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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](#)
15 May 2013

With this Revised Emergency Appeal, the budget has been revised down from CHF 92.6 million to CHF 87.8 million, assisting 900,000 people (130,000 families) beneficiaries for 36 months, and will be completed by 31 July 2013. This revision is based on the actual expected outcomes at the end of the appeal period and in addition includes a relocation of CHF 1,650,377 in support of the Pakistan Red Crescent Society (PRCS) for its relief activities to assist communities affected by the floods in 2012. An unspent balance of CHF 4.4 million remains as a result of the revised budget and plans. In this regard, a proposal enabling unspent funds to be used – with the approval of donors and Movement partners – for the core activities of the National Society, will be prepared, describing how this balance would be used. The proposal will be communicated to the partners, with a request to transfer the balance to the Long Term Planning Framework for Pakistan (MAAPK002). A final report on the 2010 floods response will be made available by 31 October 2013 (three months after the end of the operation).



Beneficiaries using hand pump in Shangla district, KP Province.
Photo: IFRC

Appeal history:

- A second revised emergency appeal was launched on 3 August 2012 for CHF 92.6 million to assist some 130,000 families (900,000 people) for 36 months.
- 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.

Summary:

This revision of the Floods 2010 emergency appeal (MDRPK006) presents a revised plan for the last phase of the appeal. The focus in the revision is on the results that could realistically be achieved in the last part of the programme in view of the timeframe of the appeal ending in July 2013.

The revision also includes the support to communities affected by the flooding which occurred in 2012. The

sudden torrential rains at the end of August caused devastation again in large parts of the country and also hit the areas where the Integrated Recovery Programme (IRP) was implemented. On request of PRCS, the International Federation of Red Cross and Red Crescent Societies (IFRC) supported the initiative of the National Society (NS) to participate in the relief activities for the affected. Part of the funds available under this appeal was allocated for the intervention.

The timeframes for each stage of the appeal implementation are as follows:

Appeal phase/ stage	Timeframe
Emergency/ Relief	August 2010 – April 2011
Early Recovery	November 2010 – March 2011
IRP (including evaluations)	April 2011 – Ongoing until July 2013
2012 floods response	August 2012 – January 2013

Overall PRCS/IFRC have reached at least 227,028 families (1,589,196 people) across five provinces most affected by the floods with various interventions during the relief and early recovery phase.¹

Summary of achievements - Relief and early recovery phases²

Sector	Target (Number of families)	Achievements (families reached)
Food (relief)	180,000	181,277
Non-food items (relief) ³	75,000	103,195
Shelter (winterised transitional shelter during relief phase)	6,500	6,393
Shelter (relief)	75,000	83,209 with: – 15,273 tents, – 160,497 tarpaulins – 37,498 shelter toolkits
Health and care (relief) ⁴	130,000	159,784 ⁵
Health and care (early recovery)	130,000	173,353 ⁶
Water and sanitation (relief and early recovery)	30,000	– 31,300 with safe drinking water – 4,005 with 1,402 latrines – 12,994 with hygiene promotion – 578 with water supply schemes
Livelihoods (winter vegetable seeds during relief phase)	2,000	2,000
Livelihoods (early recovery)	31,232	31,172

During the implementation period of the relief and recovery activities in response to the 2010 flood, the operation was presented with two significant disasters which impacted the smooth implementation of planned activities under MDRPK006 (Floods 2010), as the same staff and volunteers were working on both operations simultaneously and had to split their time and efforts. These operations are outlined below:

Floods 2011 (MDRPK007 implemented from September 2011 - March 2012)

In August 2011, Sindh province experienced the worst flooding in its history resulting in widespread destruction and displacement affecting over 4.8 million people. Details of this operation can be accessed on (<http://www.ifrc.org/docs/Appeals/11/MDRPK007FR.pdf>).

¹ Detailed analysis of the relief and early recovery period activities is available in the two-year report which can be accessed on the following link: <http://www.ifrc.org/docs/Appeals/10/MDRPK006%202YR.pdf>

² In order to avoid double counting of people who received assistance from more than one sector intervention, 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 through food and/or non-food items (NFIs). Note also that figures for relief food, NFIs, relief shelter and early recovery livelihoods have been updated from those previously reported after recent re-verification of reports.

³ Combination from amongst the following NFIs: blankets; mosquito nets; hygiene parcels; jerry cans; kitchen sets; buckets; sleeping mats.

⁴ Timeframe for emergency health is September – December 2010.

⁵ Include 24,183 reached during PSP sessions and 5,966 reached by ERU BHC NORCROSS during this period.

⁶ Timeframe for early recovery health is from January – December 2011.

Floods 2012

Heavy monsoon rains experienced from late August 2012 in the provinces of Sindh, Khyber Pakhtunkhwa (KP), Punjab, Balochistan and Gilgit Baltistan (GB), affected five million people around the country and compounded recovery efforts in areas previously affected by the 2010 and 2011 floods. PRCS closely monitored the developments, and response plans were developed in line with the PRCS 2012 contingency plans. The Government of Pakistan informed that no international appeals were to be launched, and agencies and organisations in-country had to find alternative solutions to provide necessary assistance. In view of the available balance of the MDRPK006 appeal and the fact that the floods had a serious impact on a large part of the same population effected in the previous years, it was decided to use funds of the MDRPK006 appeal. IFRC committed itself to support PRCS in line with the contingency planning developed earlier in the year. Some additional support for the operation was received from in-country partners.

A project agreement to the value of CHF 1,650,000 was signed between PRCS and IFRC in October 2012 to assist 20,000 families (140,000 people) out of total 30,218 families planned by PRCS. The support includes the coverage of costs for procurement, transportation and distribution of food parcels, the costs for transportation and distribution for NFI stocks, and the running costs for operating five water treatment plants and five mobile health units. IFRC also supported PRCS to replenish emergency medicine stock. The objectives and results are elaborated below and detailed information over the progress of the information can also be found in the Information bulletins (numbers 1-7) on www.ifrc.org⁷ describing the 2012 floods response and activities.

Revision of Appeal targets

This was done through an extensive consultative process between PRCS and IFRC involving provincial level meetings and joint review and planning at all levels. To ensure that activities are completed on time, a decision was taken to conclude all operational activities by 31 March 2013 to also give adequate time for winding up the infrastructure, follow up of any remaining issues, conducting lessons learned exercises and evaluations.

Programme Name/ Sector	Total Target (Revised Appeal August 2012)	Total Expected Results (April 2013)
Shelter		
Shelter Beneficiaries	5,000	2,530
WatSan		
Latrines Beneficiaries	4,500	3,220
WatSan Committees	140	101
Water supply Schemes	25	12
Hand Pumps	130	135
PHAST Groups	150	105
PHAST Sessions	1,794	1,794
CHAST Schools	45	30
Livelihoods		
Income Generating Activities (IGAs) Beneficiaries	5,000	4,412
Disaster Risk Reduction (DRR)		
Village Committees	39	64
Micro Mitigation Projects (MMPs)	43	6
Disaster Risk Reduction (DRR) Campaigns (Villages)	39	19
Health and Care		
Basic Health Unit (BHU)/ Mobile Health Unit (MHUs)	24	22
Community-based Health and First Aid (CBHFA) Master Trainers	25	16
CBHFA Coaches	200	160
CBHFA Volunteers	2,754	1,575
First Aid Trainings for Village Health Committees	137	76
Epidemic Control and Nutrition Training for Coaches	200	121
Long-lasting Insecticide Treated Nets (LLITNs)	67,900	50,212
BP5 High Energy Biscuit bars (units)	166,500	82,896
Delivery/ Reproductive Health Kits ⁸	54	66

⁷ Response to Floods 2012 is detailed further in this revised appeal.

⁸ Excluding drugs, including clean home delivery kits and birth attendant bags.

Psychosocial Support (PSS) Master Trainers	25	25
PSS Coaches	200	157
PSS Volunteers	2,813	959
PSS Trainings for volunteers	275	100

The bulk of programme activities were finalised in March, with a few final field activities to be completed over the period of April-May 2013. In order to be able to focus in the second quarter of 2013 on end-line assessments, sector specific impact assessments and lessons learnt workshops as part of the monitoring and evaluation strategy of the Appeal and the IRP component. A foremost important issue is retention of the experience and capacity which has been built up within the IRP and to transfer these into sustainable longer term development plans of the PRCS.

Overall through the implementation under this emergency appeal, PRCS/IFRC has reached at least 227,028 families (1,589,196 people) across the five provinces most affected by the floods with various interventions during the relief and early recovery phases. With the assistance of IFRC and other partners, an additional 20,000 families (140,000 people) were assisted under the Floods 2012 operation.

The Floods 2010 operation in Pakistan belongs to the group of largest disaster interventions of IFRC and was supported by more than 120 donors including almost 50 PNS and other international donors detailed below, who contributed multilateral funding support to this emergency appeal:

Movement partners	American Red Cross, Andorra Red Cross, Australian Red Cross, 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, Czech Red Cross, Danish Red Cross, Fiji Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Red Cross Society of China (Hong Kong), Red Cross Society of China (Macau branch), 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, New Zealand Red Cross, Norwegian Red Cross, 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.
International organisations and others	European Commission's Aid department (DG ECHO), OPEC Fund for International Development, US Agency for International Development (USAID), the Italian government, and private donors.

Additionally, 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.

As of 31 March 2013, the revised appeal budget is 105 per cent funded and expenditure to date is 93 per cent of the budget. At the end of the appeal there will be a positive funding balance of approximately CHF 4.4 million and the purpose of this appeal revision is to indicate were the results will not match the original plans.

Together with PRCS, IFRC will seek the donors' approval to shift the remaining balance from the Floods Appeal (MDRPK006) to the Long Term Planning Framework for Pakistan (MAAPK002). This is necessary to facilitate PRCS to further extend the community based disaster risk reduction activities developed under the IRP, improve disaster preparedness and also strengthen the logistics capacity developed during the operation. These proposals will be fully communicated and discussed with relevant donors. The appeal ends on 31 July 2013, with a final report due on 31 October 2013.

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

The situation

In August 2010, record monsoon rains in Pakistan resulted in the worst flooding ever recorded in the country's history. The first spell of heavy rain affected parts of the south-western province of Balochistan in the third week of July 2010, followed by a second spell of severe rains over Khyber Pakhtunkhwa (KP) in the last week of July

2010 that continued until early August. Flood waters, triggered by heavy monsoon rains in late July, swept through the Indus river basin causing unprecedented flooding of major, secondary and tertiary rivers in KP, Punjab, Sindh and Balochistan provinces, damaging property, livelihoods and infrastructure and submerging a fifth of the country (approximately 796,095 square km). The effects of the floods were felt across the country from GB and Azad Jammu and Kashmir (AJK) in the north, through to KP and Punjab provinces in the centre, to Sindh and Balochistan in the south. Within a period of less than two months, 78 districts out of Pakistan's 141 districts were affected.

The extent of the 2010 floods was significant in both scale and destruction when compared to other major disasters around the world, affecting ten times more people than the Indian Ocean Tsunami of 2004 and six times more people than the 2010 Haiti Earthquake. The government's National Disaster Management Authority (NDMA) recorded a figure of 1,985 deaths and 2,946 people injured by the floods with over 20 million people (representing 12 per cent of Pakistan's population of 170 million) affected by the floods⁹. Substantial destruction affected over 2.1 million hectares of cultivated land and leaving infrastructure acutely impaired. Besides severe damage to the housing sector, livestock were affected too, impacting the existing livelihood patterns of already marginalized communities. Health and education facilities were destroyed or damaged in many parts of the country.

Starting late in August 2012 heavy monsoon rains were experienced in the provinces of Sindh, KP, Punjab, Baluchistan and GB, affecting five million people, compounding effects in areas already affected during the 2010 and 2011 flooding. Again, the seasonal monsoon rainfalls across Pakistan began in the third week of August 2012. A second spell of seasonal monsoon rainfalls started over the southern parts of the country from the end of the first week of September, peaking in the second of the month across Pakistan with flooding spanning over the provinces of Punjab, Sindh and Balochistan. In Punjab and Sindh, heavy monsoon rains hampered the progress of the IRP interventions in early September 2012. PRCS monitored the situation closely and initiated response to these floods according to its 2012 contingency plans.

Coordination and partnerships

Overall the good cooperation and coordination between the PRCS and IFRC continue. The main forums for this interaction are daily and weekly meetings. Regular coordination meetings between PRCS, IFRC, ICRC, as well as Partner National Societies present in Pakistan, continue to foster a stronger level of cooperation and coordination. These coordination meetings are also held at Provincial level with all Movement partners. The Tripartite meetings between the PRCS Secretary General, IFRC Head of Delegation and ICRC Head of Delegation were started again after a long break and will continue to be held on a regular basis.

PRCS manages the overall implementation of the MDRPK006 operation working through regional and district branch structures and with technical and financial support from the IFRC country office, PNS and other donors. PRCS mobilises support, reinforces the work of the Pakistan government in areas where gaps in assistance are identified and also works closely with the national and provincial disaster management authorities (NDMA/PDMA) and local authorities.

At the same time, IFRC remains an observer at the following forums: Humanitarian Country Team (HCT) core group, cluster and inter-cluster meetings and the Pakistan Humanitarian Forum. The IFRC Zone and regional offices are also on hand to provide operational support where needed.

The impending closure and exit strategy of the Floods 2010 Appeal's IRP in July 2013, aims to build linkages with the longer term developmental planning for both PRCS and IFRC to ensure continuity and sustainability of the work of the Red Cross Red Crescent in Pakistan. In the meantime, the delegation and PRCS are in the process of scaling down its staff and start preparations to close field offices. In order to maintain a good relationship with the staff who will be made redundant and keep the good-will, staff are given a full day training in writing of CV and interview skills, and advice on where they can apply for jobs outside of the Red Cross Red Crescent.

Red Cross and Red Crescent action

Since the monsoon flood disaster in Pakistan unfolded in August 2010, PRCS has led the overall flood response and recovery operation, with the support of (IFRC) country office, International Committee of Red Cross (ICRC), Partner National Societies (PNS) and other donors. The final phase, the IRP aligns all sector interventions in one community-based programme with the overall goal of '*Contributing to the ability of households and communities to cope with and recover from emergencies and build community resilience*' against potential natural disasters.

⁹ Source: NDMA situation report as of 24 October and Pakistan response as of 30 September 2010.

The integrated approach for recovery programming targeted 39 revenue communities in six districts with a package of assistance, focusing on shelter, health, water, sanitation and hygiene, livelihoods, and disaster preparedness and disaster risk reduction. Part of the health intervention also extends to communities outside of the six IRP districts where sector-specific needs have been identified. Integrated programming promotes efficiency and enables the sharing of resources, volunteers and capacity, adding value to the communities which were affected.

Progress to date and remaining activities (not including relief and early recovery phases)

Detailed analysis of the relief and early recovery period activities is available in the two-year report which can be accessed on the following link: <http://www.ifrc.org/docs/Appeals/10/MDRPK006%202YR.pdf>

1. Shelter

Recovery Shelter (IRP)

Outcome: Improved permanent housing conditions for most vulnerable flood-affected families in Sindh and Punjab provinces.	
Outputs (expected results)	Activities planned
Flood-affected families of Sindh and Punjab provinces have improved housing conditions.	<ul style="list-style-type: none"> • Conduct a pilot project in Thatta targeting 18 families to test the effectiveness of the proposed methodologies and implementation procedures. • Selecting beneficiaries for the cash grants for shelter construction based on village committees' recommendations, priorities and the availability of resources. • Transfer "conditional cash" to beneficiaries in agreed cash grant instalments. • Procure, store and distribute shelter tool kits to the families according to plans. • Shelter/latrines constructed for beneficiaries. • Issue Completion Certificates to completed houses. • Establishment of cash grant monitoring system.
The capacity to provide sustainable housing conditions by applying mitigation measure for the flood-affected families is enhanced.	<ul style="list-style-type: none"> • Active participation to national and shelter cluster to "build back safer". • Produce and distribute IEC materials (brochures, poster and video) on safe construction. • Conduct training for technical staff and field personnel on safe construction techniques and sustainable building material alternatives. • Organise shelter construction lesson learnt workshop to improve NS technical capacity in shelter sector. • Conduct training in target communities to improve understanding of quality of materials and best practice techniques for flood resistant shelter.

1.1 Detailed total achievement by end of April 2013:

- A total of 2,534 beneficiaries are enrolled for assistance in the owner-driven shelter programme: 1,890 in Sindh (Shikarpur and Kambar Shadad Kot districts) and 644 in Punjab (Muzaffargarh and Layyah¹⁰ districts). Tool kit distribution was completed in Sindh (1,890) and Punjab (644), reaching a total of 2,534 beneficiaries.

¹⁰ Only four sample shelters were constructed in Layyah.

- By end of April 2013, a total of 1,788 shelters and 911 latrines were completed in Sindh while in Punjab, 636 shelters and 340 latrines were completed. The completed figures include four sample shelters constructed in each province. All construction activities will be completed by mid-May.
- Pictorial brochures on construction (1,051 in Sindh and 644 in Punjab) were designed and translated into regional languages for information dissemination with field testing conducted to get feedback from communities. These were distributed during community trainings conducted for staff and volunteers. Training for technical staff and field personnel on safe construction techniques and sustainable building material alternatives was conducted in both Sindh and Punjab in the first quarter of 2012.
- Shelter construction training for beneficiaries was completed for all 1,890 beneficiaries in Sindh (58 trainings). In Punjab 19 trainings were conducted for 644 beneficiaries. Construction technique brochures were distributed during the trainings.
- A total of 559 completion certificates have been issued in Sindh province.



Shelter construction in progress, Shikarpur District, Sindh province. **Photo: IFRC**

1.2 Remaining activities to the end of the IRP:

Province	Shelters			Latrines		
	Complete	In progress	Total	Complete	In progress	Total
Sindh	1,788	102	1,890	911	525	1,436
Punjab	636	8	644	340	262	602
Total	2,424	110	2,534	1,251	787	2,038

- By the end of the IRP a total of 2,534 shelters and 2,038 latrines are expected to have been completed.
- The remaining 1,143 shelter completion certificates for Sindh are yet to be issued to beneficiaries while none have been issued in Punjab out of shelters completed by the end of March.
- M&E is a regular and integral part of the programme with six stages of confirmation (five for receiving an instalment and one for handing over a certificate of completion to each beneficiary).

1.3 Exit Strategy

- Beneficiaries' involvement in the shelter and latrine construction programmes concludes following completion of construction as beneficiaries take ownership and responsibility for their constructed shelters and latrines. As part of the IRP evaluation strategy, the shelter/construction unit will be part of the summative evaluation of the appeal to assess impact, with an independent review of the owner-driven shelter programme planned for the second quarter of 2013.

1.4 Challenges

- There is a difference between the originally planned number of shelters and the final expected outcome for shelter construction. In Sindh the assessed communities had fewer qualifying beneficiaries than was originally assessed in the VCA. Other organisations were also involved in the construction of shelters during the implementation period in the same communities initially targeted. As a result, the number of communities within the same union council was expanded (25 more communities) in order to reach more beneficiaries. This process delayed the integrated programming approach.
- In Punjab, the start of the construction was suspended for three months following the involvement of the branch court cases which resulted in freezing of the branch's accounts pending resolution. In the interest of continuing assistance to the flood affected families, the PRCS NHQ took over the responsibilities for the implementation of the IRP. NHQ staff was allocated to Multan and a new operational structure was set up in the field. When the new team took up responsibilities a re-verification process of the selected beneficiaries was necessary due to

reported irregularities. The number of shelter beneficiaries was thus reduced and the actual construction process started only in July 2012.

- Cash distribution by the general post office (GPO) is not efficient in both provinces which is affecting the pace of construction. The agreed instalment transfer time was seven days from Islamabad GPO to beneficiaries but in actually is taking a minimum of 11 to 30 days in Punjab. In Sindh the situation is worse as some installments took three months to process.
- The number of cash instalments (five) is extensive and contributed to delays in progress of construction, as the preparation of the cash instalments in many cases took longer than the actual time involved in construction.
- Shortage of good quality construction materials and skilled labour in project areas also affected implementation rates.
- The current human resources structure in the field teams, both within PRCS and IFRC is insufficient to fully monitor activities of this scale and nature. The lack of PRCS shelter counterparts contributed to delays at times when quick decisions were required and/or certain tasks needed to be accomplished simultaneously.
- In view of prevailing challenges outlined above it is expected that the shelter programme will be concluded at in May 2013.

2. Health

Recovery Health (IRP) – ongoing

Outcome: The immediate and medium-term health risks of targeted flood-affected communities are reduced.	
Outputs (expected results)	Activities planned
Increased capacity of PRCS to plan, respond and cope with health emergencies and challenges in times of recurrent disasters.	<ul style="list-style-type: none"> • Conduct health planning and review meetings with PRCS NHQ and branches. • Recruit and train field health staff on basic health unit (BHU) standard operation procedures and management. • Train across 5 branches: <ul style="list-style-type: none"> - 16 community based health and first aid (CBHFA) trainers, 160 coaches and 1,575 community volunteers. - Train 25 psychosocial support (PSS) trainers, 157 coaches and 959 community volunteers. • Carry out PS advocacy and critical incident stress management (CISM) workshops for PRCS core staff. • Provide capacity support to implement integrated health care activities. • Conduct coordination and field monitoring visits to project areas. • Carry out mid-term and end-term/impact evaluation at project level.
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.	<ul style="list-style-type: none"> • Set up BHU/mobile health unit (MHU) services. • Mobilise trained CBHFA and PSS volunteers to carry out community-based health promotion, first aid, epidemic control, nutrition and psychosocial support activities. • Form and train village health committee on first aid and engage them in community health/ PS activities. • Provide delivery kits to priority district health facilities in target districts. • Train community midwives/traditional birth attendants on maternal newborn and child health (MNCH) in collaboration with district health centres.

2.1 Detailed total achievement by end of March 2013:

Community health and care interventions in the recovery phase of the 2010 floods response were implemented in 23 districts covering a total of 43 Union Councils (UC) in the provinces of Sindh, Punjab, KP, GB and Balochistan, covering a total estimated 99,839 households (727,670 persons).

Coverage (BHU and CBHFA catchment areas)	Sindh	Punjab	KP	Balochistar	GB	Total
Districts	5	5	4	5	4	23
Union councils (UCs)	11	5	13	9	5	43
Villages	38		45	100	15	198
Overall households	26,322	14,825	32,860	17,846	7,986	99,839
Overall catchment population served	184,255	10,000	229,582	151,422	62,411	637,670

The list of 23 districts in five provinces is detailed in the table below with BHU, CBHFA and PS implemented in 13 districts; CBHFA and PSS components in five districts and only PRCS BHU component in six districts.

PROVINCE	DISTRICTS	HEALTH COMPONENTS
Sindh	Larkana	BHU/MHU, CBHFA, PS
	Shikarpur	MHU, CBHFA, PS
	Shadad Kot	MHU, CBHFA, PS
	Thatta	BHU, CBHFA, PS
	Jacobabad	BHU, CBHFA, PS
Punjab	Muzaffargarh	BHU, CBHFA, PS
	Layyah	BHU, CBHFA, PS
	Rajanpur	BHU
	Rahim Yar Khan	BHU
	Dera Ghazi Khan	BHU
KP	Swat	BHU, CBHFA, PS
	Kohistan	BHU, CBHFA, PS
	Charsada	BHU
	Shangla	CBHFA, PS
GB	Gilgit	BHU, CBHFA, PS
	Skardu	BHU, CBHFA, PS
	Ghizer	CBHFA, PS
	Diamer	CBHFA, PS
Balochistan	Jhal Magsi	BHU
	Sibi	BHU, CBHFA, PS
	Dera Murad Jamali	BHU
	Loralai	CBHFA, PS
	Jaffarabad	CBHFA, PS



Doctor checking a patient's blood pressure at Jacobabad BHU in Sindh Province. **Photo: IFRC**

Primary Health Care Services – BHUs/MHUs and MNCH Care Support

A total of 22 BHUs/ MHUs (19 BHUs and three MHUs) each provided an integrated package of primary health care services to a catchment population of 20,000. Each health team comprises male and female medical doctors, nurses; lady health volunteers (LHVs), male and female health educators, dispensers and extended programme for immunization (EPI) technicians.

Basic health care services availed to the target communities include a range of preventive and curative and health promotion services, such as outpatient consultations, reproductive health (includes antenatal, postnatal, household visits, deliveries and referrals), family planning, child growth monitoring, routine EPI, referrals, and health promotion/ education sessions. PRCS health teams operate in close coordination and collaboration with district health authorities.

	Target	Sindh	Punjab	KP	Balochistan	GB	Total
Basic health units	24	6	5	6	3	2	22
Patient Consultations 2011-2012*	-	182,584	25,778	57,800	95,240	33,775	393,810
Patient Consultations Jan-March 2013*	-	27,181	-	13,133	Report not yet received	8,798 *	49,112*
Reproductive Health Kits, Distribution	66	14	14	12	14	12	66
MNCH Training Support - Lady health workers/Lady health supervisors/Community midwives/Traditional birth attendants	575	-	-	50	-	-	50

* Partial Report. Consolidation of complete BHUs/ MHUs services Branches – on going

- The termination of support to nine BHUs (five in Punjab and four in Charsda district, KP) in June 2012 as per PRCS/ IFRC management decision reduced the total number to 13 BHUs/ MHUs to be supported until March 2013.
- Four PRCS BHUs are providing delivery services (Ghari Khairo BHU in Sindh, Kohistan BHU in KP, Jhal Magsi BHU and DM Jamali BHU in Balochistan).
- A total of 66 reproductive health kits were delivered to four branches. Local health coordination has initiated the list of recommended priority district health facilities to receive the kits. The increased allocation of reproductive health kits is to cover all 23 supported districts whereas in previous allocation, the kits were planned only for 18 districts with PRCS BHUs/MHUs services.
- A total of 13,200 clean home delivery kits for pregnant



Medicine dispensary at a Kohistan BHU in KP Province. **Photo: IFRC**

women were made available to 22 PRCS BHUs/ MHUs for issuance to pregnant women consulted for antenatal care.

- KP branch also supported the district health office in the conduct of updated training on MNCH, including family planning and nutrition for 47 lady health supervisor (LHS)/lady health volunteers (LHV) and three PRCS BHU staff.
- The Sindh branch was actively involved in mass measles vaccinations drive and catch-up campaign in response to a measles outbreak with reported deaths in Shikarpur, KSK and Jacobabad districts. Five health teams in the districts of Jacobabad, Larkana, Shikarpur and KSK worked with district health teams in carrying out the campaigns in nine UCs, 22 villages and 23 schools (in Larkana) and vaccinated a total of 16,711 children (50 per cent of the estimated 33,659 children targeted for vaccination from the age of nine months to ten years) from 31 December 2012 to 31 January 2013. Social mobilization and sessions on measles were supported by 44 coaches and 488 volunteers trained on CBHFA, reaching 3,832 individuals.

CBHFA and PSS

Implementation of the key CBHFA activities was completed by the end of March 2013. CBHFA sessions and community PSS activities were incorporated as part of MHU services with health educators trained as coaches for CBHFA/ PSS sessions. Health and hygiene sessions were organized in schools by health educators and staff of BHUs. Implementation of CBHFA activities is through developmental approach that requires community preparation to engage them in community health action. The implementation progress of different branches on CBHFA varies. GB and Balochistan branches which are not included in the IRP specific support delayed implementation in 2011 but were able to catch up to complete key activities beginning in mid-2012.

Summary Table: CBHFA and PSS Achievement as at end of March 2013.

	Target	Achieved
CBHFA coaches trained	160	160
CBHFA community volunteers trained	1,575	1,575
ECV and Nutrition Coaches trained	76	76
PSS Volunteer Coaches trained	157	157
PSS community volunteers trained	959	959
PSS Support for staff and volunteers Training	100	100
Village health committees formed	137	77
Village health committees trained on first aid	137	70
Long lasting insecticide treated nets (LLINs)	50,212	50,212
BP5 biscuit bars (units) distributed	82,896	82,896

- Approximately 70 per cent of trained CBHFA/ PSP coaches and volunteers are active and rendering health promotion, first aid care, referrals, PSS sessions and community PSS activities such as children's activities, sports and informal education for children.
- First aid bags, PSS kits, CBHFA household toolkits, vests, caps and T-shirts were allocated to volunteers.
- Meetings with coaches and volunteers were undertaken by CBHFA coordinators during field visits. In addition VHCs are involved in community health activities and hold regular meetings with CBHFA/ PSP coaches and volunteers.
- Community health activities initiated in line with malaria prevention and control campaign included the following:
 - Community fogging in three UCs of Swat district, KP in collaboration with the District Malaria Control Unit.
 - Distribution of LLINs in two districts in Balochistan, two IRP districts in Sindh and three districts in KP
 - Distribution of mosquito repellents in three districts in KP.
 - In Sindh, the distribution of LLINs was carried out with the inclusion of hygiene items such as soaps and buckets in collaboration with the WatSan team.
 - Follow-up on hanging up of nets will take place to households that received LLINs (scheduled in April/May 2013 in preparation for the malaria/dengue season).
- CBHFA volunteers in four districts in Sindh were actively involved in the polio and measles vaccination campaign in Sindh as social mobilizers and motivators.
- KP, Balochistan and GB were involved in campaign activities for World Health Day, Hand Washing Day, World AIDS Day and World Malaria Day celebrations in 2011 and 2012.
- First aid trainings were organized for members of village health committees (VHC). A total of 399 VHC members were trained in KP, Sindh and Balochistan from 39 villages.

- Planning meeting for the establishment of first aid (FA) posts in Shikarpur and KSK; construction of communal latrines in Larkana, Sindh.
- A total of 76, ECV and nutrition trainings for coaches were conducted in Sindh, GB and for volunteers in Sind, GB, and Balochistan.
- In Balochistan, 17 trained ECV and Nutrition coaches from Sibi and Loralai districts trained 49 volunteers who then carried out household nutrition screening and distributed BP5 to 412 pregnant/ lactating mothers and 1,945 children under five. Mosquito nets were distributed to 3,023 households. In Sindh, 48 trained coaches are currently in preparation for the training of CBHFA volunteers on ECV and Nutrition at village level in four districts.
- A total of 160 first aid kits for VHCs were dispatched to six branches (Punjab, AJK, Sindh, GB, KP and Balochistan. First aid kits will be issued to VHCs that have completed the first aid training as community first aid responders.
- In Sindh, volunteers trained in CBHFA, PSP and hygiene promoters/PHAST were organized as community health volunteers working in the same areas. All CBHFA volunteers and VHCs were provided basic PSP orientation.
- CBHFA and PSP coaches responded to 2012 flooding in Sindh, providing psychological support, first aid, evacuation, relief, and health/hygiene sessions to flood- affected families.
- The termination of health programming support to Punjab (five districts) and Charsada, KP has reduced the target villages to be covered, hence reduced the target of CBHFA/ PSP volunteers trainings and VHCs formation, as well as other CBHFA key activity targets. Likewise, Sindh Branch target was also reduced due to the exclusion of Sukkur and Khairpur districts.

Capacity Support for Health Implementation

- The IFRC health team continues to provide direct technical support to PRCS health teams at national and provincial headquarters. Meetings and field visits were conducted to ensure effective planning, implementation and monitoring of progress and facilitate actions. Technical guidelines for specific health programme components were developed to enhance implementation at different levels. The branch level health planning and budgeting exercises were undertaken with support from the PRCS health department headquarters.
- From the beginning of February 2013, a data encoder was recruited to consolidate and compile reports related to the appeal health response activities.
- A PSP coordinators' meeting was held in December 2012, providing a platform for NHQ to provide technical guidance, programme directions as well as monitor progress of health services, followed by a recent CBHFA Coordinators meeting 31 January - 2 February 2013.
- BHU assessment plan and questionnaires were developed for a planned joint IFRC/ PRCS field assessment in the 1st quarter of 2013 to cover all IFRC supported BHUs facilities in five provinces, approval from PRCS management is still on hold.

2.2 Remaining activities to the end of the IRP:

BHUs/MHUs

- The support for the minor renovation and provision of new furniture for the basic health services to BHU facility in Thatta District, Sindh will be completed. This is a government owned health facility.
- The renovation of Sindh medical/health store room located in Karachi will be supported to improve the proper stockpiling, records keeping and tracking of medicines, medical supplies and other health materials for appropriate usage.
- Training support for the district health personnel (lady health supervisors/ lady health workers/ community midwives) in KP and Balochistan will be carried out.

CBHFA

- CBHFA Training for coaches and volunteers:
 - In Sindh, the focus for training is for Thatta district.
 - In Balochistan, concentration is on Jaffarabad district which was badly affected by flooding in the last quarter of 2012 putting plans for CBHFA trainings on hold.
 - In GB, the focus is on the target villages in Gilgit and Diamer. Sectarian conflict in 2012 hampers the field movement of provincial headquarters staff; therefore community sensitisation, selection and training arrangements were postponed.
- In line with the epidemic prevention and control activities, distribution of LLINs in KP, Balochistan and Sindh was completed with the follow up on hanging up of nets in households being done in April/May 2013 by CBHFA coaches and volunteers – in preparation for the expected season of malaria/ dengue cases. Household visits for

nutrition screening of pregnant/ lactating and children under five years were started by CBHFA coaches/volunteers after the nutrition training and distribution of BP5 units. PRCS health team involvement in measles vaccination campaign activities with CBHFA volunteers will be supported until end of March 2013, in particular Sindh and Balochistan where measles outbreaks were reported in December 2012. Continuation of these activities has been proposed for inclusion under the Development Operational Plan for 2013.

- Formation of VHCs in Sindh in particular Thatta district; Gilgit district in GB; and Jaffarabad district in Balochistan. First aid training, and subsequently the issuance of first aid kits for VHCs is also scheduled in four branches.
- Refresher/ update training is planned for KP and GB CBHFA coaches.
- Support to community health initiative/ small scale health intervention for implementation with the community involvement is included in the first quarter plan for LTPF 2013. KP and Sindh provinces have started planning sessions with the VHCs to identify activities such as the improvement of drainage and garbage disposal, first aid posts; communal latrines and hand pump water systems. The completion and handover of the community health intervention support will be expected before the end of second quarter period.
- Trained CBHFA coaches and volunteers will continue to be mobilized to provide voluntary services to their respected villages as first aiders, health educators, and community organizers for health activities are expected to continue reporting to the district and provincial headquarters. Support for mobilization allowances for coaches and volunteers' meetings is provided in the budget until June 2013.

PSS

- Remaining PSS activities include the support for staff and volunteers training at branch level in four branches; the training of community volunteers in Balochistan and continuation of community PSS activities and sessions by PSP coaches and trained volunteers.
- PSP advocacy meetings in branches and refresher training for PSP coordinators are additional activities to be carried out according to the plan.
- Health evaluation, BHU assessment and production of a health documentary are other activities included in 2013 plan.

2.3 Exit Strategy

- Official communication to the DCO and local health authorities regarding the phasing out of PRCS/IFRC health funding support, and meeting to determine the plan to sustain the continuity of health services initiated by PRCS.
- Meeting with district health regarding the preparations for the hand over of BHU equipment/medicines, to include the reproductive health kits with recommended list of priority health facilities for proper documentation.
- Coordination with PNSs and other health partners working in the same areas/districts to explore continuity of support.
- Community/VHC meeting for to plan sustaining VHCs and supporting the continuity of activities of CBHFA/ PSS volunteers.
- Meeting with the district health/ PPHI to link the existing CBHFA coaches/ volunteers services to Lady Health Workers (LHW) programme implemented in the same areas.
- Meeting of coaches and volunteers and VHCs with district regarding sustainability planning and integration to PRCS district unit.
- CBHFA volunteers and village health committees to link with Integrated Community Based Risk Reduction (ICBRR) programme under the Long Term Planning Framework for continuity– CBHFA/BHU/DRR link.
- To continue the support for core health/ PSS technical staff, CBHFA and PSS coaches until June for field monitoring visits, follow up reports from coaches and volunteers and internal/external meetings.
- Handover of resources and responsibilities to district PRCS, district health and communities.
- An independent review of the health programme is planned for the second quarter of 2013.

2.4 Challenges

- Due to late implementation of CBHFA/ PSP activities original targets were not fully achieved by the end of March 2013. This includes implementation support of small scale interventions in villages, the completion of trainings of ECV and nutrition for all CBHFA volunteers. Continuation of support under the Long Term Planning Framework plan has been proposed.
- The CBHFA household survey (baseline and end line) could not be carried out due to the lack of capacity and readiness of PRCS national headquarters health to lead the process. It is recommended that this process be carried over into the Long Term Planning Framework programme support.
- Incomplete and irregular receipt of reports from the provinces to NHQ, and from NHQ PRCS is affecting ability to monitor, track, report and proactively provide informed management support to the health activities supported by IFRC.

3. Water and Sanitation

Recovery water and sanitation (IRP) – ongoing

Outcome: Reduced risks from water and sanitation-related diseases in targeted floods-affected communities in KP, Punjab and Sindh provinces.

Outputs (expected results)	Activities planned
Increased access to safe drinking water for up to 15,000 families.	<ul style="list-style-type: none"> Rehabilitate 12 water supply schemes. Provision of 8,500 household water filters. Installation of 135 hand pumps. Formation of 40 village construction committees. Training 101 village maintenance care takers.
Increased access to appropriate and improved sanitation facilities for 4,500 affected families.	<ul style="list-style-type: none"> Provide construction materials for 3,220 latrines including space for bathing. Support the beneficiaries in the construction of latrines by provision of skilled labour, linking with the PHAST implementation. Monitoring and supervision of the construction activities.
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.	<ul style="list-style-type: none"> Train 180 volunteers and 30 staff members to conduct PHAST in the communities. Forming PHAST and CHAST groups covering all 39 communities targeted under IRP. Distribute 15,000 solid waste containers to aid the necessary good behaviours among the communities. Distribute 15,000 hand washing soap to promote proper hygiene behaviour. Conduct PHAST sessions in the selected communities. Train volunteer teachers and staff to conduct CHAST in schools of the affected areas.

3.1 Detailed total achievement by end of April 2013:

Hygiene promotion items distributed				
Item distributed (IRP)	Sindh	Punjab	KP	Total
Hand washing soap	74148	60,828	89,500	224,476
Buckets	1,830	3,776	3,981	9,587
Waste bins	1,830	3,776	3,981	9,587
CHAST bags	330	400	To be done by end of May 2013	730
Item distributed (Floods 2012)				
Hand washing soap ¹¹	33,600	-	-	33,600

Safe water supply				
Activity	Sindh	Punjab	KP	Total achieved
	Achieved	Achieved	Achieved	
Water supply schemes	-	-	11	11 ¹²
Hand pump installation	30	105	-	135
Individual/household water filters		-		8,500 ¹³
Village maintenance care takers trained	16	50	34	100
Improved sanitation activities				

¹¹ Soap was distributed only in Sindh as provincial warehouse had remaining stocks from a previous operation.

¹² Remaining water supply scheme in Shangla is almost complete (90%)

¹³ Procured and dispatched to PRCS warehouses as disaster preparedness stock.

Latrines constructed	504	742	1,965	3,211
Labour provision	500	742	1,795	3,037
Hygiene promotion activities conducted				
PHAST groups formed	51	20	33	104
PHAST sessions	867	340	648	1,855
PHAST volunteers trained	64	22	22	108
PHAST staff trained	7	10	8	25
CHAST groups formed	8	7	9	24
CHAST training sessions	96	84	6	186
CHAST volunteers trained	26	3	1	30
CHAST staff trained	13	3	2	18
CHAST teachers trained	8	7	9	24

A follow-up Knowledge Attitudes and Practices (KAP) survey, in addition to technical assessments of the latrine and hand-pumps construction have been completed and data analysis is ongoing.

3.2 Remaining activities to the end of the IRP:

- Installation of three water schemes (two in Shangla and one in Kohistan) is in progress and will be completed by the end of April 2013.
- Distribution of CHAST bags in KP.
- Assessment of the water supply schemes, along with a review of the PHAST process in the three different provinces is planned for the second quarter of 2013.

3.3 Exit Strategy

PHAST is aimed as an initiative which is owned by the community. Once the process has been completed it is expected that the communities is empowered with the necessary skills and tools will continue these kinds of exercises. Water committees within communities are responsible for the maintenance of WatSan facilities. Caretakers will be trained in repair and maintenance of hand pumps, water supply schemes and minor latrine repairs.

3.4 Challenges

- Initial assessments did not give an accurate picture of the communities and their needs, affecting ability to meet initially planned targets.
- Implementation in one district in Punjab had to be cancelled because of irregularities in the selection of beneficiaries. Secondly, due to delay in starting the programme in Punjab, the targets had to be reduced. As a result of the inaccurate initial assessment, a complete re-verification of the beneficiaries was required.
- The planned number of water supply schemes in KP was reduced from 25 down to 12 due to time constraints. Initial surveys and designs had to be redone due to measurement errors, impacting the ability to meet the original target numbers by end of March 2013.
- Most of the CHAST sessions for KP did not take place as approval had not been received from the education authorities.



The PHAST sessions are on going in Muzaffargarh (Punjab) led by PHAST trained teams. A total of 14 male and female groups have been formed and active participation is encouraged. **Photos: PRCS**

4. Livelihoods

Recovery livelihoods (IRP) – ongoing

Outcome: Flood affected families regain their economic and food security through livelihoods recovery initiatives provided by PRCS.

Outputs (expected results)

Flood affected families re-establish their livelihoods and regain sustainable economic security through provision of cash grants.

Activities planned

- Village committees select potential beneficiaries for cash grant.
- PRCS/IFRC assists potential beneficiaries to prepare business proposal based on the capacities and feasibility for household cash grant.
- Training selected beneficiaries on developing Income Generating Activities (IGA).¹⁴
- Disburse first and second cash grants instalment to selected beneficiaries
- Monitoring usage of cash grants on Income Generating Activities (IGA).

4.1 Detailed total achievement by end of April 2013:

- A total of 12,140 beneficiaries were identified by village committees as potential beneficiaries for the IGA programme. After a screening process and additional programme establishment steps a total of 5,623 potential beneficiaries were found to meet the programme criteria.
- A total of 4,878 people were trained in the development of small scale business plans, and were assisted to prepare their business proposals (1,274 in KP, 1,268 in Punjab and, 2,336 in Sindh). Of these a total of 4,412 beneficiaries received cash grant installments.
- A total of 4,401 (KP-1,228, Sindh-2,336, Punjab-837) beneficiaries have been monitored on the usage of their cash grants within agreed terms and conditions. This is 99 per cent of the total reached beneficiaries i.e. 4,412.



Fruit and vegetable shop – One of the livelihoods projects supported through cash grants in Sindh province. **Photo: IFRC**

¹⁴ Income Generation Activities

- Immediate Impact and monitoring review was undertaken in the first quarter of 2012 with the draft final report under review. Additionally a lessons learning review of the 'cash grant for IGA programme' was held on 1 and 2 April 2013.
- The outcome of targeted families regaining economic and food security through this livelihood initiative are measured by a range of indicators, including, target of 75 per cent of beneficiaries utilising the cash grant for IGA. Based on the impact review, a continued engagement in the chosen business field was found with 97 per cent of respondents still sustaining their IGA as proposed under the business pledge agreement

4.2 Remaining activities to the end of the IRP:

- Document data entry and archiving to be completed.
- Impact monitoring and lessons identified reports to be finalised.

4.3 Exit Strategy

For the beneficiaries their involvement in the 'Cash Grant for IGA programme' concludes after disbursement of the cash grant and post-distribution monitoring. On utilisation of the cash grant, the beneficiary takes full ownership and responsibility for their business/IGA.

As part of the IRP evaluation strategy, the livelihoods unit has conducted an internal review to determine the programmes immediate impact at the household level, indirect benefits for the community and lessons identified. This review also details the programme history and timeline, and analyses the cash transfer mechanism. The outcomes of this review will be documented into a final report, which forms part of the wider IRP evaluation strategy.

4.4 Challenges

The programme has faced the same over-arching issues as experienced in other programmes such as shelter. Delays in planning and implementation start on the ground resulted in the need for adjustments to be made as other actors had already provided assistance, and to a lesser extent re-verification of beneficiaries was required due to initial identified needs not matching VCA results.

Additionally, some beneficiaries selected for the livelihoods programme in Shangla district (KP) were found to be ineligible in mid-2012 and a retraining/reorientation was conducted for the livelihoods sub-committee under the village executive committee (responsible for beneficiary selection). In Punjab inclusion errors were discovered in the beneficiary lists proposed for inclusion in the programme through routine verification exercises, which resulted in the recommendation for a full re-verification of all beneficiaries within the specific region to be undertaken. These delays added to the slowed timeframe due to the takeover of the implementation from the PRCS provincial headquarter by the PRCS national headquarters, leading to the decision to halt working with the village committees in Layyah and Muzaffargarh districts of Punjab province only.

Field GPOs have limited funds causing issues in achieving the set targets in due time. As a result of the delays in actual receipt of the grants by beneficiaries, the target set for the month to monitor the cash usage could not be achieved. As per guide lines of monitoring IGA cash grants, livelihoods team conduct monitoring of cash utilization after 14 days of money order disbursement.

5. Disaster Preparedness(DP) and Disaster Risk Reduction (DRR)

DP and DRR recovery activities (IRP) – ongoing

<ul style="list-style-type: none"> • Outcome: Increased resilience of individuals and communities reducing their vulnerability to recurrent disasters. 	
Outputs (expected results)	Activities planned
PRCS's capacity increased to carry out disaster risk reduction (DRR) preparedness and response actions.	<ul style="list-style-type: none"> • Conduct integrated recovery programme orientation workshops in Sindh, Punjab and KP provinces. • Conduct social mobilization training for volunteers. • Conduct lessons learnt workshop for the floods operation.¹⁵ • Organize bi-annual programme review meeting at national head quarters level

¹⁵ The lessons learnt workshop was merged into the PRCS Mega Disasters of Pakistan National Conference in May 2011.

<p>Increased access to appropriate and improved sanitation facilities for 5,000 affected families.</p>	<ul style="list-style-type: none"> • Conduct Vulnerability capacity assessment (VCA) in targeted areas. • Identify vulnerable communities in floods affected areas of KP, Punjab and Sindh provinces. • Mobilise communities and establish village committees in the six districts. • Conduct recovery programme orientation (including beneficiary selection criteria), and community based disaster risk reduction (CBDRR) trainings for village committees. • Develop consolidated community action plans in consultation with Village Committees. • Carry out DRR awareness campaign at school and community level (including IEC material). • Conduct simulations of risk reduction plans and ensure revision of these plans. • Develop village disaster risk management plans (VDRMPs) in consonance with local government plans.
<p>Targeted floods-affected communities in Khyber Pakhtunkhwa (KP), Punjab and Sindh Provinces have taken mitigation measures to lessen the adverse impact future disasters.</p>	<ul style="list-style-type: none"> • Support the village organisations/village committees (VO/VC's) in communities to identify Micro Mitigation Projects (MMP's). • Provide technical support for the feasibility study of identified MMPs. • Support VOs/VCs in Joint bank Account opening. • Support VOs/VC's in implementation of MMPs.

5.1 Detailed total achievement by end of March 2013:

- IRP orientation workshops were completed in June and July 2011.
- Social mobilization trainings for volunteers were completed in July and August 2011.
- VCA assessment was completed in December 2010 and January 2011. Identification of vulnerable communities in flood affected communities was completed in February 2011.
- Village committees were established from August-October 2011.
- Bi-annual programme review were conducted in January 2012 and at the end of 2012.
- All six planned CBDRR trainings in Sindh and four in KP IRP areas were conducted successfully by May 2012. Four CBDRR trainings were planned in Punjab but were not conducted due to suspension of the activities in the province.
- Community action plans were not developed due to urgency to initiate programme activities, whereby sector specific action plans were developed, with a coordinated management approach.

• DRR campaigns:

A number of activities were conducted in the DRR campaign in order to target the different segment of the target communities. These included a launching ceremony involving stakeholders, community awareness sessions on CBDRR for general community groups and sessions for school children through different games. The communities were informed of the campaign through local and provincial newspapers and local cable TV. In addition, the banners and posters are also being used for dissemination of DRR messages.

The main DRR activities include:

- Hazard and vulnerability mapping and evacuation route mapping: Helping communities in developing their hazard and vulnerability maps and then identifying safe heavens in case of disasters also marking the evacuation route to the safe areas.
- Evacuation drill: During the drill, the community maps will be displayed and an evacuation plan will be prepared for each village and mock exercise will also be conducted to analyse the gaps.

The district branch lead the activity under the supervision of provincial headquarters and technical support of IFRC with direct beneficiaries participating; however, all other members of communities are indirect beneficiaries. In the beginning of IRP, DRR activities were started in Punjab and after community mobilization, VCs were formed, but later on a decision was taken by PRCS national headquarters to stop DRR activities and continue IRP implementation without involving VCs due to a number of implementation challenges.

DRR campaign materials and medium were finalized in two steps. In step one different mediums were short listed in consultation with the communication and BCA teams. The criterion was to select multiple mediums to access

all segments of society and different interest groups. These shortlisted mediums included radio programmes, community awareness sessions, schools awareness sessions, community and school level games with DRR messages, organizing supports galas or tournaments with DRR messages, wall chalking, DRR kits for school children, street theatre, DRR walks, evacuation drills etc. These shortlisted mediums were shared with the field teams (provincial headquarters, hubs and districts) in a national level consultation to select the campaign mediums for each province keeping in view the socio-cultural context of the communities. In step two the campaign material development process was started for the selected mediums. All IRP sectors were requested to share the risk reduction messages related to their respective sectors to be part of DRR campaign material. Although the response from the technical sectors was not as extensive as expected, the material for each medium was developed and distributed to the field offices.

DRR activities included:

- **Tournaments:** Different matches were organized separately for males and females. The key DRR messages were communicated during the tournaments via announcements and banners displayed.
- **Community awareness sessions:** Exclusive community sessions were conducted and the DRR messages were communicated to the participants through a pictorial kit, group discussion and snakes and ladder game with DRR messages.
- **School awareness sessions:** The school sessions were conducted in schools and the students were told about the disasters and the precautionary measures children needs to take during the disaster. School DRR kits were also distributed among the

Orientation sessions for DRR campaign were conducted for volunteers in KSK and Shikarpur (Sindh) on 3 January 2013. The DRR campaign was launched in KSK on 19 January and in Shikarpur on the 24 January 2013. Under the campaign, tournaments were conducted in KSK from 24-26 January (cricket for males and snake and ladders for females). In KP, an orientation session for volunteers was conducted in Shangla along with a cricket tournament and ten school sessions. Other campaign activities in KP are postponed due to unavailability of the DM manager, likely to be resumed once Micro Mitigation Projects (MMPs) implementation on track.

• ***Village disaster management plans (VDRMPs):***

- Simulation exercises were completed in KP by the end of March 2013.
- However, these will not be implemented in Sindh and were cancelled in February 2012 for Punjab,

• ***MMPs:***

- The identification process of MMPs started with the community based disaster risk reduction (CBDRR) trainings organized for VC members, which were formed in the targeted communities after the community mobilization. At the end of CBDRR trainings communities through their VCs prepared village disaster risk management plans (VDRMPs). In VDRMPs communities identified their prevailing risks through different tools like mapping, and after prioritization of risks communities suggested the possible measures to lessen or avert the risks.
- KP micro mitigation projects (MMPs) were identified in June 2012; through feasibility studies, with 13 project proposals prepared and six projects approved for implementation. Out of six MMPs in KP (four in Kohistan, two in Shangla), work has started at five sites. Work on one remaining MMP (Goshali Hydro Project) in Kohistan will commence after the procurement of a water-turbine which is already in progress.
 - In Sindh unfortunately MMPs could not be implemented due to delays in initiation by the provincial headquarters.
 - In Punjab, activities related to village committees were cancelled in February 2012 as it was discovered that the village committees had not been set up and were not functioning in accordance with the standard operating procedures. The PRCS NHQ subsequently took over the responsibility of the provincial branches and related implementation.
- The initial plan was to implement MMPs through VCs, transferring MMP funds to VCs joint bank accounts. To build the capacities of VCs to implement the MMPs, trainings on project management, finance management and record keeping were organized. However, due to time constraints and organizational limitations in fund transfer to VCs, projects are being implemented by PRCS/IFRC with the involvement of VCs for monitoring, and communities are contributing in the form of unskilled labour and locally available materials. Procurement of material is being done through the IFRC procurement department.

DRR campaigns:

Province	District	Union Council	Villages
Sindh	Kambar Shahdat Kot	Gaji Khuawar	Gaji Khuawar, Bhan
	Kambar Shahdat Kot	Qubo Saeed Khan	Kot Shah Baig, Syed Mohalla
	Shikarpur	Raheemabad	K. B. Allah Baksh, Nazirabad
	Shikarpur	Zarkhail	Haji Jhangi Khan, Nawab Khan Barohi
KP	Shangla	Shahpur	Shahpur, Nawakalay
		Kuzkana	Serai, Chelai
	Kohistan	Goshali	Goshali, Bak
		Thothi	Nutbel cum Saleech, Thoti cum, Usheel, Eleel, Kotgal

• **The six MMPs in KP are detailed below:**

MMP Project name	District	Direct Beneficiaries	Indirect beneficiaries /Other benefits
Rehabilitation and pavement of Landi link road	Shangla	1,200 households (8,400 people)	Resident of other villages using this road.
Rehabilitation of Borshat suspension bridge and pavement of bridge path	Shangla	900 households (6,300 people)	Resident of other villages using this bridge.
Rehabilitation of Aleel irrigation channel	Kohistan	750 households (5,250 people)	1,000 kanal agriculture land, water mill and hydro project can be installed.
Thothi Suspension bridge	Kohistan	4,000 households (28,000 people)	Resident of other villages using this bridge.
Rehabilitation of Kotgal irrigation channel	Kohistan	30 households (210 people)	1000 kanal agriculture land, water mill and hydro project can be installed.
Up-gradation of micro hydro power project in Goshali	Kohistan	200 households (1,400 people)	

5.2 Remaining activities to the end of the IRP:

- Completion of six MMPs in Shangla and Kohistan, KP.
- Complete the remaining activities of DRR campaign in Shangla and Kohistan, KP.
- Complete the ongoing DRR campaign activities in KSK and Shikarpur, Sindh.
- Continue monitoring and documentation of DRR activities.
- As part of the overall IRP evaluation strategy the DRR unit is currently conducting an independent review of the effectiveness and impact of the Village Committees system employed within the IRP.

5.3 Exit Strategy

- Village committees have been strengthened with project development, management, record keeping and financial management skills in order to carry forward capacity building initiatives.
- Village committees networking with the local government and other stakeholders are in process.
- Village committees have been orientated on registration process of community based organisation (CBO) or citizen community boards (CCBs) and others who are interested are being facilitated to be registered with the District Social Welfare Department.
- It is intended that PRCS district branches will continue follow-up with the IRP village committees to seek project funding from the government and other stakeholders for their respective villages.
- PRCS DM staff has improved technical skills due to increased field deployments and support of IFRC technical staff.

5.4 Challenges

- By the first week of December 2012 it was realised that Sindh would be unable to meet its revised targets, coupled with time constraints, lead to the decision to cancel the MMPs for Sindh. MMP identification process started in Sindh with the CBDRR trainings being conducted and VDRMPs under process, while capacity building trainings were also organized for VCs. Due to HR issues (provincial DM team priorities and non-

extension of six DM field staff (recovery coordinator, social mobilizers and DMOs), these VDRMPs could not be developed in time. In November 2012 the issues were again discussed and agreed with the provincial headquarters was reached to revise the MMPs target down to six and implement these projects by March 2013. Unfortunately insufficient progress had been made by December and a decision had to be made to cancel the projects in this area.

- The number of MMPs expected to be finally implemented is reduced from originally planned, partially due to the intense time required with the communities for the above process in a 'development mode' which affected the village committees as they did not have sufficient time to go through the necessary steps for MMP implementation.
- The communities were identified through vulnerability and capacity assessment (VCA) in 15 districts identified by the PRCS provincial headquarters in all three provinces. The VCA exercise was conducted in December 2010 – January 2011 just after relief phase of 2010 Flood. Initially it was planned to have a campaign in all 39 revenue communities of IRP (ten in KP, 15 in Punjab and 14 in Sindh). Due to the implementation problems and irregularities in the selection process of beneficiaries alluded to in the above sections, involving a number of the appointed village committees, a joint decision was made by PRCS and IFRC in April 2012 to cancel the DRR activities in Punjab.

6. Beneficiary Communications and Accountability (BCA)

Beneficiary communications - relief and recovery - ongoing

Outcome: Improved lives of those affected by the floods through the provision of timely, relevant and accurate information.	
Outputs (expected results)	Activities planned
Developed mechanism and system that allow the IFRC/PRCS to effectively communicate with disaster-affected community members in Pakistan.	<ul style="list-style-type: none"> • 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. • Develop IFRC/PRCS print materials to allow more efficient layout, distribution and expansion of readers for specific sector needs. • Develop radio shows to communicate to flood affected beneficiaries.
An environment for transparency and accountability between flood-affected communities and the PRCS/IFRC is in place.	<ul style="list-style-type: none"> • Establish and provide two-way communication services to allow feedback through radio broadcast. • Establish and provide two-way communication services to allow feedback through print material. • Carry out monitoring field visits to the affected communities.
Necessary infrastructure and guidelines to sustain the delivery of BCA interventions within the PRCS/IFRC structure is in place.	<ul style="list-style-type: none"> • Develop standardised job descriptions and SOPs. • Disseminate BCA tools and objectives to PRCS and other internal stakeholders via video documentary. • PRCS staff members and volunteers are trained on all aspects of BCA at provincial level. • Conduct a BCA mentorship programme for volunteer to improve their capacity. • 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.¹⁶
To increase the accountability of the PRCS at the National and Provincial level in handling complaints on their humanitarian interventions.	<ul style="list-style-type: none"> • Facilitate the provision of guidelines to PRCS on dealing with complaints concerning quality, quantity and accountability of their work. • Provide technical support in the development of PRCS TOR for the complaints mechanism and defining the role of the complaints committee. • 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. • Carry out community orientation/awareness sessions on how the feedback

¹⁶ This activity will not be implemented as the personnel structure of the BCA unit has changed, impacting upon roles and responsibilities.

	<p>mechanism works.</p> <ul style="list-style-type: none"> • Provide technical support in the production of radio programmes that include segments that increase understanding of accountability with in the RC/RC Movement and the community. • Develop and roll-out a database to PRCS NHQ that assists in the management of data on complaints.
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6.1 Detailed total achievement by end of March 2013:

- A beneficiary communications and accountability (BCA) programme was set-up in September 2010. A pilot of 13 radio shows on Pakistan Radio Station FM 101 and seven TV talk shows on Pakistan Television Network were aired in 2010-11, covering topics related to health, shelter, livelihoods, WatSan and DM. Also a documentary on BCA activities in PRCS Pakistan was produced. The pilot was successfully concluded in March 2011.
- Team formation, SOPs and guidelines for the BCA support activities were established in 2011. In May 2011 an integration process enabling the PRCS to fully takeover the BCA activities was initiated. The BCA delegate's mission ended in July 2012 and local BCA staff is embedded in the PRCS.
- Community volunteers, three provincial officers and three national headquarters officers were trained in BCA modalities by the PRCS/IFRC national headquarters in April 2011.
- The set-up of SMS system to increase two-way communication with beneficiaries is still in process having faced delays in obtaining approvals and agreements with various telecommunications providers and authorities in the country. The issue is under discussion by PRCS/IFRC management with the service provider.
- BCA staff actively supported beneficiary re-verification exercises at the onset of the IRP, and provided substantial support for the extensive re-verification exercises in Punjab province.
- In Sindh, a total 275 awareness sessions have been conducted (175 KSK and 100 Shikarpur), and 4,015 feedback has been collected during awareness sessions and through suggestion boxes.
- In Punjab (Muzaffargarh) the BCA officer mainly focused on sector collaboration with WatSan and shelter.
 - For WatSan 5,764 posters were distributed among seven schools, whereas 644 shelter beneficiaries were informed face to face or via calls regarding money order collection from the post office.
 - A total of 76 awareness sessions were conducted in Muzaffargarh (Punjab), with feedback from 1,300 people collected and responded to.
 - The BCA officer also monitored and visited the post-office outlets during money order collection for the Shelter and IGA programmes.
- In KP 65 awareness sessions were conducted (35 in Kohistan and 30 in Shangla).
 - The Punjab officer also assisted the IFRC communication team in conducting interviews with livelihoods beneficiaries.
 - In KP 600 comments were collected via suggestion boxes. Follow up is in process.
- A consolidation tool was developed along with guidance for the completion by the branches, to enhance beneficiary feedback and handling tracking. Analyses on the updated information on beneficiary feedback can be undertaken once received from the 3 provinces implementing the IRP.
- Six notice boards in Sindh and seven in Punjab (Muzaffargarh) were installed in January reaching a total number of 56 (of 67 initially planned) : Punjab 15/15, Sindh 29/40, and KP 12/12). These provide information on PRCS programmes; items provided; village committee members; beneficiary lists; and contact information to provide feedback.
- Suggestion boxes accompanying the boards and are managed by the BCA provincial officer, who provides confidential follow-up in consultation with the PRCS provincial management.
- A card communications system (including postage) is being implemented as an additional confidential feedback mechanism for the IRP assisted areas (1,000 in Sindh and 1,000 in KP); with 315 having been received back at NHQ level to date. Followed up is being provided in consultation with PRCS NHQ management.



BCA officer recording beneficiary feedback on PRCS services in Sindh Province. Photo: PRCS

- A complaints handling cell (CHC) telephone system is operated at the PRCS national headquarters level, receiving direct feedback, with BCA officers following up on investigations as necessary and in consultation with PRCS NHQ management.

6.2 Remaining activities to the end of the IRP:

- Development and management of database for feedback mechanism.
- Enhancement of documentation system for BCA.
- Ensure beneficiary feedback from suggestion boxes, face to face interviews and other mediums is attended to and necessary action taken.
- Updating sector based information and awareness material on community notice boards as applicable.
- Community awareness sessions on BCA mechanism/ activities and IRP phase out.
- Facilitation and compilation of case studies and success stories.
- As part of the IRP overall evaluation strategy, a review of the BCA programme is planned for the second quarter of 2013.
- Support and participation in IRP end line assessment.

6.3 Exit strategy

- The PRCS and IFRC logos on the community notice boards will be removed before the boards are handed over to the communities, as so can be utilised for general community activities and purposes. Consent forms will be signed by the village community agreeing to utilize the boards after the IRP for community meetings and updates.
- PRCS PHQ landline numbers will be shared with the community for future assistance and feedback.

6.4 Challenges

- Suspension of radio programme in local languages impacted the ability reach out to remote and isolated rural communities.
- Consolidated templates or software for feedback tracking sheets for beneficiary feedback and follow-up were not in place and therefore not used by the field teams in the beginning of the programme impacting upon ability for effective record keeping and follow-up. Due to several reasons, monitoring and mentoring support visits by NHQ BCA team members to the three field operational areas, as well as regular BCA review and planning meetings with all the BCA programme staff at NHQ, PHQ and the villages, were not able to be conducted on a regular basis.
- The transition of the BCA management from IFRC to PRCS presented some adjustment challenges for the effective running of the BCA programme.

7. 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 ¹⁷ and WPNS ¹⁸ and consistent with PRCS longer-term development strategies.		
Outputs (expected results)	Activities planned	Achieved
PRCS district branch structure is strengthened to carry out integrated recovery activities in target provinces.	<ul style="list-style-type: none"> • 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. • Secure, furnish and equip offices in four target districts. • District branch leadership coordinate and monitor service delivery and development activities. • District executive committee hold quarterly meetings • Scoping visits in three provinces by IFRC technical support and PRCS OD staff. • Conduct branch development orientation workshops in three targeted provinces. • Facilitate branch development needs assessment and development of BD plans in targeted districts. • PRCS PHQs in two provinces organise District Capacities mapping in every district, with IFRC technical support. 	

¹⁷ CWFNS; Characteristics of a Well-Functioning National Society

¹⁸ WPNS; Well-Prepared National Society

	<ul style="list-style-type: none"> • 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. • Support visits and targeted capacity-development activities in districts.
<p>PRCS national level OD support contributes to strengthened district and provincial branch structure.</p>	<ul style="list-style-type: none"> • PRCS OD with IFRC support organises and facilitate branch development orientation workshop at national level. • PRCS convene two OD Working Group meetings with IFRC technical and coaching support. • PRCS OD with IFRC support organise lessons learned activity and document output. • Organise translation and publication of training and reference materials. • PRCS HR department organise and conduct HR training for staff at NHQ and PHQ level. • PRCS marketing and fundraising department organise and conduct training for provincial staff. • PRCS marketing and fundraising departments with provincial leadership facilitate exchange visits for resource mobilisation. • PRCS marketing and fundraising departments facilitate organisation of a skill share workshop. • PRCS communications department organise and facilitate training for PHQ in communications. • PRCS marketing and fundraising departments facilitate and provide coaching for branch fundraising events, with IFRC tech support.
<p>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.</p>	<ul style="list-style-type: none"> • PRCS recruit youth and volunteer (Y&V) staff for district support.(Two in Sindh, two in Punjab, one in KP) • Y&V department, provincial and district managers support district youth conventions in three provinces. • Y&V staff members participate in international development activities. • PRCS Y&V department manage volunteer database maintenance. • PRCS Y&V with provincial managers organise and conduct volunteer induction training. • PRCS Y&V department and NHQ secure volunteer insurance cover. • PRCS Y&V provincial and 'flying' staff facilitates and coach setting-up youth and junior clubs in schools and colleges. • Y&V department and provincial leadership coordinate interprovincial youth exchange visits. • Y&V department carry out monitoring and evaluation of Y&V activities.

7.1 Detailed total achievement by end of March 2013:

- At the end of 2011 the renovation of the office in Sindh as well as the furnishing and equipping of offices in four districts in Sindh was completed.
- In late 2011, branch development orientation workshops for KP and Sindh were organised with Punjab on hold due to the earlier suspension of the branch. In the first quarter of 2012 with the completion of capacity mapping exercise¹⁹ for KP and Sindh branches, KP province draft Branch Development (BD) planning documents were approved by the KP managing body in September 2012. These documents have been circulated to Movement partners for feedback.
- District executive committee quarterly meetings are being held in KP but not yet in the other provinces as the necessary district structures are not in place.
- Progress towards the strengthening of finance management at district level in KP and Sindh has been achieved through the agreement on standardisation and dissemination of relevant (existing) finance procedures to all districts, and commitment of districts to develop their capacity to adhere to minimum finance management mechanisms and procedures.
- Accident insurance for active PRCS volunteers was finalised in March 2012 and in February 2013.

¹⁹ Providing a detailed picture of the district-level capacities and gaps across various areas including programming, human resource and structure.

- Youth as agent for behavioural change (YABC) peer education training initially planned for the third quarter of 2012 was completed in January 2013.

7.2 Remaining activities to the end of the IRP:

- PRCS Marketing and fundraising activities are not implemented yet due to ongoing restructuring of the department (recruitment of new and trained fundraising staff to head the department was completed at national headquarters last year). Fundraising needs assessment and recruitment of trained officers for two selected provinces (KP and Sindh) is planned for the first quarter of 2013.
- A National OD working group meeting is planned for the second quarter of 2013.
- Recruitment of youth and volunteer officers at selected PRCS provincial offices completed in Sindh. Updated plans regarding the other provinces are awaited from PRCS.
- Formation of youth committees has been rescheduled to 2nd or 3rd quarter of 2013.
- Activities related to start-up of new Youth and Junior Red Cross Red Crescent clubs are on-going and will be completed in 2013.

7.3 Exit Strategy

- Recruitment of new PRCS deputy director OD at NHQ completed in March 2013. This will facilitate follow-up, completion of remaining PRCS capacity building activities and IRP exit.
- As part of the overall IRP evaluation strategy, a review of the OD/BD component is planned for the second quarter of 2013 to determine the impact of the branch development and capacity building support through the implementation of the IRP. Recommendation from the review will also determine how ongoing and remaining OD/BD activities will be incorporated in the Long Term Planning Framework for Pakistan.

7.4 Challenges

The major challenges for OD are:

- Adequate staffing and management of the supported branches and their sustainability.
- The introduction of the new NHQ staff to the RC/RC concepts of a well-functioning NS and well-functioning branches.
- The development of a clear view of the PRCS Management on OD support at NHQ level.
- Branch development activities and capacity building at provincial branches.

8. Floods 2012 Response

PRCS disaster response to the 2012 floods began with assessment and relief distributions at district level soon after the first monsoon rains and interventions included provision of the major identified needs: food, NFIs, safe drinking water and healthcare services in the affected areas.

PRCS initially planned to assist 7,500 families (52,500 people) in the three provinces of Sindh, Punjab and Balochistan, with food, non-food items (NFIs) including emergency shelter, safe drinking water, and health and care services. In view of the continued critical needs by the large number of flood affected populations the food assistance component was first raised to 27,700 and subsequently to 30,218 households (211,526 people), with 20,000 of these families being supported by IFRC. Nearly 100 PRCS volunteers at any given time on a rotation basis were involved in all aspects of the floods response from an available pool of 1,137 active volunteers in the affected districts, many of whom had previous experience from the 2010 and 2011 floods operations.

The Floods 2012 operation was closed on 31 January 2013.

Progress towards outcomes

Summary of the Assistance provided by PRCS²⁰ up to 31 January 2013

Items ²¹	Sindh	Punjab	Balochistan	AJK ²²	Total
	Jacobabad, Shikarpur, K.S Kot,	Raja Pur, D.G Khan	Jaffarabad, Naseerabad, Jhal Magsi		

²⁰ This table does not include assistance provided after the first spell of the monsoon rains where PRCS AJK branch distributed NFI and food items to 36 families while KP branch conducted an assessment and reported no need of PRCS response.

²¹ Standard NFI Set guide = one tent, one hygiene kit, two tarpaulin sheets, three blankets, one kitchen set, two jerry cans, two mosquito nets.

²² The first official round of assistance was in AJK (detailed in table above).

	Kashmore				
Tent (1)	811	2,000	2,400	188	5,399
Hygiene Kit (1)	2,355	2,000	2,400	188	6,943
Tarpaulin Sheet (2)	500	4,000	4,800	376	9,676
Blanket (3)	200	6,000	11,000	940	18,140
Kitchen Set (1)²³	0	2,000	2,400	188	4,588
Jerry Can (2)	400	4,000	4,800	376	9,576
Mosquito Net (2)	1,205	4,000	4,800	376	10,381
Food Packs (53kg)²⁴	15,203	7,413	7,202	-	29,818
Health Units and Patients	3 Units (75,110 people)	2 Units (6,534 people)	1 Unit (16,355 people)	-	6 Units (97,999 people)
Water treatment Plants Deployed	1	2	3 plants	-	6 plants (17,903,000 litres produced)

Province	District	PRCS Targeted Food Assistance Caseload	Distributed Food Parcels
Punjab	Rajanpur	3,658	3,658
	DG Khan	3,755	3,755
Sub Total		7,413	7,413
Sindh	Jacobabad	10,003	9,603
	Shikarpur	500	500
	K. S Kot	800	800
	Kashmore	4300	4,300
Sub Total		15,603	15,203
Baluchistan	Jaffarabad	3,301	3,301
	Naseerabad	3,301	3,301
	Jhal Magsi	600	600
Sub Total (C)		7,202	7,202
Grand Total		30,218	29,818²⁵

Assistance from other donors (PNS and private)

- The Spanish Red Cross transferred the remaining amount of its funding support from the 2011 floods operation to be spent for WatSan activities for 2012 floods response operation.
- The Canadian Red Cross transferred CAD 160,000 to IFRC as multilateral support for this operation.
- Turkish Red Crescent provided food parcels for distribution to 1,200 families (8,400 people) Punjab, Sindh and Balochistan.

²³ Kitchen set contains; pots, cooking utensils, plates and cups

²⁴ Each food pack caters for a family of seven and contains 20kg flour, 12kg rice, 5kg chickpeas, 4kg lentils, 3kg oil/ghee, 6kg sugar, 15kg tea and 1,5kg of pasteurised milk

²⁵ Information as of last update received. Final data being reconciled.

- The Iranian Red Crescent contributed 50kg food parcels for distribution to 1,000 families (7,000 people) in Jacobabad district, Sindh province, in accordance with the PRCS assessment and selection of the distribution points. Each food parcel contained flour, rice, split chickpeas, roasted black chickpeas, daal masoor, vegetable cooking oil, sugar, tea, salt and milk.
- Qatar Red Crescent provided 800 food parcels for distribution to affected families.
- USAid pledged a contribution of USD 100,000 towards the PRCS 2012 floods response operation through IFRC earmarked for transportation of goods.
- Telenor, a telecommunications company, also provided food parcels for distribution to 4,500 families (31,500 people) in Punjab, Sindh and Balochistan.



Food distribution donated by Iranian Red Crescent in Jacobabad district, Taulka Garhi Khairo, Sindh province. **Photo: PRCS**

IFRC Support for Floods 2012

The IFRC country office supported PRCS's floods response activities utilising resources available in-country and with support from partners. Funds from the 2010 flood operation (MDRPK006) were used to cover the cost of the Floods 2012 operation. A project agreement worth CHF 1,650,000 was signed between PRCS and IFRC. Support included coverage of costs for procurement, transportation and distribution of 20,000 food parcels as well as the costs for transportation and distribution for NFI stocks. In addition, the running costs for operating five water treatment plants and six mobile health units were also supported by IFRC. PRCS was also given support to replenish emergency medicines stock.

Details of the support provided to the PRCS response through IFRC:

Outcome: Reduced adverse impacts upon food security, health and care, and basic household needs of 2012 flood affected families through Red Cross Red Crescent support.		
Outputs (expected results)	Activities planned	Achieved (as of 31 January 2012)
Food Parcels Assistance:		
The immediate needs of flood affected families are met through the distribution of food.	Purchase, transportation and distribution of a two-week mixed food commodities package to 20,000 families (140,000 persons) in three provinces (10,500 Sindh, 4,500 Punjab and 5,000 Balochistan)	20,000 food packets were distributed. (4,500 Punjab, 10,500 Sindh and 5,000 Balochistan)
NFIs Assistance:		
The essential household needs of flood-affected families are met.	Transportation and distribution of non-food items (NFIs) to 7,500 families (52,500 persons) in three provinces (2,500 Sindh, 2,500 Punjab and 2,500 Balochistan).	6,943 families were reached with a mixture of non-food items. (2,000 families in Punjab, 2,355 in Sindh, 2,400 in Balochistan and 188 in AJK)
Health and Care Assistance:		
The immediate health and care needs of flood affected families are met.	Basic package of health and care services are provided through four mobile health units (MHUs) in flood affected areas (for two months) to 75,000 persons in three provinces (one in Sindh, two Punjab and one	Six mobile health units were established three in Sindh, two in Punjab and one in Balochistan. By the end of January 2013, these MHUs have facilitated some 97,999 people with basic health and care services and awareness promotion sessions.

	Balochistan	
Water and Sanitation Assistance:		
Improved access of flood affected persons to adequate safe drinking water and basic hygiene awareness.	Provision of safe drinking water through six mobile water units (for month) and hygiene promotion in Sindh and Punjab provinces, and (for three months) in Balochistan, to reach 72,000 persons.	Six mobile water units were deployed, one in Sindh, two Punjab and three in Balochistan. The IFRC budget provided for the transportation of the equipment to the location and back the central warehouses, per diem of the volunteers running the plant, running cost of the plants and for transportation of the water to the different locations/distribution points. ²⁶ Altogether these mobile water units produced 17,903,000 ²⁷ litres of safe drinking water in three provinces. By the end of December 2013 all units were no longer operational.



Offloading of food parcels in Jaffarabad district, Balochistan Province (left) and verification of beneficiaries in DG. Khan district, Punjab Province (right) - October 2012. **Photos: IFRC**

Summary of Floods 2012

Water Supply Intervention

Locations	Total Water Produced (L)	Average Daily Production	No. of tankers	No. of distribution points	Daily distribution		Daily beneficiaries		Operational timeframe
					Min	Max	Min	Max	
Sindh Jacobabad (Jamali bypass)	470,000	12,368	1	2	3,000	20,000	300	2,000	26 Sep – 3 Nov 2012
Punjab DG Khan (Siddiqueabad)	1,195,000	91,923	1	9	50,000	120,000	5,000	12,000	12 – 25 Oct 2012
Punjab Rajhanpur	600,000	50,000	1	8	44,000	70,000	4,400	7,000	13 – 24 Oct 2012

²⁶ It should be noted that other organisations were involved in providing for water need. In some cases the water produced by the PRCS/IFRC units was transported by tankers provided by the government or other organisation

²⁷ On average provided water to approximate 42, 000 people of a period of 42 days (assuming an average of 10 litres/person/day. This figure does not account for water lost due to leakage/ spillage or during distribution.

Balochistan Jaffarabad (Dera Allahyar)	3,909,000	51,434	3	5	12,000	63,000	1,200	6,300	16 Oct – 31 Dec 2012
Balochistan Jaffarabad (Hafeezabad)	1,909,000	24,474	3	5	3,000	28,000	300	2,800	14 Oct – 31 Dec 2012
Balochistan Jaffarabad (Sohbatpur)	9,820,000	188,846	12	9	35,000	230,000	3,500	23,000	7 Nov – 31 Dec 2012
Grand Total	17,903,000²⁸	419,045	21	38	147,000	531,000	14,700	53,100	26 Sept – 31 Dec 2012



Water units installations in Jacobabad, Sindh Province (left) and D.G Khan, Punjab Province (right). **Photo: IFRC**

The Floods 2012 operation was closed on 31 January 2013.

9. Humanitarian Diplomacy

Humanitarian diplomacy (HD) seeks to persuade decision-makers and opinion leaders to act at all times, in the interests of vulnerable people, and with full respect for fundamental humanitarian principles. The most significant humanitarian diplomacy initiative undertaken in reference to the 2010 Floods relief and recovery operation was seen in 2012 when PRCS/IFRC advocacy efforts enabled landless farmers to secure occupancy rights to newly-constructed household shelters for several years, through legal agreements entered into by landlords and the farmers. Other humanitarian diplomacy efforts undertaken include the Pakistan launch of the World Disasters Report (WDR) for 2011 which focused on malnutrition and the WDR launch in November 2012 last year focused on migration, in Islamabad. Representatives from PRCS, ICRC, in-country Partner National Societies, UN, ILO, international non-governmental organizations, embassies and the media attended the ceremony. An ongoing initiative comprises the International Disaster Response Law (IDRL) Review undertaken by the Disaster Law Programme of the Asia Pacific Zone Office. The draft report has been submitted to the National Disaster Management Authority for review. This initiative represents the first phase of the IDRL project proposed for Pakistan.

²⁸ On average provided water to approximate 42,000 people of a period of 42 days (assuming an average of 10 litres/person/day. This figure does not account for water lost due to leakage/ spillage or during distribution.

10 Communications – Advocacy and Public Information

The main focus of communications initiatives for the 2010 Floods relief and recovery operation has been to ensure the accurate and timely flow of information related to the humanitarian crisis in Pakistan, targeting key stakeholders that include the media, donors, authorities and the wider public. In this regard, the IFRC website www.ifrc.org has served as the primary communications vehicle for channeling information and publicity materials. Emphasis has also been placed on building the communications capacity of PRCS for future emergencies.

Highlights of communications activities for this operation include the preparation of a variety of audio-visual material including videos and web stories; a 10-day photo exhibition in conjunction with the first anniversary of the operation; and media packs.

For the remaining period of this operation, efforts will be focused on the preparation of a communications package to mark the completion of the operation.



IFRC Pakistan Head of Delegation, Karen H. Bjornestad addressing guests at the 2012 WDR launch in Islamabad. Photo: IFRC

11. Logistics

The IFRC logistics department has maintained its support of procurement, fleet management, warehousing and transportation throughout the Floods 2010 appeal operations. The in-country logistics operation comprises of various activities, managing IFRC warehouses in Islamabad and Karachi, holding PRCS/IFRC emergency and IRP stocks, and provides transport services for goods and personnel on addition to management of vehicle rental programme (VRP) services.

The in-country logistics team coordinates 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 included:

- 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.

Fleet - The IFRC fleet, together with security, provided much needed assistance with a large pool of skilled drivers to reach beneficiaries even in the most difficult terrains. To date the fleet department is organised to facilitate one of the biggest operations in South Asia, with vehicle rental programme (VRP) vehicles supporting IFRC programmes and operations, and VRP vehicles leased out to PNS to support their bilateral operations in country. Throughout the operation over 150 drivers have been trained from PRCS, PNS and IFRC with three international standard road safety and 4 x 4 off road drivers trainings conducted. With the approaching closure of the IRP



IFRC and PRCS vehicles crossing a makeshift bridge in Kohistan district. KP Province. Photo: IFRC

activities, IFRC logistics has commenced the reduction of the

fleet in-country, maintaining only the necessary vehicles to support coordination and remaining field visits, in addition to a few vehicles pre-positioned as contingency. The reduction is being conducted in phases throughout 2013, with the number of vehicles reducing from 36 to ten operational vehicles only.

Procurement - Medicine procurement in 2011 was implemented by PRCS after agreement had been reached on the procedures to be followed, and the MoU on the procurement was revised and adjusted. PRCS is continuing the procurement of medicines, with a medical procurement committee supervising the procedure in which the IFRC participates. Through a gradual process other procurement issues are being handled by PRCS, such as leasing of vehicles, warehouse and offices.

Warehousing - IFRC supports rental of national and provincial/regional warehouses, holding PRCS/IFRC DP and IRP stocks with a value of CHF 7 million that are stored in IFRC warehouses (Port Qasim Warehouse, Karachi and Sangjani Warehouse, KP).

In addition the IFRC support PRCS on the following:

- PRCS Haripur Warehouse, Islamabad - under PRCS Management, funded by IFRC.
- PRCS Sindh Branch warehouse, Karachi - under PRCS Management, funded by IFRC.
- PRCS Punjab Branch warehouse, Multan - under PRCS Management, funded by IFRC.

IFRC supported the Floods 2012 operation in the coverage of costs of procurement of 20,000 food parcels, transportation and distribution, while the IFRC logistics in-country team provided technical support and knowledge sharing throughout the procurement process which was conducted by PRCS. IFRC also funded the transportation of NFI stocks distributed by the PRCS to 6,943 families. Additional logistical support was also provided towards the installation and operation of six water treatment plants and six mobile health units. Additionally support was provided for the replenishment emergency medicines stock.

Logistics Capacity Development Project (LCDP) - Following the Finnish Red Cross support capacity building project, implemented with the support of two Finnish delegates, the continuation of the LCDP shifted to the IFRC Logistics unit. As part of the PRCS capacity building, the IFRC country office, together with the support of ZLU, continues to facilitate the coordination and implementation of the LCDP with the main activities as follows:

- Provision of on-job training to PRCS warehouse staff in implementation of Logic database (inventory control system) and standard warehouse management system.
- Provision of technical support to PRCS logistics in developing SOPs and manuals.

Logic database system has been implemented in PRCS DMLC warehouse. Master database has been set up and linked with three national headquarter warehouses around the country (PRCS Haripur warehouse, PRCS Multan warehouse and PRCS DMLC warehouse). On-the-job-training is being provided to all the warehouse staff.

The LCDP is a cross-cutting country plan activity which is currently funded through the IRP budget (divided across LCDP, disaster management and branch development) and aims to ensure sustainability and integration of logistics development, including IFRC Logistics Strategy 2015. One of the primary areas in building the National Society's logistics capacity is warehousing. IFRC has begun the transfer of warehouse operations and disaster preparedness stocks to PRCS central warehouses that are newly established. Upon accomplishing the transfer of logistics resources (two IFRC managed warehouses foreseen to be closed by June 2013), PRCS logistics with the support of IFRC counterparts will pursue essential capacity building for the warehousing of the provincial hubs closer to the field which will ensure efficient and rapid response in case of emergency.

12. Security

IFRC security monitors daily security information and delivers necessary information to IFRC staff, as well as all staff of the in-country Participating National Societies (PNS) and continuously observes security at field level. The main focus of IFRC security is to ensure compliance with IFRC's established security protocols and procedures. IFRC already has a sound security management system in place to guide operations and to limit exposure to various threats or risks. IFRC also actively networks with other humanitarian organizations, sharing relevant information for the overall benefit of staff safety and security in programme implementation.

During the reporting period, the security situation in country remained unstable and un-predictable. As the general elections in the country are due in May 2013, it is expected that political activities and electioneering by the political parties in Pakistan will gradually increase, which may disturb the security situation from time to time. It is expected

that a high number of political activities and events will take place during the pre and post election period. Appropriate additional security measure and systems have been put in place accordingly.

Budget summary

See attached budget (Annex 2) for details.

Contact information

For further information specifically related to this operation please contact:

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IFRC in Pakistan

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IFRC Asia Pacific Zone office, in Malaysia:

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- Mathew Schraeder, Operations coordinator, phone: +603 9207 5735, mobile: +6019 620 0758, email: mathew.schraeder@ifrc.org
- Alan Bradbury, Head of Resource Mobilization and PMER, phone: +603 9207 5775, email: alan.bradbury@ifrc.org
Please send all funding pledges to zonerm.asiapacific@ifrc.org
- Florent Chane, Zone Logistics Coordinator, phone: +603 9207 5752, mobile: +6012 298 9752, email: florent.chane@ifrc.org

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 (NGO's) 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.

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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.

REVISED EMERGENCY APPEAL

19/3/2013

MDRPK006 : PAKISTAN - MONSON FLOODS

Budget Group	Multilateral Response	Bilateral Response	Appeal Budget CHF
Shelter - Relief	11,114,519		11,114,519
Shelter - Transitional	741,004		741,004
Construction - Housing	5,509		5,509
Construction - Facilities	59,727		59,727
Clothing & Textiles	3,635,041		3,635,041
Food	20,435,822		20,435,822
Seeds & Plants	2,252,808		2,252,808
Water, Sanitation & Hygiene	4,155,607		4,155,607
Medical & First Aid	1,753,339		1,753,339
Teaching Materials	39,604		39,604
Utensils & Tools	2,262,048		2,262,048
Other Supplies & Services	114,156		114,156
Emergency Response Units		905,000	905,000
Cash Disbursements	4,002,309		4,002,309
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	50,571,493	905,000	51,476,493
Computer & Telecom Equipment	288,554		288,554
Office/Household Furniture & Equipment	181,131		181,131
Medical Equipment	103,242		103,242
Other Machinery & Equipment	20,525		20,525
Total LAND, VEHICLES AND EQUIPMENT	593,452	0	593,452
Storage, Warehousing	1,883,424		1,883,424
Distribution & Monitoring	4,782,442		4,782,442
Transport & Vehicle Costs	3,424,411		3,424,411
Logistics Services	299,908		299,908
Total LOGISTICS, TRANSPORT AND STORAGE	10,390,185	0	10,390,185
International Staff	7,259,191		7,259,191
National Staff	2,456,604		2,456,604
National Society Staff	3,713,283		3,713,283
Volunteers	207,913		207,913
Total PERSONNEL	13,636,991	0	13,636,991
Consultants	443,752		443,752
Professional Fees	598,307		598,307
Total CONSULTANTS & PROFESSIONAL FEES	1,042,059	0	1,042,059
Workshops & Training	855,209		855,209
Total WORKSHOP & TRAINING	855,209	0	855,209
Travel	758,341		758,341
Information & Public Relations	533,641		533,641
Office Costs	1,346,443		1,346,443
Communications	188,723		188,723
Financial Charges	227,322		227,322
Other General Expenses	246,816		246,816
Shared Office and Services Costs	567,088		567,088
Total GENERAL EXPENDITURES	3,868,374	0	3,868,374
Partner National Societies	1,173,970		1,173,970
Other Partners (NGOs, UN, other)			0
Total TRANSFER TO PARTNERS	1,173,970	0	1,173,970
Programme and Services Support Recovery	5,338,563		5,338,563
Total INDIRECT COSTS	5,338,563	0	5,338,563
Pledge Earmarking & Reporting Fees	357,169		357,169
Total PLEDGE SPECIFIC COSTS	357,169	0	357,169
TOTAL BUDGET	87,827,465	905,000	88,732,465
Available Resources			
Multilateral Contributions	92,286,799		92,286,799
Bilateral Contributions		905,000	905,000
TOTAL AVAILABLE RESOURCES	92,286,799	905,000	93,191,799
NET EMERGENCY APPEAL NEEDS	-4,459,334	0	-4,459,334