of this operation. The details of the needs defined and addressed during the relief phase have been presented and reported against in various operation and progress reports which can be found on the [www.ifrc.org](http://www.ifrc.org) Pakistan page.

With regard to the ongoing recovery action, being addressed through the IRP, the needs have been defined through the sectoral findings based on the TPAT report of October 2010, the VCA conducted in January 2011<sup>6</sup> and the baseline study of September 2011 conducted in the IRP areas of intervention (KPK, Punjab and Sindh). These are summarised below by sector.

**SHELTER****Impact of the disaster:**

In the flooded areas, over 1.9 million houses were partially or fully damaged. The majority of the fully damaged houses are *kaccha*<sup>7</sup> houses, highly vulnerable to the flooding and belong to the poorest people in the villages – 63 per cent of the population surveyed live in such houses. Women face a particularly challenging time as in some areas local customs require the women to stay in the privacy of their homes and most houses are protected by fences. Families share space in tents or makeshift shelter with livestock under very poor health and hygiene conditions.

**Coping mechanisms:**

While post-relief data was not available, it was observed that in early 2011, only about half of the populations were able to continue living in their partially or fully damaged houses, albeit with minor repairs done on their own. To afford building materials to improve their damaged shelters, many were selling livestock and other productive or non-productive assets to buy tarpaulins, plastic sheeting, blankets or other shelter materials.

<sup>6</sup> Details of the **VCA report** and the **IRP baseline survey** are available on request from IFRC Pakistan

<sup>7</sup> Mud-brick houses

### Longer-term needs:

The number of people living in relief camps was almost negligible after January 2011, as people returned home and relief camps began closing down – priming those in continued need of shelter assistance for longer-term recovery interventions that focus on technical shelter building trainings and sustainable building material assistance (in-kind, cash grants, technical assistance).

The province of KPK was already the target of a winterized transitional shelter programme during the relief/early recovery phase of the operation due to the difference in geography and lower temperatures in high-altitude areas and there are no perceived needs for recovery shelter. The recovery shelter programme was, therefore, recommended to be implemented in Punjab and Sindh.

## HEALTH

### Impact of the disaster:

Weekly Epidemiological Bulletins issued by the Ministry of Health and the World Health Organisation (WHO) frequently indicate that acute respiratory infections, skin diseases, suspected malaria and acute diarrhoea remain the leading causes of consultations in flood affected provinces. Alerts and outbreaks for acute watery diarrhoea, dengue fever, measles, pertussis, neonatal tetanus, malaria and leishmaniasis have increased in 2011. There is further concern with the emergence of Polio cases. Malnutrition is critical, with 13-19 per cent global acute malnutrition and 44 per cent iron deficiency anaemia, and this is a severe public health concern in the provinces of Sindh, Punjab, KPK and Balochistan.

Access to adequate basic health care services remains a challenge in targeted recovery programme areas. Although most of the Government health facilities can be reached with an average distance of 2-5 kms, there are villagers who travel 10-50 kms in order to avail of health services. With insufficient health services due to lack of medical personnel, medicines and supplies, people often resort to traditional resources to receive health services. Women are also unable to seek proper antenatal and postnatal care services resulting in prevalence of complications. Nutrition centres are neither available nor accessible in the communities.

The National Institute of Health reported that acute watery diarrhoea (AWD) along with other water-borne diseases represent the major health risks in recovery programme areas. Poor environmental sanitation, unsafe drinking water, and hygienic practices are key concerns faced by communities. Standing water in some parts of the flood affected areas posed public health concerns related to potential dengue and malaria outbreaks. Although most of the common diseases can be prevented and controlled, 20 per cent of baseline survey respondents in IRP areas do not know how to respond to and cope with the potential health risks and 90 per cent responded they did not receive proper health information and education. In particular, awareness on malnutrition, prevention of malaria and treatment of diarrhoea via oral rehydration is still limited. Long-lasting impregnated mosquito nets are not available in most households in target areas, however it was noted that 53 per cent of respondents identified mosquito nets as valuable tools for the prevention of malaria.



A Pakistan Red Crescent Society medical personnel giving a patient a health check in Swat. **Photo:** Pakistan Red Crescent Society.

Though there is no specific data to study the long-term effects of disaster on the mental health of affected populations, mental trauma is evident in many of the affected people, in particular women and children.

Medical health units in KPK reported increased requests for anti-depressant medications immediately after the flooding.

#### **Coping mechanisms:**

Affected populations usually avail of free emergency health services in the area, whenever available considering that a number of NGOs providing health services during the relief period have already ceased operations while Government health authorities are still rehabilitating damaged health facilities. People in communities in dire need of health services would either sell assets to pay for services, or avail of traditional health services. Worst, people who have no residual resources would not seek medical attention even if they or a member of the household was sick.

#### **Longer-term needs:**

The provision of basic health care services including routine immunisation, maternal, newborn and child health, need continued support to ensure good coverage of the affected population. In collaboration with district health authorities and health partners, the PRCS will continue to deploy mobile health units to ensure sustained delivery of community health outreach in severely-affected villages. This will be coupled with the training and deployment of community health volunteers in target villages who will be tasked to intensify health promotion, disease prevention and epidemic control activities, including nutrition and first aid care to every households and communities at large. The integration of hygiene promotion and psychosocial support in community health will be complemented by trained psychosocial support and participatory hygiene and sanitation transformation (PHAST) volunteers in the same intervention areas.

The health component of the recovery programme will be implemented following the CBHFA approach which highlights the active involvement of communities in the different phases of the programme, and the strong linkage with community committees initiated through the disaster risk reduction component. Close coordination with the provincial/district health authorities will be ensured.

### **WATER AND SANITATION**

#### **Impact of the disaster:**

Most water sources became damaged or contaminated due to the flood water, especially hand pumps and urban and rural water schemes. Of concern is that poor water quality from hand pumps does not normally prevent people from using this source if no alternative water source is available nearby. In urban areas the town water supply was contaminated and/or disrupted as water schemes were affected. Unprotected water sources are negatively affected by poor sanitation practices.

Overall in the affected areas sanitation systems were overwhelmed, inadequate or non-existent. The main change after the disaster was the increase of people practising open defecation (28 per cent), as less than a third of the affected population (29 per cent) have latrine facilities in their homes. Women are facing difficulties due to lack of privacy. Pre-disaster, existing poor hygiene practices (only 10 per cent of people treat their drinking water) have become worse due to limited space available, lack of facilities, poor waste management and limited purchasing capacity to buy domestic and personal hygiene items.

#### **Coping mechanisms:**

People are reducing the water consumed per day, travelling farther to collect safe water, drinking contaminated water.

Poor sanitation and hygiene practices are common at the personal and household level. For example, open defecation is more common, though there is increased use of emergency latrines.

#### **Longer-term needs:**

Provision of, water tanks, sanitation facilities, soap and hygiene promotion. Support is needed to restore or improve pre-disaster water sources. Latrine facilities should be incorporated into shelter interventions.

### **LIVELIHOODS and FOOD SECURITY**

#### **Impact of the disaster:**

The predominant economic activities in the affected districts are related to agriculture. Most households' sources of income come from crop farming, either being engaged in casual labour or cultivating their own land (15 per cent across the board, and 20 per cent in KPK). Other casual daily work includes working in markets and loading unloading, labour in the factories and construction (a tenth of the population are

involved in daily labour), livestock rearing and to a lesser extent waged employment, small commerce, trading and other income generating activities such as begging.

The main crops produced in the flood affected areas are rice, maize and other seasonal vegetables. September to December is one of the peak times of the year for agricultural labour (rice and maize).

Only 27 per cent of the family members are involved in income generation activities, most of these are the heads of households. It is also noted that in some areas, even if women are involved in harvesting, people do not consider them to be involved in income generation activities. Therefore, initiatives that help ensure participation from all household members should be taken into consideration while keeping in view the national labour laws. Women have less earning opportunities than men but often engage in agricultural labour activities. Most small traders are male.

Livestock (30 per cent) and agriculture (42 per cent) are the two main sources of livelihood and income generation opportunities. People usually spend 33 per cent of their total income on food while only a quarter of the population have enough income to buy food for their families.

**Agriculture:** the Pakistan Government estimates one tenth of the available agricultural area has been destroyed, along with significant stored food in damaged warehouses. The most affected crops were rice and maize. PRCS/IFRC assessments report shows a decrease in agricultural income generating activities and also an increase in daily labour of non-agricultural activities, such as unloading humanitarian aid trucks providing non food items in the affected areas. Severe malnutrition has been recorded by the health programme in Sindh branch in district Shikarpur, although this condition was likely exacerbated, and not caused, by the 2010 (and later, 2011) flooding.

**Livestock:** Livestock is an important source of income and food for many of the affected families. The floods took a toll on livestock as more than 200,000 head of cattle were lost during the floods and many others were at risk from lack of food and disease. Many vulnerable families continue to face big challenges and are unable to buy fodder to feed the animals or to pay for treatments when they are sick. In the most remote areas families are selling their livestock at very cheap prices to middle men as they either cannot afford to feed them or pay for the transport to take the animal to the district markets where they could get a better price. Displaced families often share their tents or makeshift shelter with their animals.

**Productive assets:** Many productive assets were damaged fully or partially during the floods, as stated during focus group discussions, household surveys and secondary data from different agency assessments in the flood affected areas.

**Coping mechanisms:**

Selling of productive and non-productive assets is commonly observed, along with migration to look for work (at the cost of stopping their engagement in normal livelihoods activities), as families cannot afford agricultural inputs needed to resume normal activities.

**Longer-term needs:**

Distribution of seeds, tools, livestock, livestock fodder and veterinary care. To restore damaged livelihoods, people will require short, medium and long term support for their agriculture and livestock. Cash is needed to help restart livelihoods.

**DISASTER RISK REDUCTION**

**Impact of the disaster:**

In total 45 per cent of respondents to the baseline survey in all six districts responded that floods are the highest occurring natural disaster. The second highest reported is earthquake with 15 per cent of the total responses, while lightning has the lowest ratio with only 1 per cent of responses highlighting its chances of occurrence. Some 38 per cent of people believe that few of existing infrastructures can withstand disaster, except for government facilities made of cement and bricks.

Most people were not sufficiently prepared for the floods when they hit, as the severity was much higher than normal, and many were caught entirely by surprise. Only 29 per cent acknowledged having received early warnings before the floods; of these 36 per cent received the warnings from neighbouring villages and a similar percentage received the warnings from government authorities.

**Longer-term needs:**

Village-based early warning systems with a focus on building village committees capacities should be a priority, not only for floods response but also for earthquake: two of the most common disasters cited by affected populations. Villages should also receive assistance in identifying and implementing small-scale disaster mitigation projects.

**Progress so far and proposed operation****Overview of the revised appeal**

**Relief and early recovery:** In May 2011 the relief activities were wound up. The relief phase of the intervention was evaluated in July 2011 and [the report is available on the website](#). The early recovery intervention of the appeal concerned a small initial assistance of livelihoods in the form of winter vegetable seed distributed to 2000 households along with flood relief during December 2010. The second and a greater part of the assistance in the form of grain seed package for 31,172 household were implemented during January to July 2010.

**Shaping of the integrated recovery programme (IRP):** An implementation plan for the recovery phase of the operation was finalised in March 2011 based on the outcome of a planning workshop. The PRCS national headquarters approved the plan a month later and forwarded it to the three targeted provincial branches for decentralised implementation. By June 2011, each of the provincial branches, on technical advice and assistance from IFRC counterparts, had prepared plans and budgets for the activities required and presented these to the national headquarters management. These plans and budgets were formalized through planning workshops at branch level with the participation of IFRC technical staff and programme coordinators. PRCS/IFRC Management approval required discussions on the human resource structure and the salary scales within PRCS. In July and August, the PRCS began to recruit some 120 staff members in the three provinces. Concurrently, the IFRC strengthened its human resource in its offices in Lahore (Punjab), Karachi (Sindh) and Peshawar (KPK) to have the necessary technical and monitoring capacity. In August and September, the IFRC commenced technical trainings, IRP orientation sessions and Movement inductions for its new staff.

**Revised objectives:** With the involvement of the provincial branches, provincial adjustments were then made to the plans while maintaining the overall objectives. The IRP's logframe was also adjusted and elaborated, clarifying objectives and targets. Following this, a baseline study was conducted in all the IRP targeted villages, collecting entry-point data necessary to track indicators that would allow the operation to measure impact at the programme's conclusion.

**Decentralization:** Parallel to the above process, the IFRC started a process of decentralization of responsibilities from the Islamabad delegation to the IFRC provincial offices and the operational hubs in Multan (for Punjab) and Larkana (for Sindh). The IFRC representatives in the provinces were given operational responsibilities and made directly responsible for implementation in the field.

**Challenges in the IRP**

The adjustments made to the objectives and targets of specific sectoral interventions under the integrated recovery programme have been influenced by a persistently difficult working environment: social and political instability, a volatile and high-risk security situation, and extreme weather conditions. In addition, the significant adjustments to targets in some programme areas are a result of further challenges faced during implementation that caused considerable delays to timely implementation.

**Identifying delivery for cash-based programming:** PRCS's initial reluctance on the concept of cash programming in this type of programming was eventually overcome and the shelter and livelihoods programmes adopted cash-based programming for their recovery components. Nevertheless, the PRCS's inexperience in this field prompted the National Society to request IFRC to assume full responsibilities for the transfer of cash to beneficiaries.

Following the recommendations of the pilot project in Thatta and a lengthy tender process, Pakistan's general post office (GPO) was selected as the service provider. The administrative systems, standing operations procedures and controls were developed with the assistance of cash grants delegates supported by British Red Cross. Implementation started off promisingly, with the first money orders under a Memorandum of Understanding delivered in October 2011. Unfortunately, the GPO has since been unable to maintain a level of service delivery necessary to fulfil committed time frames and amounts. The security and

safety of post office staff and beneficiaries handling relatively large amounts of money were also underestimated. These considerations have influenced the rate of implementation and partly form the basis for the revised targets of the IRP especially that of the shelter programme.

**Suspension of activities in Punjab:** The IRP in Punjab had already been facing serious delays in implementation, as the branch struggled to proceed in accordance with agreed procedures and plans. In late 2011, the provincial branch was confronted with court action stemming from alleged internal indiscretion, effectively halting all implementation in the province. This suspension remained in place during the first quarter of 2012, during which the IFRC requested the PRCS headquarters to directly manage the implementation, taking over responsibilities from the provincial branch. With the approval of the branch governance and leadership, a specially-assigned team had taken over the operations, monitoring and financial management and administration, of the IRP in Punjab.

**Re-verification of beneficiaries in Punjab:** The PRCS/IFRC team began to unearth irregularities in the programmes, raising to the national management suspicion of corruption in the process of beneficiary selection. In April 2012, an internal investigation was launched but could not confirm nor remove the allegations of corruption. Following these investigations, the operations decided to re-verify all the beneficiaries selected in Punjab. The re-verification of 1,500 beneficiaries in the areas of shelter, water and sanitation, and livelihoods resulted in the removal some 10 to 15 per cent of families found to be ineligible from the beneficiary list.

The above mentioned factors have made it necessary to adjust the plans and budget. Progress will continue at a slower than optimal pace against a series of persistent complexities within which the operation is being implemented. Discussions with the PRCS management are ongoing to find complementary ways of providing the defined services to the beneficiaries, in particular in the field of shelter. Specifically, the PRCS and IFRC will investigate the option to implement complementary owner driven and contractor driven shelter programming without losing the involvement of beneficiaries in defining and leading their recovery.

## Objectives

This revised emergency appeal presents the overall objectives of the operation. This includes the completed relief (and early recovery) phase actions and the updated and adjusted recovery needs of the IRP, within the total budget. For ease of reference the sector outcomes are presented in two phases; the relief (and early recovery) and recovery (IRP) phase<sup>8</sup>.

### 1. Food and non-food items

#### Relief food distributions – completed

<b>Outcome: The basic food needs are met over nine months in KPJ, Punjab, Sindh and Gilgit Baltistan to support 180,000 flood-affected families within 5 months.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>The immediate needs of flood affected families are met through the distribution of food.</b>	<ul style="list-style-type: none"> <li>• Conduct on-the-ground assessments, selection and social mobilization for the verification of 130,000 families.</li> <li>• Conduct capacity assessments on relief and logistics systems and suppliers.</li> <li>• Develop registration system to deliver intended assistance.</li> <li>• Engage communities' participation in planning and distribution of relief items.</li> <li>• Mobilize required food assistance through international mobilization, international and local procurement following IFRC standards.</li> <li>• Provide assistance to 130,000 families through the procurement, warehousing, transport, distribution of food parcels (wheat flour, rice, pulses, ghee, sugar, salt, tea).</li> </ul>

<sup>8</sup> In practice the phases were overlapping and for clarity reasons some minor modifications were made to the presentation (i.e. timelines) of the outcomes and outputs presented in the revised emergency appeal of 15<sup>th</sup> November.

	<ul style="list-style-type: none"> <li>• Conduct a second round of food distribution targeting the most vulnerable 50,000 families in the same provinces</li> <li>• Mobilize and train approximately 150 national society/community volunteers in assessment, distribution, monitoring and evaluation.</li> <li>• Develop a monitoring and evaluation system for the continuous improvement of delivery system.</li> <li>• Develop an exit strategy (laying the basis for the early recovery phase).</li> </ul>
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The relief phase of one of the largest operations undertaken by IFRC in recent times was largely a success. In particular, the targets for relief distributions were well exceeded, and the relief programme is recognized to be one of the major successes of the operation, with high satisfaction levels from the beneficiaries of the food distributions. A monitoring mission of the relief phase found that food distributions, in particular, received very favourable responses from beneficiaries in terms of quality, quantity and appropriateness.

Of the targeted 180,000 families to receive food assistance, 176,266 were reached through an initial distribution in the five provinces, which was followed by a second targeted distribution for 50,000 most vulnerable families in Sindh and Punjab because of the huge needs in these areas. Further details of the achievements under this Sector can be found in previous Operations Updates published on the IFRC website under [Pakistan publications](#).

<b>Relief non-food items distributions - completed</b>	
<b>Outcome: The essential household needs of 75,000 flood-affected families are met within 5 months in KPK, Punjab, Sindh and Gilgit Baltistan.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>The immediate needs of displaced families are met through the distribution of essential household items.</b>	<ul style="list-style-type: none"> <li>• Conduct on-the-ground assessments, selection and social mobilization for the verification of 75,000 families.</li> <li>• Conduct capacity assessments relief and logistics systems and suppliers.</li> <li>• Develop registration system to deliver intended assistance.</li> <li>• Engage communities' participation in planning and distribution of relief items.</li> <li>• Mobilize required relief items through international mobilization, international and local procurement following IFRC standards.</li> <li>• Provide assistance to 75,000 families through distribution of household items (including jerry cans, blankets, kitchen sets, hygiene parcels and mosquito nets as well as other non-standard items such as buckets, stoves and sleeping mats).</li> <li>• Mobilize and train approximately 150 National Society/community volunteers in assessment, distribution, monitoring and evaluation.</li> <li>• Develop a monitoring and evaluation system for the continuous improvement of delivery system.</li> <li>• Develop an exit strategy (laying the basis for the early recovery phase).</li> </ul>

The provision of non-food items was exceeded with 85,675 families provided with a set of essential relief items, in accordance with their identified needs and IFRC standards. The ability for PRCS to extend this assistance beyond the initially targeted 75,000 families has been welcomed by all. Further details of the achievements under this Sector can be found in previous Operations Updates published on the IFRC website under [Pakistan publications](#).

## 2. Shelter

### Relief shelter - completed

**Outcome: Improved conditions for 75,000 most vulnerable flood-affected families through provision of emergency shelter and restoration activities over 5 months in KPK, Punjab, Sindh and Gilgit Baltistan.**

Outputs (expected results)	Activities planned
<p><b>Basic emergency shelter needs of affected families are met over the initial three to nine months.</b></p>	<ul style="list-style-type: none"> <li>• Conduct on-the-ground assessments, selection and social mobilization for the verification of 75,000 families.</li> <li>• Develop emergency shelter strategy through community participation.</li> <li>• Identify volunteers and staff to support the operation.</li> <li>• Mobilize required shelter items (tents, tarpaulins, shelter kits, etc) through international mobilization, international and local procurement following IFRC standards.</li> <li>• Distribute shelter kits, tarpaulins and tents (in coordination with the ERU teams).</li> <li>• Develop information, education and communication materials, booklets, posters and training programme.</li> <li>• Coordinate with Red Cross Red Crescent partners in-country and other actors/partners involved in shelter programmes.</li> <li>• Develop a monitoring and evaluation system for the continuous improvement of delivery system.</li> </ul>
<p><b>Selected flood-affected families are supported with winterized transitional shelter with washroom, providing proper residential conditions, through the provision of material, tools, training and technical support.</b></p>	<ul style="list-style-type: none"> <li>• Conduct detailed assessment and design for transitional (winterized) shelter needs through community participation and ownership, in identifying the most used or required local materials.</li> <li>• Conduct on the ground assessments, selection and social mobilization for the verification of 6,500 families.</li> <li>• Provide staff with training, guidelines and construction instruction for both core and transitional structures.</li> <li>• Develop mechanisms for the distribution of materials for winterized shelters (combined with distributions on non-food items).</li> <li>• Coordinate with the local authorities and other organizations to complement the activities planned.</li> <li>• Develop a monitoring and evaluation system for the continuous improvement of delivery system.</li> </ul>

During the relief phase, the shelter programme was conducted as part of the relief programme, with the distribution of emergency shelter items with non-food items. In total the outcome was exceeded with 85,675 families receiving emergency shelter items included tents, tarpaulins, blankets and shelter tool kits.

With approaching winters in late 2010 it became clear that shelter material given as part of emergency shelter relief would not provide adequate protection from the below-zero temperatures in high-altitude areas of KPK and Gilgit Baltistan. Thus a winterized transitional shelter programme was designed for these snow bound areas consisting of materials including corrugated galvanized iron (CGI) sheets, wooden/bamboo poles, tarpaulins, high thermal blankets, shelter tool kits and fixing materials. The winterized transitional shelter (WTS) component of the shelter programme concluded in April 2011, reaching 6,393 families.

### Recovery shelter (IRP) - ongoing

**Outcome: Improved permanent housing conditions for 5000 most vulnerable flood-affected families in Sindh and Punjab provinces.**

Outputs (expected results)	Activities planned
<p><b>Flood-affected families of Sindh and Punjab provinces</b></p>	<ul style="list-style-type: none"> <li>• Conduct a pilot project in Thatta targeting 18 families to test the effectiveness of the proposed methodologies and</li> </ul>

<p><b>have improved housing conditions.</b></p>	<p>implementation procedures.</p> <ul style="list-style-type: none"> <li>• Selecting beneficiaries for the cash grants for shelter construction based on village committees' recommendations, priorities and the availability of resources.</li> <li>• Transfer "conditional cash" to beneficiaries in agreed instalments.</li> <li>• Procure, store and distribute shelter tool kits to the families according to plans.</li> <li>• Shelter/latrine constructed for beneficiaries.</li> <li>• Issue Completion Certificates to completed houses.</li> <li>• Established a cash grant monitoring system.</li> </ul>
<p><b>The capacity to provide sustainable housing conditions by applying mitigation measure for the flood-affected families is enhanced.</b></p>	<ul style="list-style-type: none"> <li>• Active participation to national and shelter cluster to "build back safer".</li> <li>• Produce and distribute IEC materials (brochures, poster and video) on safe construction.</li> <li>• Conduct training for technical staff and field personnel on safe construction techniques and sustainable building material alternatives.</li> <li>• Organise shelter construction lesson learnt workshop to improve NS technical capacity in shelter sector.</li> <li>• Conduct training in target communities to improve understanding of quality of materials and best practice techniques for flood resistant shelter.</li> </ul>

**For the southern parts of the country under integrated recovery programme an owner-driven shelter construction approach was introduced.** A shelter cash grant programme was designed, to support the affected people with cash instalments to build a one room shelter with a latrine where required. As the owner driven approach was new to the PRCS, initially to test the approach four sample shelters were constructed in two districts of Sindh. This has provided an opportunity to confirm prices and quality of local available material, masonry techniques and labour wages. The sample shelters also gave the community members an idea of the steps involved for the construction process. However dissatisfaction with the design ("katcha") lead to an improved model ("paka") with bricks. This was further tested in the pilot project in district Thatta of Sindh, where 16 shelters were funded by disbursement of cash. In the pilot project a cash grant of PKR 100,000 (approximately CHF 1000) was distributed in three installments. Safe shelter training was provided to the communities and also technical support was provided while construction was ongoing. By the end of the pilot project, four sample shelters (katcha) in two districts of Sindh and 16 shelters (paka) in Thatta were constructed.

Based on the findings of the pilot project and in line with the integrated approach, it was decided to add a latrine to all houses. Thereby each beneficiary family receives a cash grant equaling PKR 130,000 (approximately CHF 1,300) which is divided into five installments provided at different stages of construction. Out of the total amount, PKR 100,000 (CHF 1,000) is for the shelter and PKR 30,000 (CHF 300) is for latrine construction. The shelter technical officers of PRCS and IFRC with the support of local volunteers are monitoring the construction and disbursement of cash installments in communities.

As the PRCS requested IFRC to deal with the transfer of the grants to the beneficiaries, a monitoring system for the cash programme was established before the actual shelter construction started. The system uses an online database, with data entry volunteers or officers on the ground. At the same time, a communication system and complaint mechanisms which will allow beneficiaries to provide feedback are being developed, in close cooperation with the beneficiary communications team, to help ensure accountability to beneficiaries. For better understanding of safe construction techniques by the communities, the shelter programme with the support of beneficiary communications have designing brochures translated into regional languages for better dissemination. After the initial design of the largely pictorial brochures was completed, field testing was conducted to check the feedback from communities. On the basis of feedback and queries from field, the brochures were edited and finalized.

Due to the challenges faced with regard to the inaccuracies in the VCA data, beneficiary confirmation for the shelter programme has faced challenges. In Sindh serious flaws in the VCA resulted in substantially less

available shelter beneficiaries than foreseen in the designated IRP villages when the implementation started. Even with selection of additional villages in the nearby area the number of potential beneficiaries was confirmed at 2500. In Punjab 4900 beneficiaries had been selected, but due to alleged corruption in the selection process a revision of the selection was required, which included a re-verification of all identified beneficiaries. To date 600 beneficiaries have been verified, where the process is indicating around a quarter of the originally selected beneficiaries appear not to be eligible. The progress in Punjab was further slowed down due to the handover of responsibilities for the implementation of the IRP in Punjab from the PRCS branch to the NHQ and the need to replace the existing field staff (suspected of corruption).

With the revalidation of beneficiaries the number of families requiring sheltering assistance has dramatically reduced based on the assistance already provided by the Movement, Government and other organisations; their own resilience; as well as legal issues related to land ownership. The PRCS/IFRC are working towards a revised target of 5000 beneficiaries to be supported by the IRP programme. With a shortened timeframe for completion, the PRCS and IFRC are investigating options for implementing complementary owner driven and contractor driven shelter programming without losing the involvement of beneficiaries in defining and leading their recovery.

The modification of approach and reduction in numbers of families to be supported, is the major change to the operation and resulting reduction in budget.

### 3. Health

#### Relief health - completed

**Outcome: The vulnerability of 130,000 flood affected families to public health risks is reduced through the provision of curative and preventative health services over 5 months**

Outputs (expected results)	Activities planned
<p><b>The immediate and medium risks to the health of flood affected families are reduced.</b></p>	<ul style="list-style-type: none"> <li>• Develop mechanisms for retrospective baseline data collection, train health staff and pilot the tool.</li> <li>• Conduct emergency and recovery health needs assessments and analyze baseline data.</li> <li>• Establish 29 mobile medical health teams and two ERU basic health units to provide curative and referral health assistance for 130,000 families in coordination with local health authorities.</li> <li>• Distribute 35 basic Emergency Health Kits (EHK) kits of health supplies to 24 PRCS medical health units (MHU) in order to cover medical treatment needs of beneficiaries</li> <li>• Utilize PRCS existing medical procurement system to maintain adequate medical supplies for mobile clinics and supplies for referral secondary health facilities.</li> <li>• Mobilize and provide refresher training for CBHFA staff and volunteers.</li> <li>• Implement community epidemic prevention and control activities such as supporting vaccination, distributing impregnated mosquito nets with malaria key messages,</li> <li>• Implement community-based psycho-social activities/intervention in priority affected areas for flooded-affected people and PRCS staff and volunteers.</li> <li>• Collaborate with nutrition cluster agencies for the referral and treatment of children suffering from severe acute malnutrition.</li> <li>• Conduct mother care to pregnant women and child care to children suffering from severe acute malnutrition.</li> <li>• Train and support community midwives/traditional birth attendants and female health workers.</li> <li>• Provide safe delivery kits to basic health units/ maternal and child health clinics and train community midwives.</li> <li>• Establish planning, monitoring, supervision and evaluation system of activities for health programming.</li> </ul>

The emergency health services provided by the mobile health teams of PRCS in the early days of the relief operation were considered in many ways the flagship services of this operation. In total 33 health teams provided 935,823 individuals with health assistance which was above the targeted 910,000. With the end of the relief phase in January 2011, the ongoing health interventions undertaken by PRCS and supported through this appeal have been presented within the IRP, as detailed below recovery. Further details of the achievements under this Sector can be found in previous Operations Updates published on the IFRC website under [Pakistan publications](#).

<b>Recovery health (IRP) - ongoing</b>	
<b>Outcome: The immediate and medium-term health risks of targeted flood-affected communities are reduced.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>Increased capacity of PRCS to plan, respond and cope with health emergencies and challenges in times of recurrent disasters.</b>	<ul style="list-style-type: none"> <li>• Conduct health planning and review meetings with PRCS NHQ and branches.</li> <li>• Recruit and train field health staff on BHU standard operation procedures and management.</li> <li>• Train PSP and CBHFA trainers, coaches and community volunteers in 5 PRCS Branches.</li> <li>• Carry out PS advocacy and Critical Incident Stress Management (CISM) workshops for PRCS core staff.</li> <li>• Provide capacity support to implement integrated health care activities.</li> <li>• Conduct coordination and field monitoring visits to project areas.</li> <li>• Carry out mid-term and end-term/impact evaluation at project level.</li> </ul>
<b>Communities have improved access to primary health services for the treatment of “minor” illnesses and injuries, essential maternal and child care services, referrals as well as psychosocial support.</b>	<ul style="list-style-type: none"> <li>• Set up BHU/MHU services.</li> <li>• Mobilise trained CBHFA and PS volunteers to carry out community-based health promotion, first aid, epidemic control, nutrition and psychosocial support activities.</li> <li>• Form and train village health committee on first aid and engage them in community health/PS activities.</li> <li>• Provide delivery kits to priority district health facilities in target districts.</li> <li>• Train community midwives/traditional birth attendants on MNCH in collaboration with district health centres.</li> </ul>
<b>Increased awareness on health, MNCH, nutrition promotion, disease/epidemic prevention and control measures and including psychosocial support.</b>	<ul style="list-style-type: none"> <li>• Carry out household health survey on knowledge, attitudes and practices related to priority health risk in targeted districts.</li> <li>• Re-print, and distribute health and PSS communication materials.</li> <li>• Train volunteers on epidemic control and community-based nutrition</li> <li>• Implement community awareness activities on PSS in 5 branches.</li> <li>• Conduct nutritional screening for pregnant and U5 children and refer of malnutrition cases to district health/nutrition centres.</li> <li>• Distribute long-lasting insecticide treated bed nets and follow-up for hang-up activities.</li> </ul>

The recovery activities formally began for the health programme as early as March 2011, extending its area to a further two provinces (Gilgit Baltistan and Balochistan) in addition to the three provinces targeted for integrated programming. As of April 2012, 22 out of the 24 basic/mobile health units planned under this programme were set up and active. Each of these units conduct more than 100 consultations daily, although issues such as limited medicine supplies, storage and human resource gaps continue to hamper proper implementation. The mobilizing and deployment of trained CBHFA and PSP volunteers continued throughout 2011 and 2012, carrying out community-based health promotion, first aid, epidemic control, nutrition and psychosocial support activities.

The formation and subsequent community health/PSP training of health sub-committees in target village committees also took place in 2012, with 6 committees formed in Swat (KPK) with the facilitation by CBHFA coaches in April 2012.

Under the awareness component, progress has also started in early 2012 through the development of CBHFA household visit survey forms. Once completed, the surveys will be carried out in all targeted districts. This is expected to measure the level of knowledge at household level on health risks, to better design awareness activities. Information, education and communication material covering ten health topics have already been reprinted and delivered to PRCS, for planned distribution to beneficiaries.

#### 4. Water Sanitation

##### Relief water and sanitation - completed

<b>Outcome: Improve the health status and reduce the risk of water and sanitation related diseases for 30,000 families over 4 months, through access to safe water, appropriate sanitation and hygiene promotion</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>The immediate risk of water and sanitation related diseases is reduced through the provision of safe water, appropriate sanitation and hygiene.</b>	<ul style="list-style-type: none"> <li>• Assess water and sanitation needs in flood affected areas, with emphasis on women and children.</li> <li>• Provide safe drinking water to IDPs in schools and camps in Larkana, Shikarpur, Khaipur, Thatta, Jacobabad (Sindh), Sanawan, Dadu and Rajanpur (Punjab), through emergency water treatment and distribution (through the PRCS water and sanitation disaster response team and ERUs).</li> <li>• Distribute water purifying tablets or sachets using trained men and women volunteers in KPK, Punjab and Sindh.</li> <li>• Construct emergency latrines for the displaced population in schools and camps in Larkana, Thatta (Sindh) and Muzzafaragah (Punjab) with consideration for gender requirements.</li> <li>• Implement solid waste management systems and clean up campaigns in targeted camps and schools.</li> <li>• Conduct training with locally recruited volunteers (women and men) to continue hygiene promotion activities.</li> <li>• Conduct emergency hygiene promotion activities and clean up campaigns in camps and schools in Sindh, KPK and Punjab through PRCS trained volunteers, including women.</li> <li>• Produce hygiene promotion materials based on existing materials.</li> <li>• Conduct lessons learnt workshop to feed into PRCS water and sanitation emergency response preparedness.</li> <li>• Monitor the correct use of water purifying tablets, hygiene kit items, handling of distributed water, latrines and vector reduction activities.</li> </ul>

The PRCS's expertise and experience in water and sanitation was evident by the successful operation of its nine water and sanitation teams (of which five were IFRC-supported and three received ERU technical assistance and support) in the most-affected provinces of Punjab and Sindh. At the peak of operations, these teams were able to reach an average daily production of 1,156,000 litres of safe water.

The water and sanitation work continued during the transitional period from January to April while the recovery planning was on-going. The water and sanitation recovery activities commenced from April to June with the training of volunteers for a knowledge, attitudes and practices (KAP) survey in the target communities, measuring indicators of success and identifying needs which will input into the design of their own water and sanitation interventions. The surveys concluded in August 2011 and provided in-depth views of the needs and baseline data for water, sanitation and hygiene interventions.

During the emergency relief phase 31,300 families were reached by safe water distributions. Through the construction of latrines, 4,005 families benefited from sanitation facilities. PRCS/IFRC hygiene promotion officers and volunteers benefited 12,994 families through hygiene promotion. Several water sources and water supply schemes got damaged during floods, PRCS/IFRC water and sanitation teams assessed the situation and proposed which of those could be rehabilitated. Through rehabilitation of these water supply schemes in KPK almost 578 families benefited during early recovery.

<b>Recovery water and sanitation (IRP) - ongoing</b>	
<b>Outcome: Reduced risks from water and sanitation-related diseases in targeted floods-affected communities in KPK, Punjab and Sindh Provinces.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>Increased access to safe drinking water for up to 15,000 families.</b>	<ul style="list-style-type: none"> <li>• Rehabilitate 25 water supply schemes.</li> <li>• Provision of 5000 household water filters.</li> <li>• Installation of 130 hand pumps.</li> <li>• Formation of 40 village construction committees.</li> <li>• Training 140 village maintenance care takers.</li> </ul>
<b>Increased access to appropriate and improved sanitation facilities for 4,500 affected families.</b>	<ul style="list-style-type: none"> <li>• Provide construction materials for 5,000 latrines including space for bathing.</li> <li>• Support the beneficiaries in the construction of latrines by provision of skilled labour, linking with the PHAST implementation.</li> <li>• Monitoring and supervision of the construction activities.</li> <li>• Monitor use of latrines, through the PHAST volunteers.</li> </ul>
<b>Safe hygiene, sanitation practises and knowledge are evident in the affected population through community-based hygiene promotion activities in conjunction with hardware for up to 15,000 flood affected families.</b>	<ul style="list-style-type: none"> <li>• Train 180 volunteers and 30 staff members to conduct PHAST in the communities.</li> <li>• Forming PHAST and CHAST groups in all communities.</li> <li>• Distribute solid waste containers to aid the necessary good behaviours among the communities.</li> <li>• Distribute hand washing soap to promote proper hygiene behaviour.</li> <li>• Conduct PHAST sessions in the selected communities.</li> <li>• Trained volunteer teachers and staff to conduct CHAST in schools of the affected areas.</li> <li>• Monitor implementation of PHAST plan and hygiene and sanitation practices.</li> </ul>

The PRCS with the support of IFRC distributed 5,000 household or individual water filters. Water filters were mainly distributed to those areas where water and sanitation teams assessed the ground water available was safe to use after filtration. Furthermore water tanks have been procured (50 units each of 200 gallon and 500 gallon capacities) to be used for water storage at distribution points at times of emergencies.

To improve the hygiene and sanitation practices, along with PHAST trainings in communities, water and sanitation teams are supporting the communities in supplying with latrine construction materials and technical support for latrine construction. In total, there is a target to construct 5,000 latrines in Punjab, Sindh and KPK. Identification of 1,500 beneficiaries for latrines is completed and construction material has been supplied to the districts.

The PHAST tool kit developed originally in 2005 has been modified/updated and reprinted. Volunteers have been trained in PHAST and CHAST and since the beginning of this year the PHAST activities have started in 42 communities of KPK and Sindh provinces. A total of 86 PHAST groups have been formed, and PHAST sessions are ongoing and shall be completed by the beginning of June. CHAST (adapted PHAST for children) tool is newly developed for Pakistan and is used for hygiene promotion activities in primary schools.

## 5. Livelihoods

### Relief livelihoods support - completed

<b>Outcome: Assist 50,000 flood-affected families to restore their economic security within 24 months and to ensure that livelihoods are sufficiently sustainable and resilient to withstand future disasters.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>Flood affected families re-establish their livelihoods and household economic security through the provision of agricultural inputs.</b>	<ul style="list-style-type: none"> <li>• Conduct detailed recovery assessment and baseline surveys in affected areas (in conjunction with other sectors) to identify target communities.</li> <li>• Conduct cash and market feasibility studies.</li> <li>• Develop eligibility criteria, selection processes and operational modalities for families who will receive agricultural assistance.</li> <li>• Distribution of agricultural inputs to farmers (seeds and fertiliser) for growing vegetables.</li> <li>• Develop a monitoring and evaluation system for the continuous improvement of delivery system.</li> </ul>

The initial plans for a large-scale distribution of wheat seeds in late 2010 did not see implementation after uncertainties in securing available land for planting stretched into December and past the *Rabi* season. It was for this reason in part that the second round support of food rations for 50,000 families under the relief programme was planned (see relief section above). As flood-affected families continue to return to their homes, issues such as lost land titles and unclear post-floods demarcation of personal land will continue to affect planning of the livelihoods recovery. Nevertheless, the programme was able to begin its first activity in the same month, distributing winter vegetable seeds to 2,000 families in Larkana district, Sindh. This small component was a success, with 100 per cent of the families achieving germination rates in at least one of the four types of seeds they received, and obtaining good harvest by June 2011.

The main component of the livelihoods programme in the early recovery phase was the provision of seeds and fertilizers with some farmer training. This component concluded in September 2011 with 33,602 families receiving seeds and fertilizers. This has been regarded as largely successful, with monitoring and evaluation reports of the harvests almost completed – initial findings find that a significant majority of the beneficiaries were able to harvest enough food for their own families, while having enough seeds leftover for a second season of sowing.

### Recovery livelihoods (IRP) - ongoing

<b>Outcome: 5000 flood affected families regain their economic and food security through livelihoods recovery initiatives provided by PRCS.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>Flood affected families re-establish their livelihoods and regain sustainable economic security through provision of cash grants.</b>	<ul style="list-style-type: none"> <li>• Village committees select potential beneficiaries for cash grant.</li> <li>• IFRC/PRCS assists potential beneficiaries to prepare business proposal based on the capacities and feasibility for household cash grant.</li> <li>• Training selected beneficiaries on developing IGAs.</li> <li>• Disburse first and second cash grants instalment to selected beneficiaries.</li> <li>• Monitoring usage of cash grants on IGAs.</li> </ul>

The programme aims for 5,000 families to re-establish their livelihoods through provision of cash grants. To support the achievement of this outcome, the Pakistan general post office was identified as the cash delivery mechanism due to its wide network and geographical reach across Pakistan and an MoU to formalise cash transfer procedures was signed.

An initial pilot for 41 beneficiaries of two villages in Thatta district of Sindh was completed during January to August 2011 and based on the learning of this pilot project, cash grants for income generating activities were rolled out in six districts across three provinces identified for the integrated recovery programme approach. A monitoring exercise was conducted 10 days after the first instalment was made in May and found that all 41

recipients had invested their money into income generation activities. The second cash instalment was delivered in June 2011 to all the beneficiaries in the pilot project.

For selection of beneficiaries, the following steps are followed:

- Firstly selection of potential beneficiaries based on vulnerability.
- Secondly selection of final beneficiaries based on capacities and their initial business plan.
- EDT training and final business plan developed by selected beneficiaries.
- First cash instalment of 10,000 PKR distributed.
- Monitoring of the utilization of money with respect to business plan, and release of second instalment of PKR 10,000 (approximately CHF 100).

For the entrepreneurship development training, the service provider *SME Business Support Fund* has been selected for KPK, while *ECI Private Limited* has been selected for Punjab and Sindh) and both have been introduced to the respective PRCS provincial secretaries. With the final selection and verification of the beneficiaries, the trainings have started. At the end of the training, the communities will build their own business plans. Relevant documents for household cash grants (application form, business plan, agreement and monitoring sheet) were translated to Urdu and Sindhi languages.

Following household cash grant the community project grant implementation will be introduced into the community through the same village committee for micro-mitigation projects. Service providers for trainings have conducted the one-day staff orientation session before training of beneficiaries. This has started in six districts of KPK, Punjab and Sindh with 3,654 beneficiaries trained and preparing their final business plan. Also beneficiary pledge agreements were signed and money orders are now processed and submitted to the general post office in Islamabad for onward distribution to the provinces and districts.

Two brochures have been prepared for livelihood cash grant programme with the help of beneficiary communications, delivering messages on how to collect the money from post offices and how to use the first instalment properly to qualify for the second instalment.

The livelihood programme mobilized some 150 volunteers to assist the activities in all the three provinces. These volunteers have been supporting the technical officers in the provinces. The livelihood programme organized orientation programme for these volunteers and staff in the beginning of the programme for a better understanding and ownership of the programme.

## 6. Disaster Preparedness and Risk Reduction

### DP and DRR recovery activities (IRP) - ongoing

**Outcome: Increased resilience of individuals and communities reducing their vulnerability to recurrent disasters.**

<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>Pakistan Red Crescent Society's (PRCS) capacity increased to carry out disaster risk reduction (DRR) preparedness and response actions.</b>	<ul style="list-style-type: none"> <li>• Conduct integrated recovery programme orientation workshops in Sindh, Punjab and KPK provinces.</li> <li>• Conduct social mobilization training for volunteers.</li> <li>• Conduct lessons learnt workshop for the floods operation.</li> <li>• Organize biannual programme review meeting at national head quarters level</li> <li>• Organize quarterly programme review meeting at provincial headquarters level.</li> </ul>
<b>Targeted floods-affected communities in Khyber Pakhtoonkhwa (KPK), Punjab and Sindh Provinces are prepared to response to prevalent disasters.</b>	<ul style="list-style-type: none"> <li>• Conduct VCA in targeted areas.</li> <li>• Identify vulnerable communities in floods affected areas of KPK, Punjab and Sindh provinces.</li> <li>• Mobilise communities and establish village committees in the six districts.</li> <li>• Conduct recovery programme orientation and CBDRR trainings for village committees.</li> <li>• Develop community action plans in consultation with Village Committees.</li> </ul>

	<ul style="list-style-type: none"> <li>• Carry out DRR awareness campaign at school and community level (including IEC material).</li> <li>• Develop early warning system combining scientific and indigenous knowledge.</li> <li>• Conduct simulations of risk reduction plans and ensure revision of these plans.</li> <li>• Develop village disaster risk management plans in consonance with local government plans.</li> </ul>
<b>Targeted floods-affected communities in Khyber Pakhtoonkhwa (KPK), Punjab and Sindh Provinces have taken mitigation measures to lessen the adverse impact future disasters.</b>	<ul style="list-style-type: none"> <li>• Support the VO/VC's in 43 communities to identify MMP's.</li> <li>• Provide technical support for the feasibility study of identified MMP's.</li> <li>• Support VO's/VC's in Joint bank Account opening.</li> <li>• Support VO's/VC's in implementation of MMP's.</li> </ul>

The disaster risk reduction (DRR) programme continued to take the lead in the integrated approach of the recovery programme, and was responsible for organizing programme orientation and technical trainings for the staff and village committees in August and September 2011. Disaster preparedness components under this appeal were transferred in the last quarter of 2011 to IFRC's longer-term Country Plan 2012, and are reported under it.

The micro-mitigation projects component originally planned under the livelihoods programme was transferred to DRR in early 2012, as the livelihoods programme prepared to conclude and at the same time recognizing DRR's explicit role in supporting communities with technical advice and expertise in identifying and implementing proposals for these projects. In the first half of 2012, the programme supported village committees in the identification of prospective projects with the targeted villages in KPK and Sindh. Limited capacities of the PRCS branch as well as potential reduced number of beneficiaries in Punjab have excluded this province from this component. However, the increased number of villages identified in Sindh (though maintaining the overall number of beneficiaries due to errors in calculating population sizes during the VCA) mean that the overall target of 43 projects remains.

## 7. Beneficiary Communications and Accountability

### Beneficiary communications - relief and recovery - ongoing

<b>Outcome: Improved lives of those affected by the floods through the provision of timely, relevant and accurate information.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<b>Developed mechanism and system that allow the IFRC/PRCS to effectively communicate with disaster-affected community members in Pakistan.</b>	<ul style="list-style-type: none"> <li>• Negotiate and process contract agreements with local telecommunication, Radio, TV and print providers in Pakistan. BCA field officers manage information received through SMS by assisting directly with facilitation, resolution and advocacy for both individual and community issues.</li> <li>• Develop IFRC/PRCS print materials to allow more efficient layout, distribution and expansion of readers for specific sector needs.</li> <li>• Develop radio shows to communicate to flood affected beneficiaries.</li> </ul>
<b>An environment for transparency and accountability between flood-affected communities and the PRCS/IFRC is in place.</b>	<ul style="list-style-type: none"> <li>• Establish and provide two-way communication services to allow feedback through radio broadcast.</li> <li>• Establish and provide two-way communication services to allow feedback through print material.</li> <li>• Carry out monitoring field visits to the affected communities.</li> </ul>
<b>Necessary infrastructure and guidelines to sustain the delivery of BCA interventions within the PRCS/IFRC</b>	<ul style="list-style-type: none"> <li>• Develop standardised job descriptions and SOPs.</li> <li>• Disseminate BCA tools and objectives to PRCS and other internal stakeholders via video documentary.</li> <li>• PRCS staff members and volunteers are trained on all aspects</li> </ul>

<b>structure is in place.</b>	<p>of BCA at provincial level.</p> <ul style="list-style-type: none"> <li>• Conduct a BCA mentorship programme for volunteer to improve their capacity.</li> <li>• BCA representatives attend meetings and build partnership with local, regional and international communication groups including the Communicating with Disaster Affected Communities (CDAC) working group, EIS, USAHIDI and local media outlets.</li> </ul>
<b>To increase the accountability of the PRCS at the National and Provincial level in handling complaints on their humanitarian interventions.</b>	<ul style="list-style-type: none"> <li>• Facilitate the provision of guidelines to PRCS on dealing with complaints concerning quality, quantity and accountability of their work.</li> <li>• Provide technical support in the development of PRCS TOR for the complaints mechanism and defining the role of the complaints committee.</li> <li>• Support PRCS in developing IEC materials and complaints forms for use by communities so they understand the purpose of the CHC and how to use it.</li> <li>• Carry out community orientation/awareness sessions on how the feedback mechanism works.</li> <li>• Provide technical support in the production of radio programmes that include segments that increase understanding of accountability within the RC/RC Movement and the community.</li> <li>• Develop and roll-out a database to PRCS NHQ that assists in the management of data on complaints.</li> </ul>

The main achievements in the relief phase was the successful pilot radio and television programme that concluded in March 2011 with 13 episodes of advocacy and information sharing receiving highly favourable responses by the public and Movement partners. Throughout the period of 2011, the programme continued to work on the proposed SMS system, but faced constant difficulties in obtaining approvals and agreements with various telecommunications providers and authorities in the country.

The PRCS print team made up of staff and volunteers continued to support programmes with the production of information, education and communication (IEC) materials such as brochures and posters, targeted at beneficiaries with a complex variety of dialects, cultures and levels of literacy. Community notice boards were set up in each village of the IRP, allowing beneficiaries to be updated of progress and happenings, while also allowing them to contribute information to their own communities.

The PRCS set up a complaints handling cell in August 2011 as part of its complaints/feedback mechanism, and this was managed by the staff and volunteers of the programme. At this stage it is difficult to assess the effectiveness of the mechanism for responding to complaints and feedback, but the National Society continues to refine the model.

By May 2012, PRCS decided that it was ready to assume full management of this programme, and is now in the process of taking over the entire elements of the programme. Existing staff under the programme will be integrated into the National Society structure and IFRC is expected to complete handover by the end of 2012

## 8. Capacity development and organisational strengthening

### Organisational development relief and recovery activities - ongoing

**Outcome: The capacity of PRCS to carry out recovery service-delivery through local branch structure is strengthened in line with IFRC standards CWFNS<sup>9</sup> and WPNS<sup>10</sup> and consistent with PRCS longer-term development strategies.**

Outputs (expected results)	Activities planned
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<sup>9</sup> CWFNS = Characteristics of a Well-Functioning National Society

<sup>10</sup> WPNS = Well-Prepared National Society

<p><b>PRCS district branch structure is strengthened to carry out integrated recovery activities in target provinces.</b></p>	<ul style="list-style-type: none"> <li>• Renovate Shikarpur office in Sindh Province and renting appropriate office space in three target districts. Recruit branch secretaries and support staff in two target districts in Sindh.</li> <li>• Secure, furnish and equip offices in four target districts.</li> <li>• District branch leadership coordinate and monitor service-delivery and development activities.</li> <li>• District executive committee hold quarterly meetings</li> <li>• Scoping visits in three provinces by IFRC technical support and PRCS OD staff.</li> <li>• Conduct branch development orientation workshops in three targeted provinces.</li> <li>• Facilitate branch development needs assessment and development of BD plans in targeted districts.</li> <li>• PRCS PHQs in two provinces organise District Capacities mapping in every district, with IFRC technical support.</li> <li>• PRCS PHQs in two Provinces complete Provincial-level Branch Development Needs Assessment and draft Branch Development Plans through a participatory process with all districts, with IFRC technical support.</li> <li>• Support visits and targeted capacity-development activities in districts.</li> </ul>
<p><b>PRCS national level OD support contributes to strengthened district and provincial branch structure.</b></p>	<ul style="list-style-type: none"> <li>• PRCS OD with IFRC support organises and facilitate branch development orientation workshop at national level.</li> <li>• PRCS convene two OD Working Group meetings with IFRC technical and coaching support.</li> <li>• PRCS OD with IFRC support organise lessons learned activity and document output.</li> <li>• Organise translation and publication of training and reference materials.</li> <li>• PRCS HR department organise and conduct HR training for staff at NHQ and PHQ level.</li> <li>• PRCS marketing and fundraising department organise and conduct training for provincial staff</li> <li>• PRCS marketing and fundraising departments with provincial leadership facilitate exchange visits for resource mobilisation.</li> <li>• PRCS marketing and fundraising departments facilitate organisation of a skill share workshop.</li> <li>• PRCS communications department organise and facilitate training for PHQ in communications.</li> <li>• PRCS marketing and fundraising departments facilitate and provide coaching for branch fundraising events, with IFRC tech support.</li> </ul>
<p><b>Developed and sustainable motivated, organized and well-trained youth and volunteer corps of 500,000, representing all segments of society to effectively and efficiently participate in PRCS programmes and operations.</b></p>	<ul style="list-style-type: none"> <li>• PRCS recruit youth and volunteer (Y&amp;V) staff for district support.(2 Sindh, 2 Punjab, 1 KP)</li> <li>• Y&amp;V department, provincial and district managers support district youth conventions in three provinces.</li> <li>• Y&amp;V staff members participate in international development activities.</li> <li>• PRCS Y&amp;V department manage volunteer database maintenance.</li> <li>• PRCS Y&amp;V with provincial managers organise and conduct volunteer induction training.</li> <li>• PRCS Y&amp;V department and NHQ secure volunteer insurance cover.</li> <li>• PRCS Y&amp;V provincial and 'flying' staff, facilitate and coach setting-up youth and junior clubs in schools and colleges.</li> <li>• Y&amp;V department and provincial leadership coordinate inter-provincial youth exchange visits.</li> </ul>

	<ul style="list-style-type: none"> <li>• Y&amp;V department carry out monitoring and evaluation of Y&amp;V activities.</li> </ul>
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Developing the capacity of PRCS volunteers and staff in a variety of organizational areas with the view of supporting floods operations continues to be a key focus of organizational development in the flood operations. In particular, the capacities of provincial and district branches, not only in existing operational areas such as logistics, disaster response, health and water and sanitation, but also in emerging disciplines as required by the ongoing floods operations such as shelter, livelihoods and beneficiary communications. This was achieved in the relief phase through on-the-job technical training and coaching of staff and volunteers. Another achievement in this area is the finalization of volunteer accident insurance for active PRCS volunteers in March 2012.

The volunteer database continued development throughout 2012, and two provincial/state branches have begun using them, although the issue of clarifying the definition of active volunteers remains and the current database is unable to specify these. However, the National Society's contingency plan for 2012 identified some 1,400 volunteers nationwide able and ready to be deployed for active duty in case of a disaster response by PRCS.

The renovation of the office in Sindh as well as the plans to secure, furnish and equip offices in four districts in Sindh were completed at the end of 2011. Branch development orientation workshops were also concluded in the same period for KPK and Sindh (with Punjab pending due to the earlier suspension of the branch).

The first quarter of 2012 saw the completion of capacity mapping exercises for KPK and Sindh branches, giving a detailed picture of the district-level capacities and gaps across various areas including programming, human resource and structure. Sindh branch also completed in January 2012 its branch needs assessment and branch development plans, while KPK branch will be finalized in June 2012.

### Logistics

For the success of this operation, efficient and timely delivery of logistics services needs to be met. The in-country logistics team is coordinating closely with PRCS and the Kuala Lumpur zone logistics unit (ZLU) to determine the most appropriate, effective and cost efficient sourcing and mobilization strategy for the required relief and recovery items. Activities being carried out include:

- Rapid needs and capacity assessments.
- Establishment of logistics hubs to carry out all aspects of reception of air, sea and road freight of relief and recovery goods.
- Coordinated mobilization of relief and recovery items.
- Coordinated reception and warehousing of all incoming goods.
- Provision of standard vehicles as required.
- Coordinated and efficient dispatch of goods to the distribution points.

Under the IRP, logistics is mainly focused on the delivery services for water and sanitation hardware, assisting with the money order facility, IEC material and IT equipment. The logistics department facilitated also the process of the selection of the service provider for the Cash Transfers.

Nevertheless, the in-country logistics operation comprises various activities, managing IFRC warehouses in Islamabad and Karachi holding PRCS/IFRC emergency and IRP stocks with a value of CHF 9 million, and providing transport services for goods and personnel in addition to management of VRP (vehicle rental programme) to all Movement partners' utilising IFRC global services.

As part of the PRCS capacity building, the IFRC country office, together with the support of the zone logistics unit, continues to facilitate the coordination and implementation of Logistics Capacity Development Project (LCDP) and following are some of the relevant activities:

- Provide technical support to PRCS logistics in developing SOPs and manuals.
- Provide Technical support and advice to PRCS strategic warehousing and management including up upgrading of hardware.
- Coordination between LCDP, DM and branch development to ensure sustainability and integration of logistics development, including the IFRC Logistics Strategy 2015.
- Provide technical support to PRCS and more specialized focus similar to medical procurement.

- Conducting general and specialized training for staff and volunteers of PRCS.

### **Communications – Advocacy and Public information**

The main focus of the communication programme is to ensure that the continuing humanitarian crisis in Pakistan remains in the public eye. Communications priorities include maintaining a steady flow of timely and accurate public information relating to the ongoing relief and recovery operation, targeting key stakeholders that include media, donors and the wider public as well as disaster affected communities. The IFRC website [www.ifrc.org](http://www.ifrc.org) will be the primary communications vehicle for channeling information and publicity materials including audio-visual products that position the role and activities of Movement partners. At the same time, emphasis will be placed on building the communications capacity of PRCS for future emergencies.

Communications activities will support humanitarian diplomacy objectives in support of the needs of vulnerable people. Working in close collaboration with the programme sectors and the beneficiary communications programme, people affected by this emergency will be provided with opportunities to make their voices heard and will receive information to support their relief and recovery.

### **Security**

The main focus will be on ensuring compliance with IFRC's established security protocols and procedures. IFRC already has a sound security management system in place to guide the operation and to limit IFRC's exposure to various threats, including:

- Country and operation specific rules and regulations, which are shared with all incoming staff, and visitors;
- A dedicated country-specific security coordinator, supported by two field security delegates, and a national security officer, soon to be augmented with additional national staff;
- An operational radio network that provides coverage for all IFRC movements throughout the areas of operation;
- A computerized movement authorization and tracking system; and
- A computerized SMS-alert / information dissemination system.

IFRC also actively networks with other humanitarian organizations, sharing relevant information for the overall benefit of staff safety and security as appropriate. In addition, all incoming staff receives a security briefing as well as regular security updates as required.

### **Budget summary**

See attached budget (Annex 1) for details.

Jagan Chapagain  
Acting Under Secretary General  
Programme Services Division

Bekele Geleta  
Secretary General

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## Contact information

**For further information specifically related to this operation please contact:**

- **Pakistan Red Crescent Society:** Muhammad Ateeb Siddiqui, director of operations, mobile: +92 51 9250 487; email: [ateeb.nhq@prcs.org.pk](mailto:ateeb.nhq@prcs.org.pk)
- **IFRC Pakistan country office:** Karen H. Bjørnstad, head of delegation, phone: +92 300 555 4506; email: [karen.bjornstad@ifrc.org](mailto:karen.bjornstad@ifrc.org);
- **IFRC South Asia regional office, in India:**
  - Azmat Ulla, Head of regional office, email: [azmat.ulla@ifrc.org](mailto:azmat.ulla@ifrc.org), phone: +91 11 2411 1122, fax: +91 11 2411 1128.
- **IFRC Asia Pacific Zone office, in Malaysia:**
  - Jerry Talbot, Acting head of operations, phone: + 603 9207 5702, email: [jerry.talbot@ifrc.org](mailto:jerry.talbot@ifrc.org)
  - Mathew Schraeder, Operations coordinator, phone: +603 9207 5735, mobile: +6012 6200 758, email: [mathew.schraeder@ifrc.org](mailto:mathew.schraeder@ifrc.org)
  - Alan Bradbury, Head of Resource Mobilization and Planning, Monitoring, Evaluation and Reporting (PMER), email: [alan.bradbury@ifrc.org](mailto:alan.bradbury@ifrc.org). phone: +603 9207 5775.  
Please send all funding pledges to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org).
  - Jeremy Francis, Regional Logistics Coordinator; mobile: +6012 298 9752; email: [jeremy.francis@ifrc.org](mailto:jeremy.francis@ifrc.org).



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## How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
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# REVISED EMERGENCY APPEAL

31/7/2012

## MDRPK006 : PAKISTAN - MONSOON FLOODS

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	11,262,971		11,262,971
Shelter - Transitional	740,405		740,405
Construction - Housing	5,509		5,509
Construction - Facilities	19,727		19,727
Clothing & Textiles	4,622,241		4,622,241
Food	19,538,297		19,538,297
Seeds & Plants	2,493,364		2,493,364
Water, Sanitation & Hygiene	4,484,591		4,484,591
Medical & First Aid	1,612,246		1,612,246
Teaching Materials	65,572		65,572
Utensils & Tools	2,263,247		2,263,247
Other Supplies & Services	336,088		336,088
Emergency Response Units		905,000	905,000
Cash Disbursements	7,588,253		7,588,253
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>55,032,512</b>	<b>905,000</b>	<b>55,937,512</b>
Vehicles	125,114		125,114
Computer & Telecom Equipment	294,717		294,717
Office/Household Furniture & Equipment	229,195		229,195
Medical Equipment	200,000		200,000
Other Machinery & Equipment	20,524		20,524
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>869,551</b>	<b>0</b>	<b>869,551</b>
Storage, Warehousing	1,566,809		1,566,809
Distribution & Monitoring	5,002,022		5,002,022
Transport & Vehicle Costs	3,535,263		3,535,263
Logistics Services	310,745		310,745
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>10,414,839</b>	<b>0</b>	<b>10,414,839</b>
International Staff	6,925,474		6,925,474
National Staff	2,511,237		2,511,237
National Society Staff	2,935,356		2,935,356
Volunteers	206,563		206,563
<b>Total PERSONNEL</b>	<b>12,578,631</b>	<b>0</b>	<b>12,578,631</b>
Consultants	619,946		619,946
Professional Fees	599,507		599,507
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>1,219,453</b>	<b>0</b>	<b>1,219,453</b>
Workshops & Training	1,418,291		1,418,291
<b>Total WORKSHOP &amp; TRAINING</b>	<b>1,418,291</b>	<b>0</b>	<b>1,418,291</b>
Travel	867,513		867,513
Information & Public Relations	660,031		660,031
Office Costs	1,289,092		1,289,092
Communications	292,624		292,624
Financial Charges	86,444		86,444
Other General Expenses	243,666		243,666
Shared Office and Services Costs	455,894		455,894
<b>Total GENERAL EXPENDITURES</b>	<b>3,895,265</b>	<b>0</b>	<b>3,895,265</b>
Partner National Societies	1,173,970		1,173,970
<b>Total TRANSFER TO PARTNERS</b>	<b>1,173,970</b>	<b>0</b>	<b>1,173,970</b>
Programme and Services Support Recovery	5,629,163		5,629,163
<b>Total INDIRECT COSTS</b>	<b>5,629,163</b>	<b>0</b>	<b>5,629,163</b>
Pledge Earmarking & Reporting Fees	323,227		323,227
<b>Total PLEDGE SPECIFIC COSTS</b>	<b>323,227</b>	<b>0</b>	<b>323,227</b>
<b>TOTAL BUDGET</b>	<b>92,554,901</b>	<b>905,000</b>	<b>93,459,901</b>
<b>Available Resources</b>			
Multilateral Contributions	92,551,974		92,551,974
Bilateral Contributions		905,000	905,000
<b>TOTAL AVAILABLE RESOURCES</b>	<b>92,551,974</b>	<b>905,000</b>	<b>93,456,974</b>
<b>NET EMERGENCY APPEAL NEEDS</b>	<b>2,927</b>	<b>0</b>	<b>2,927</b>