

Appeal

Pakistan

Assistance to the Flood-Affected Families in Sindh, Pakistan - PAK151 Appeal Target: **US\$ 425,367**

Geneva, 14 August 2015

Dear Colleagues,

According to the most recent UNOCHA report, 344,860 people have been evacuated in Sindh by the government and 251 relief camps have been established. There are 51,038 people in camps who have no access to clean and safe drinking water. Based on assessments conducted by ACT members Community World Service Asia and Norwegian Church Aid (NCA), people are using unsafe water sources for drinking and domestic purposes. Malaria is spreading rapidly in the temporary settlements and camps. The Government authorities have predicted an increase in flooding especially in Sindh province in the coming days because of continued heavy monsoon rains, increase in flood water level in Kabul, Indus, Jhelum and Chenab rivers as well as melting of the glacier in Diamer district.

The affected communities have lost almost all of their belongings including food stocks and other assets, i.e., standing crops, livestock, communication and transportation. Some of the areas are still not accessible and the extent of damages cannot be properly assessed. With almost 90% of the community dependent on agriculture and related activities, their livelihood sources have been severely disrupted by the floods which either washed away or badly affected farmlands. The other 10% mainly rely on livestock and although affected communities were able to save some of their animal, a number were either drowned or lost. Currently, sale of assets, reducing number of meals a day along with amount of food are the main coping mechanisms to deal with their food and income needs. Aside from immediate food, there is also need for support to livelihood recovery and repair of destroyed or damaged community infrastructure such as irrigation channels and water ponds.

The local government responsible officials (district coordination officers) have declared an emergency in districts worst affected by floods. The government is responding to provide relief to people in respective districts while provincial government remains reluctant to declare an emergency and call for international assistance because of political pressure from opposition parties. Although the provincial government has distributed tents in various districts (to a limited population) there is still a huge gap in provision of food, shelter, WASH and NFIs and health services.

ACT Pakistan Forum members, Community World Service Asia and Norwegian Church Aid are planning to assist the most vulnerable communities with health and WASH.

I. EXECUTIVE SUMMARY

TITLE: Assistance to the Flood-Affected Families in Sindh, Pakistan 2015

ACT APPEAL NUMBER: PAK 151

APPEAL AMOUNT REQUESTED (US\$):425,367

DATE OF ISSUANCE: 14 August 2015

NAMES OF ACT FORUM AND REQUESTING MEMBERS:

TABLE 1: ACT FORUM & REQUESTING MEMBERS:

ACT FORUM	ACT Forum Pakistan
ACT REQUESTING MEMBERS	Community World Service Asia (CWSA) & Norwegian Church Aid

TABLE 2: KEY PARAMETERS:

KEY PARAMETERS:	Community World Service Asia	Norwegian Church Aid
Project Start/Completion Dates	15 August 2015 – 15 February 2016	15 September 2015 – 14 March 2016
Geographic areas of response	District Ghotki, UC Qadirpur	District Ghotki, UC Qadirpur
Sectors of response & projected target population per sector	Health (20,000 individuals)	WASH (10,000 individuals)

TABLE 3: SUMMARY OF APPEAL REQUIREMENT BY ACT MEMBER & SECTOR

Appeal Requirements	CWSA	NCA	Total Requirements
Total requirements US\$	208,210	217,157	425,367
Less: pledges/contributions US\$	0	0	0
Balance of requirements US\$	208,210	217,157	425,367

TABLE 4: REPORTING SCHEDULE

Type of Report	CWSA	NCA
Situation reports	Monthly	Monthly
Interim narrative and financial report	N/A	N/A
Final narrative and financial report	30 April 2016	31 May 2016
Audit report and management letter	31 May 2016	30 June 2016

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A

IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z

IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG

8, rue du Rhône

P.O. Box 2600

1211 Geneva 4, SWITZERLAND

Swift address: UBSWCHZH80A

Please inform the Head of Finance and Administration, Line Hempel (Line.Hempel@actalliance.org) with a copy to the Regional Representative/Regional Programme Officer, of all pledges/contributions and transfers, including funds sent direct to the requesting members.

We would appreciate being informed of any intent to submit applications for EU, USAID and/or other back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information please contact:

ACT Regional Programme Officer, Gaby Bartholomew (gdb@actalliance.org)

ACT Web Site address: <http://www.actalliance.org>



Sarah Kambarami
Head of Programmes
ACT Alliance Secretariat

II. OPERATIONAL CONTEXT

1. The Crisis

The ongoing flood emergency has further aggravated the lives and livelihoods of the affected communities in all the provinces of Pakistan and AJK State. The rains which started in mid-July are continuing and hampering the livelihood of the affected communities. Until recently, the National Disaster Management Authority (NDMA) recorded 917,791 people affected, 173 deaths and 127 injuries owing to the devastating floods. In Sindh, it has affected mostly the *katcha* area of the six districts however it is anticipated that it will flow further to the low lying districts of the province.

This table represents damage statistics of the overall damages due to floods in the country:

Province	Deaths	Injured	Houses Damaged	Villages Affected	Population Affected
AJ&K	22	5	237	17	-
Baluchistan	13	33	798	-	-
Gilgit Baltistan	7	6	812	286	136,000
KPK	83	70	3,320	-	-
Punjab	48	13	2,025	496	362,863
Sindh	-	-	-	2,097	418,928
Total	173	127	7,192	2,896	917,791

2. Actions to date

2.1. Needs and resources assessment

Rapid needs assessments were conducted by teams from both Community World Service Asia and NCA and their partners in the last week of July in District Ghotki and Kashmore in Sindh. NCA went on to conduct WASH assessments in Districts Layyah, Rajanpur and Muzaffargarh (Punjab).

The methodology used for the assessment was key informant interviews, focus group discussions, direct observations using semi structured standard Needs Assessment questionnaire with NCA using a semi structured standard WASH questionnaire developed by the WASH cluster in a representative purposive sample of 7%. Through interviewing the affected population and observing the damage done on location, the assessment team found that food, water and sanitation, immediate healthcare, emergency shelters, and non-food items are top priority needs at this stage.

Food: The affected communities have lost almost all of their belongings which also include the food stocks and other assets, i.e., standing crops, livestock, communication and transportation. Some of the areas are still not accessible and the extent of exact damages cannot be assessed. With almost 90% of the community dependent on agriculture related activities, their livelihood sources have been severely disrupted by the floods which either washed away or badly affected farmlands. The other 10% mainly rely on livestock and although affected communities were able to save some of their livestock, a number were either drowned or lost. Currently, sale of assets, reducing number of meals a day and amount of food are the main coping strategies to meet up with their food and income needs. Aside from immediate food, there is also a significant need for assistance in support to livelihood recovery (e.g. agricultural input, livestock restocking/management). Recovery should likewise repair destroyed or damaged community infrastructure such as irrigation channels and water ponds.

WASH: According to the assessment, 80% of the water supply systems have been damaged and are dysfunctional which is leading to difficult access for the affected population. Women and children have

to walk miles to fetch water which is an additional burden and at the same time can lead to protection concerns. On average 85-90% of the affected population is consuming contaminated water, 85% have access to less than 15 litres of water per person per day (below Sphere standards). The assessment also reflects that over 90% of the affected and displaced population do not have access to sanitation facilities and is practicing open defecation which is leading to risk of water and vector borne diseases. The hygiene situation is also very poor and diseases like Malaria (26%), Diarrhoea (49%) and skin disease (32%) exists.

Psychosocial Support: The assessment reveals that 65% children about 6,000 boys and girls between the ages of 5-12 years in Sindh were traumatized due to the fact that their dwellings were not fit for living, play grounds were sub-merged and their families displaced. This scenario left children of flood affected area with no option but to suffer with trauma as there are no constructive action that could be taken to help them psychologically.

Health: Accessibility to health facilities and services is a major issue for the affected communities. The nearest government health facility in District Ghotki is at least 2 kilometres away and is currently not functional. Affected communities have to resort to expensive private clinics. Due to its high cost, communities tend to avoid going to the clinic and just resort to either self-medication or go to traditional healers. Moreover, the presence of stagnant water all over the place has caused worsening health and hygiene conditions. The displaced families are also suffering from poor shelter conditions that is making them vulnerable to communicable and other diseases especially among the vulnerable groups such as children and women. Prevalence of malaria, diarrhoea, fever, scabies and skin diseases have been reported during the assessment in all the affected districts.

NFIs and Shelters: Aside from the food needs of the affected communities, they have also lost all their other belongings when flood waters swept through their homes. They have taken refuge either with their relatives and friends or they are compelled to live without any shelter and without household items. Although the Government has been providing tents, the affected population would require assistance in rebuilding their destroyed homes. Most of the population live in *katcha* houses which were either destroyed or partially damaged by the floods.

2.2. Situation analysis

According to the most recent UNOCHA report, 344,860 people have been evacuated in Sindh by the government and 251 relief camps have been established. There are 51,038 people in camps who have no access to clean and safe drinking water. Based on assessments conducted by both Community World Service Asia and NCA, people are using unsafe water sources for drinking and domestic purposes. Malaria is spreading rapidly in the temporary settlement and camps. The Government authorities have predicted an increase in flooding especially in Sindh province in the coming days because of continued heavy monsoon rains, increase in flood water level in Kabul, Indus, Jhelum and Chenab rivers as well as melting of the glacier in Diamer district.

In Sindh province, six districts and 2,097 villages have been affected by the floods so far and many more will follow in the coming days. The affected districts in Sindh include Kashmore, Ghotki, Shikarpur, Khairpur, Sukkur, Larkana and Qambar Shahdadkot. 418,928 individuals have been affected alone in Sindh so far and over 100,000 people have been displaced and are compelled to live in tents and under the open sky on embankments and raised places in the affected districts.

The local government responsible officials (district coordination officers) have declared an emergency in districts worst affected by floods. The government is responding to provide relief to people in respective districts while provincial government remains reluctant to declare an emergency and call for international assistance because of political pressure from opposition parties. Although the provincial

government has distributed tents in various districts (to a limited population) there is still a huge gap in provision of food, shelter, WASH and NFIs and health services.

Sindh: Nine districts and around 2,097 villages have been affected by the floods in Sindh so far and many more to follow in the coming days. The affected districts in Sindh include Kashmore, Ghotki, Shikarpur, Khairpur, Sukkur, Qambar Shahdadkot, Jamshoro, Thatta and Sujawal. The people displaced are compelled to live in tents or on embankments and raised places in the affected districts. Anticipating displacement from these districts the government has established relief camps at various embankments. The authorities have warned of massive destruction in the interior Sindh in coming weeks when flood water from all of over the country will pass through catchment districts of the Indus River in Sindh province.

Khyber Pakhtunkhwa: 11 districts have been affected by the floods in KP wherein 83 people have died and 70 have been injured so far. Many more damages and losses to follow in the coming days because of continued monsoon rains, land slides, melting of glaciers and increase flood level in the Kabul and Indus rivers. The affected districts in KP include Bannu, Batagram, Charsadda, Chitral, DI Khan, Karak, Kohat, Lakki Marwat, Peshawar, Swat and Shangla however Nowshera and Charsadda at high risk because of mounting pressure in the Kabul River and continued monsoon rains.

Gilgit-Baltistan: Diamer, Gilgit, Ghizar, Ghanche, Skardu and Hunza districts have been reported to be severely damaged. 812 houses reported to be damaged in 286 villages as a result of rains, landslide and flashfloods, 7 people have been reported to be died because of rains/flash floods. A number of roads and connecting bridges have been washed away leaving many villages disconnected from the main towns.

AJK: District Sudhnoti, Neelam, Havaili and Bhimber have been affected by the rains and flash floods. The death toll has risen to 22 and 237 houses are reported to be damaged in 17 villages.

Punjab: At least 48 people have died and 13 injured as a result of floods in Punjab province. 496 villages in Mianwali, Layyah, DG Khan, Rajanpur, Rahimyarkhan and Muzaffargarh districts are inundated by the flood water. 362,863 people are reported to be affected. 378,172 acres of crops have been destroyed.

Baluchistan: Heavy rainfall, storms and flooding in the districts of Zhob, Musakhel, Killa Saifullah, Kohlu and Dera Bugti has caused damage to flood protection bunds, electric poles, roads, uprooting trees, etc. There have also been breaches of various bund claiming four lives so far. The death toll in the province has risen to 13 people while 33 others are injured.

FATA: A number of villages have been reported damaged in Khyber and Mohamand agencies of Federally Administered Tribal Areas. However, exact figures have yet to be reported by the authorities and national media.

2.3. Capacity to respond

Community World Service Asia is an ecumenical regional organization implementing humanitarian and development initiatives in Asia since 1954. CWSA focus areas include: disaster management; education; health; livelihoods; peace and democracy; WASH; DRR and quality and accountability. CWSA engages in the self-implementation of projects, implementation through partners, and the provision of capacity building at the local and global levels. It works through a robust complaints response mechanism and maintains strong relationships with communities and partners. In line with its commitments to quality and accountability, it is a member of the Core Humanitarian Standards (CHS) Alliance, Humanitarian Accountability Partnership (HAP) and People In Aid. The agency is HAP certified and achieved the first Quality Mark from People In Aid. CWSA is the Country Focal Point in Pakistan and the Regional Partner in Asia for the Sphere Project and the lead agency for HAP in Pakistan. Community World Service Asia is

ISO 9001:2008 certified and has also received the USAID management standards certification. Other memberships include the ACT Alliance, Asian Disaster Risk Reduction and Response Network (ADRRN), Active Learning Network for Accountability and Performance (ALNAP), Agency Coordination Body for Afghan Relief (ACBAR), the Global Network of Civil Society Organizations for Disaster Reduction (GNDR), International Council of Voluntary Agencies (ICVA), Pakistan Humanitarian Forum (PHF), the Rights of Expression, Assembly, Association and Thought (REAT) Network and the START Network. The organization is a signatory to the Red Cross/Red Crescent Code of Conduct for NGOs in Disaster Relief and also adhere to other policies including a Code of Conduct for Child Protection and the Minimum Economic Recovery Standards (MERS). Community World Service Asia is operational in 5 districts of Sindh including proposed under this appeal which provides comparative advantage for having economic, efficient and effective humanitarian response for the affected population.

Norwegian Church Aid (NCA) has been working in Pakistan since 1981 supporting vulnerable populations during conflicts and natural disasters. Since 2007 NCA maintains a country office in Islamabad, with approximately 20 staff. Programme areas include Gender Justice, Faith Communities and Peacebuilding, humanitarian response, water, sanitation and hygiene (WASH). NCA has experienced emergency staff, including gender mainstreaming staff, working with local implementing partners to respond during emergencies. It specializes in WASH at global level with a pool of WASH experts in Norway who provide detailed technical advice as and when required. Moreover, NCA national staff has responded to various disasters in Pakistan (earthquake 2005, floods 2007, IDPs crises 2009 and 2013, floods 2010 and 2011) through local partners providing WASH, food, NFIs, shelter and emergency health assistance to disaster affected communities. NCA is a certified member of Humanitarian Accountability Partnership (HAP), and strictly complies with SPHERE minimum standards and IFRC and ACT codes of conduct. The emergency team at NCA supports and monitors activities implemented by the partner and provide feedback and technical advice.

NCA at present has 6 mobile Water Treatment Units (WTUs) that were procured during floods during 2010 - 2011. As part of NCA's response plan, WASH stocks and mobile water treatment units were prepositioned in partner warehouses in Sindh and Baluchistan. NCA has secured funds to operationalize 6 WTUs out of 8 for the current floods in 3 districts of Sindh and Punjab. NCA has already started responding through partners in Rajanpur, Punjab and Ghotki & Kashmore, Sindh. The ongoing response will only cover the three month immediate response pertaining to water supply whereas the postponed project will ensure the recovery phase of the project and integrate sanitation, hygiene and PSS component. In addition to this, as part of NCA's emergency preparedness strategy, NCA has emergency WASH NFI stock positioned in Badin, Sindh (allocated by Emergency Response Fund) that will be utilised in the immediate response phase.

2.4. Activities of forum and external coordination

Prior to the monsoon season, the ACT Pakistan Forum circulated its [Emergency Response Preparedness Plan](#) which contains details on contingency planning and response of the Forum should disaster (including flooding) strikes. Once the monsoon rains started, the Forum has been closely monitoring the situation and on 24 July raised an ACT Alert on the floods hitting Pakistan.

On 26 July 2015, ACT Pakistan Forum members mobilized staff and partners and conducted assessments in Punjab and Sindh provinces. Members were likewise closely monitoring developments in both provinces as risks of high flooding in some other districts is still there.

The ACT Alliance members in Pakistan coordinate planning and interventions and will continue to inform and involve national authorities, national and international NGOs and CBOs and, where relevant, other agencies. The program will continue to be implemented in coordination with the relevant Government authorities in the areas concerned. Coordination with other national and international NGOs and CBOs at the field level is well established to avoid duplication.

Community World Service Asia has carried out assessments in flood affected areas. Distributions of monthly rations of food packages started days after disaster struck and is currently ongoing for 1,791 flood-affected families in District Ghotki. In the coming weeks, an additional 1,235 food packages will be distributed in Ghotki and another 430 packages to be distributed among flood affected families in District Thatta where Community World Service Asia is also currently present with ongoing projects on women empowerment and MNCH. Community World Service Asia will also establish water treatment plants in the district of Ghotki where treated clean drinking water will be provided to at least 5,000 flood affected people on a daily basis for one month. The Water Treatment Unit is owned by NCA and is on loan for this emergency response.

As part of NCA's emergency preparedness plan, NCA is mobilizing its prepositioned mobile Water Treatment Units (WTUs) for immediate use. Each unit can purify and provide clean drinking water to 5,000 individuals based on SPHERE standards. Keeping in view the urgent needs and NCA lifesaving response capacity, NCA is utilizing its internal funds (through head office) to provide emergency funds through emergency reserved funds in order to immediately mobilize and operationalise WTUs. As planned 6 WTUs will provide water to at least 30,000 individuals at this crucial stage. The budgeted amount of for duration of 3 month response.

MEMBER	ONGOING		
	Province	District	Activities
Community World Service Asia	Sindh	Ghotki	<p>FOOD: 1-mo Food Packages: 1,791 households or 9,850 individuals (with CA, DCA, UMCOR)</p> <p>FOOD: 1-mo Food Packages: 1,235 households or 6,792 individuals (START Fund thru CA)</p> <p>WASH: Provision of water supply: approx. 5,000 individuals per month for 25 days (with support from NCA)</p>
Norwegian Church Aid	Punjab	Rajanpur	WASH: Funds are secured from NCA head office to operationalize 02 Water Treatment Units (WTU's) which will provide clean drinking water to 10,000 flood affected people.
	Sindh	Ghokti	WASH: Funds are secured from NCA head office to operationalize 02 Water Treatment Units (WTU's) which will provide clean drinking water to 10,000 flood affected people.
		Kashmore	WASH: Funds are secured from NCA head office to operationalize 02 Water Treatment Units (WTU's) which will provide clean drinking water to 10,000 flood affected people.

ACT Pakistan Forum members are also active members of the Pakistan Humanitarian Forum (PHF) that includes key international NGOs and donor agencies. NCA and its partner will participate in the WASH cluster meetings and the Technical Working Group (TWG) and Strategic Advisory Group (SAG). NCA is also very actively involved in the Gender Task Force, led by UNOCHA. Community World Service Asia likewise actively participates in UN-led working groups at the Federal-level and constantly coordinates with local government departments at the district level.

III. PROPOSED EMERGENCY RESPONSE

1. Target populations, and areas and sectors of response

Community World Service Asia and Norwegian Church Aid will respond to 30,000 flood affected individuals including male, female, children and elderly people that are displaced and do not have access to primary health care and basic WASH services in Ghotki district, Sindh. This is in response to the urgent needs identified by the joint assessment conducted by the members, taking into consideration the response currently undertaken and planned by Community World Service Asia, the government and other NGOs in District Ghotki. NCA will respond to the ongoing emergency in the first 3 months funded

by an internal grant focusing on water supply months and later on for 6 months same beneficiaries will be targeted for early recovery in the areas of their origin.

ACT member	Sector of response	Geographic area of response	Planned target population	
Community World Service Asia	Health	UC Qadirpur, District Ghotki	3,279 families	20,000 individuals
Norwegian Church Aid	WASH		1,639 families	10,000 Individuals

NOTE: Quality and Accountability services proposed by Community World Service Asia shall provide Q&A assistance mainstreamed into all interventions and as such will benefit the same beneficiaries covered by other interventions.

The sectors and areas of response were decided primarily based on inputs from the affected population and other local stakeholders during the ground assessments conducted by Community World Service Asia and NCA and their partners as well as inputs from other agencies including, but not limited to, National Disaster Management Authority (NDMA), Sindh Provincial Disaster Management Authority (Sindh PDMA), Punjab Disaster Management Authority, UN OCHA, PHF members and other NGOs.

The identification of communities who will benefit from this project will be done in consultation with project stakeholders (partner and community leaders, and government). Community World Service Asia and NCA held coordination planning meetings to decide on the UC for response. Close collaboration with other organizations working in the same sectors will be assured. Please refer to the map at the end of the document for the areas of response.

Criteria for beneficiary selection:

During the identification and selection process, field teams will follow pre-defined selection criteria to reach out to the most vulnerable families with the priority given to orphans, PWDs, widows, and female-headed households. The organizations will consider Sphere minimum standards and the Red Cross/Red Crescent Code of Conduct and the IASC guidelines as guiding principles when providing assistance to affected communities and to ensure accountability, transparency and quality management in implementation of contingency plans. Coordination with the local Government representatives and Provincial Disaster Management Authorities (PDMAs) and clusters to identify target beneficiaries and areas. Finally, apply “Do-No-Harm” principle within a context of protection (respect for human rights, prevention of stigma and discrimination as well as addressing gender-specific needs and gaps) and the ACT Code of Conduct on prevention of sexual exploitation and abuse of power.

Overall

- Families/individuals affected by flooding in Sindh
- Families/individuals that are not assisted by the Government or any other humanitarian aid organization
- Priority will be given to female/child headed households or families with elderly persons, widows, Persons with Disabilities (PWDs) and pregnant women affected by floods
- Families with more than the average number of 5 children

Specific to Health

- All affected population in the disaster-hit area will be the primary beneficiaries. Those from adjacent areas will also be considered to control any outbreak or epidemic. MHUs will be set up right in the middle of the affected community.
- Priority is given to areas where the relevant health department is unable to provide adequate human and/or material resources based on their need for assistance.

Specific to WASH

- Families/individuals with poor access to water supply and sanitation
- Families/individuals suffering from water borne and vector borne diseases as a result of floods/land slides

2. Overall goal of the emergency response

The overall goal is to prevent the outbreak of diseases and protect the health and wellbeing of flood-affected families in District Ghotki

3. Proposed implementation plan**3.1 Narrative summary of planned intervention**

Community World Service Asia, Norwegian Church Aid (NCA) and NCA's partner HANDS plan to assist 30,000 flood-affected individuals in UC Qadirpur in Ghotki. Following are details of proposed project areas that NCA implementing partners have planned to support in various geographic areas with anticipated families:

Activities	Type of Unit	No. of Units	No. of Beneficiaries per unit (individuals)	Total No. of Beneficiaries (individuals)
Water Supply				
Repair and chlorination of existing Hand pumps	Hand pumps	40	100	4,000
Installation of new hand pumps	Hand pumps	60	100	6,000
Total Non-overlapping beneficiaries				10,000
Sanitation				
Construction of pour flush latrines with raised foundations	Latrines	150	20	3,000
Total Overlapping beneficiaries				10,000
Hygiene Promotion				
Hygiene Kits	Kits	1,639	6.1	1,639
Total Overlapping beneficiaries				10,000
Psychosocial Support				
Establishment of Child Friendly spaces	Meeting place	2	100	200.00
Counselling Sessions for male and females	sessions	160	25	4,000.00
Total				10,000

NCA has received funds from their head office to make operational 6 water treatment units. These units will be prepositioned in three districts which will provide adequate water to 5,000 families. NCA plans the first three months as emergency response. After the emergency response NCA plans to respond with the same beneficiaries in their areas of origin and provide them WASH support for the next 7 months. The activities planned for early recovery will lead to more sustainability and better outcome of WASH assistance.

Community World Service Asia, on the other hand, shall be providing primary health care services to 20,000 flood-affected individuals in the area. This will be done through the deployment of two mobile health units which will be providing health services from 8:00am to 2:00pm. The following are the services to be provided:

- **Maternal, New Born and Child Health:** Antenatal Care; New Born Care; Post Partum Care; Family Planning; Integrated Management of Neonatal & Childhood Illnesses (IMNCI)
- **Nutrition:** Counselling; infant and young child feeding assessment; promotion of exclusive breast feeding and complimentary feeding; growth monitoring; detection and management of moderate acute malnutrition; detection and referral of severe acute malnutrition

- **Control of Communicable Diseases:** Participation in the Disease Early Warning System (DEWS) network; counselling; curative Care for common illnesses; acute respiratory illnesses; GI disorders; skin infections, etc.; control of tuberculosis using DOTS; control of malaria
- **Control of Non Communicable Diseases (NCDs):** Healthy life style promotion; mental health and psychosocial support
- **Basic Emergency/ First Aid Coverage:** Basic Life Support (BLS); management of minor injuries; management of insect /snake bites etc.; detection and management of poisoning; management of shock
- **Pharmacy Services/ drugs management:** Provision and management of medicines as per national essential medicine list; ensure availability of key essential medicine and prevent stocks running out; standards operating procedures for storage, dispensing, counselling; availability of standard treatment guidelines for medicines and disease protocols
- **Allied Services:** administrative services; registration; record keeping; maintenance of drugs / store keeping; sanitation; training activities

Community World Service Asia will be implementing the project directly whereas NCA will be implementing this through their partner HANDS. NCA plans to second one program officer to the partner office to provide technical support. NCA staff will be responsible for capacity building of the partner agency, monitoring the ongoing activities and coordinating with local agencies and government department to avoid duplication.

3.2 Logframe

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>Goal: The overall goal is to prevent the outbreak of diseases & protect the health & wellbeing of flood-affected families in Ghotki through the provision of Primary Health Care, WASH services & psychosocial support</p>			<p>The Appeal will be fully funded and funds transferred in a timely manner.</p>
<p>Outcomes:</p> <p>Health</p> <ul style="list-style-type: none"> The target flood affected households have access to preventive & curative health services <p>WASH</p> <ul style="list-style-type: none"> Vulnerable flood affected communities have improved access to clean drinking water & adequate sanitation facilities Water & vector borne diseases are reduced as a result of increased community awareness & good practice in hygiene & environmental sanitation Communities are better prepared to identify, mitigate risk & reduce the effects of future disasters which contribute to better health <p>Psychosocial Support</p> <ul style="list-style-type: none"> Flood affected population (especially women and children) are rehabilitated through counselling and recreational activities 	<p>Health</p> <ul style="list-style-type: none"> 3,279 households (20,000 people) have access to preventive and curative health care services <p>WASH</p> <ul style="list-style-type: none"> % of families with basic access to WASH facilities (As per SPHERE standards, i.e., 5-30 minutes for water collection time for round trip) 1,639 families have access to clean water % of reduction of waterborne diseases in comparison with initial assessment 1,639 flood affected families have access to sanitation facilities % targeted population with improved WASH knowledge # of village level DRR plans completed <p>Psychosocial Support</p> <ul style="list-style-type: none"> # of counselling sessions conducted with women and children % of events held and children involved in sport and recreational events # of CFS established 	<p>Health</p> <ul style="list-style-type: none"> Patient Register Progress and Monitoring Reports Final Report <p>WASH</p> <ul style="list-style-type: none"> Baseline and Endline surveys Project documentation Monitoring visits Field survey Observation Spot checks <p>Psychosocial Support</p> <ul style="list-style-type: none"> Baseline and Endline surveys Project documentation Monitoring visits Field survey Observation Spot checks 	<ul style="list-style-type: none"> Accessibility to the affected areas is manageable Capable staff available and willing to work in the project areas. Community provides full support. Local government agencies provide the required support (No-Objection Certificates) in a timely manner. Proper monitoring and regular follow up mechanism will be in place and implemented Security situation remains stable Cultural constraints Technical feasibility

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>Quality and Accountability The flood affected communities have access to accountable flood aid services</p>	<p>Quality and Accountability</p> <ul style="list-style-type: none"> • More interest for comprehensive trainings is developed • Incorporation of Q&A in assessments, project design & reporting • No. of staff oriented • No. of organizations oriented • Design relief packages as per minimum standards • No. of consultations carried out with communities/ organizations • No. of complaints received, referred and addressed 	<p>Quality and Accountability</p> <ul style="list-style-type: none"> • Session Reports • Participants list 	
<p>Outputs</p> <p>Health</p> <ul style="list-style-type: none"> • 3,279 flood affected families have received preventive & curative emergency health care services <p>WASH</p> <ul style="list-style-type: none"> • 1,639 flood affected families (10,000 individuals both male & females) have appropriate & improved access to clean drinking water • 1,639 flood affected families (10,000 individuals including men and women) have improved access to sanitation facilities • Decrease in the rates of water born & vector borne diseases due to improved WASH facilities & hygiene practices of 1,639 flood affected families (10,000 individuals including men & women) in Sindh • Resilient communities through improved preparedness, readiness and improved planning 	<p>Health</p> <ul style="list-style-type: none"> • No. of flood affected families gain access to preventive and curative emergency health care services <p>WASH</p> <ul style="list-style-type: none"> • # of people with easy & proximal access to quantity of clean water as per Sphere standards • 60 new hand pumps constructed • 40 existing hand pumps rehabilitated • 200 pre and post water quality test conducted • 150 pour flush latrines constructed and community is using them • 150 hygiene sessions conducted • 1,39 hygiene kits distributed • % of reduction of water borne diseases at the end of project as per baseline 		<ul style="list-style-type: none"> • Accessibility to the affected areas is manageable • Market prices of identified goods are stable & available. • Capable staff available and willing to work in the project areas. • Community provides full support. • Local government agencies provide the required support (No-Objection Certificates) in a timely manner. • Proper monitoring & regular follow up mechanism will be in place and implemented • Security situation

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>Psychosocial Support</p> <ul style="list-style-type: none"> • 200 children are involved in constructive activities in 02 CFS • Sport events for children organised • 160 Counselling sessions with women and children (boys and girls) <p>Quality and Accountability</p> <p>06 orientations/refresher workshops conducted on Q&A, 03 consultations on Quality & Accountability with communities/aid organizations, Establish an Information and Complaints Handling Centre (IHC)</p>	<p>Psychosocial Support</p> <ul style="list-style-type: none"> • 200 children are enrolled in CFS • # of people received psychosocial assistance through counselling sessions • 30 village development plans developed <p>Quality and Accountability</p> <ul style="list-style-type: none"> • No. of Sessions conducted • No. of Complaints received and redressed • IHC established 		<p>remains stable</p> <ul style="list-style-type: none"> • Cultural constraints • Technical feasibility
<p>Activities:</p> <p>Health</p> <ul style="list-style-type: none"> • OPD (Out-door Patient) Examination • Provision of free essential drugs • Medical Officer (Female) or/ lady health visitors will examine female patients and children • Medical Officer (male) will examine male patients and children • Focus will be on Mother and Child Health Care including Ante-Natal and Post-Natal Care • Referral of patient to secondary and tertiary health care facilities • Management of alerts, threats and outbreaks, if any, in collaboration with the line department/WHO • Refer the defaulters and all Patients who need to be vaccinated under the routine EPI program including children under-5 years of age against Polio, Measles, Diphtheria, Pertussis, Tetanus, Tuberculosis and Hepatitis B and for women of Child Bearing Age (CBA) against tetanus toxoid (TT) to Health Department facilities. <p>WASH</p> <ul style="list-style-type: none"> • Baseline Survey Water Supply 	<p>List of Key inputs</p> <p>Health</p> <ul style="list-style-type: none"> • Human Resources – Project Manager, Health data officer, Pharmacy Storekeeper, Male doctors, Female doctors, Lady health Visitors/nurses, Dispensers, Community Mobilizers, Guards, Cleaners/Helpers, Drivers and support from Community World Service Asia Officers and Staff • Material Resources – Vehicles. The Mobile Health Units <p>WASH</p> <ul style="list-style-type: none"> • Baseline survey report • Funding 		<ul style="list-style-type: none"> • Accessibility to the affected areas is manageable • Market prices of identified goods are stable and available. • Capable staff available and willing to work in the project areas. • Community provides full support. • Local government agencies provide the required support (No-Objection Certificates) in a timely manner. • Proper monitoring and regular follow up mechanism will be in place and implemented

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<ul style="list-style-type: none"> - Rehabilitation of 40 existing hand pumps - Installation of 60 new hand pumps - Water will be tested before being distributed to the beneficiaries and would be according to permissible standards (200) • Sanitation <ul style="list-style-type: none"> - Construction of 150 pour flush latrines with septic tanks and drainage facilities • Hygiene Promotion <ul style="list-style-type: none"> - 150 sessions will be conducted - 1,639 hygiene kits will be distributed - 02 community theatres for raising awareness • Cash for Work (CFW) <ul style="list-style-type: none"> • 360 individual will be compensated through Cash for work activity. • Disaster Risk Reduction <ul style="list-style-type: none"> • 30 village level preparedness plans in Punjab and Sindh • Psychosocial Support • 01 PFA trainings conducted with teachers • Establishment of 02 CFS • 160 counselling sessions • End line Survey (Impact assessment) <p>Quality and Accountability</p> <ul style="list-style-type: none"> • Orientation sessions • Establishment of Information and Complaint Handling Centre (IHC) 	<ul style="list-style-type: none"> • Human resource planned for project implementation • Contracts with vendors for provision of WASH facilities and services • Raw material for construction of WASH facilities • NOCs by Government <p>Quality and Accountability</p> <ul style="list-style-type: none"> • Human Resources – Quality, Accountability and Learning Officer • Material Resources - Mainly vehicles. Office Equipment and Furniture, facilitation and venues for sessions 		<ul style="list-style-type: none"> • Security situation remains stable • Cultural constraints • Technical feasibility • Committee members will maintain the WASH facilities in working conditions & will take responsibilities for minor repair/operations

3.3 Implementation methodology

3.3.1 Implementation arrangements

HEALTH

The health component will be undertaken directly by Community World Service Asia who has a long history of working in the health sector and has been catering to health needs – with the service to Afghan refugees and the host community of the Mansehra district ongoing for over 30 years. Community World Service Asia has also implemented a number of emergency health projects for flood affected families in Sindh since the floods of 2010. The priority of the health relief and recovery program is to provide primary health care services to the flood affected communities in those areas where the health services have been affected due to floods. It is proposed that primary health care services are provided to the affected people of the target areas focusing mainly on women and children. Preventive and curative health care services will also be provided through two mobile health units in the affected areas where access to primary health care is difficult.

The locations will be determined on the basis of a variety of factors including population density/catchment population settlements, access to the affected people (i.e. a priority for determining operational areas for MHUs), coverage by other health implementing partners and gaps in the capacity and operation of government SHUs. Each MHU will generally be staffed by a team consisting of a medical officer male / female doctor, male/female health visitor/nurse and dispenser/clerk and social mobilizers both male and female.

WASH

NCA will implement the proposed activities keeping in mind the SPHERE standard and IASC guidelines to meet the needs of the flood affected people at present and for the extended period i.e. when the affected population return to their area of origin. For the said purposes the response is divided into segments;

1. Emergency Responses: To meet the immediate WASH needs of the affected population in three districts
2. Early Recovery: To meet the WASH priorities of affected population when they return to their area of origin or permanent dwellings.

3.3.1a Water Supply

Installation of new hand pumps and rehabilitation of existing hand pumps

Once the displaced population returns to their areas of origin, new hand pumps will be installed and existing hand pumps will be rehabilitated and disinfected through shock chlorination as most of the hand pumps will be contaminated due to floods. For this purpose a survey will be conducted with the community to identify potential sites that are accessible to everyone especially women and children. The sites will be selected by the communities and feasibility surveys will be conducted by engineers in order to be aligned with SPHERE standards.

A technical assessment will be conducted to determine the feasibility and assess siting of the planned hand pumps. Following that, bill of quantities (BOQs) will be developed keeping in view the condition of pump, soil strata, depth of water table and quality of water available. Each hand pump, as per SPHERE standard, will provide water to 100 individuals.

Installation of new pumps and rehabilitation of existing pumps is planned as a recovery phase response. In order to ensure sustainability of the project. NCA has already started provision of clean drinking water using mobile water treatment units and will continue that for 3 months followed by a recovery phase as planned in the appeal.

Water Quality Testing

Pre and post water quality tests will be conducted for all sites with existing and new hand pumps whereas only basic tests (pH, turbidity, colour, odour, taste and Total Dissolved Solids) will be conducted for pre-tests of new hand pumps. After making sure that water from the source is safe and fit for drinking the site will be handed over to the community. All samples from the sites will be sent to registered government laboratories i.e. PCSIR, PHED or PCRWR for detailed tests as per WHO guidelines. These tests will include 28 parameters for testing. Disinfection of water points will be done through chlorination and will be carried out by water quality officers.

Operation and Maintenance (O&M)

In order to keep the facilities operational for a longer period of time operation and maintenance kits will be distributed in each village. Communities will be trained in the use of tools and maintenance of water points. Representative committees of the community will nominate person/s who will be receive this training, after the training they will be provided with an operation and maintenance (O&M) tool kit which will be utilized in case the hand pump machinery malfunctions.

3.3.1b Sanitation**Construction of Pour Flush Latrines**

As people move to their permanent dwellings with time, sanitation needs will be met by construction of communal pour flush latrines. The latrine sites will be identified in consultation with village committees and the sites will be assessed technically by project engineers and will pass sanitary inspections, meet sphere standards and possess maximum access to vulnerable groups. The structure will be made disaster resilient by constructing raised foundations which will enable the structure withstand future flooding.

3.3.1c Hygiene Promotion

1,639 hygiene kits will be distributed among the beneficiaries to help families address their hygiene needs. They will also provide them means of water storage and transportation. Additional WASH NFIs will also be distributed including PUR Sachets and Jerry Cans as part of the initial 3 month phase that has already been initiated by NCA. The following activities will be completed to bring hygiene awareness in community affected by floods in the three districts.

- 300 hygiene sessions will be conducted using PHAST and CHAST methodology. Prepare training curriculum and modules for hygiene promotion sessions.
- Conduct training of 'community hygiene promoters' on hygiene promotion which will include both male and females (50% male and 50% females) from the community groups to raise awareness among communities about issues of diarrheal diseases and principal modes of transmission of infectious diarrheal diseases
- Training of community (male and females), in the form of community theatres related to hygiene promotions concepts, will be organized to encourage them to transmit the health messages to target families on a regular basis.
- Village clean-up campaigns will be organized in the community through cash for work which will drive the community towards environmental hygiene.

3.3.1d Psychosocial Support

Integrated with WASH emergency response, NCA will emphasize on psychological well-being of the children in the target districts of Punjab and Sindh. Community Based Psychosocial (CBPS) mechanisms will be adopted during design, implementation, monitoring and evaluation of psychosocial support programs. Community participation (male & female) will be pivotal to program design, initial and execution. Based on the recent assessment in the flood affected districts, NCA proposes three tier psychosocial support structures for children aged 17 years and below.

Child Friendly Spaces

NCA and implementing partners will establish Child Friendly Spaces (CFS) to provide a healing environment for children and families affected by natural disaster. The CFS will be instrumental to support children resilience by offering and encouraging structured play and recreational activities. A total of three CFSs will be established, one in each District, by NCA and implementing partners. The CFS will be built on existing structures and capacities within the local communities.

Counselling Sessions (Male / Female)

NCA and implementing partners will develop a pool of experienced psychosocial support counsellors to conduct 160 psychosocial sessions to flood affected men, women, girls and boys. The sessions will be designed on the basis of Psychological First Aid (PFA) mechanism.

Special Events for Children and Youth

Engagement of children and youth in certain community based / identified social activities will be carried out with an aim to reduce the effects of trauma due to ongoing natural disasters. Special events will be arranged after consultation with the local communities where youth volunteers and children of acceptable age groups will be engaged in both recreational as well as social events. Cultural / religious conformity will be ensured to have community ownership and acceptance of the activities.

QUALITY & ACCOUNTABILITY

Q&A Orientations/Refreshers: Community World Service Asia will conduct six half-day orientations on Quality and Accountability (Q&A) keeping in view the changing need of situations and aid workers. These orientations will be short and targeted to specific participants. The Q&A tools (Sphere handbook/ HAP Standard) will be provided to participants during the sessions.

Q&A Consultations: The Q&A Consultation will be conducted with three aid organizations and communities to ensure the effective integration of Q&A into core components of organization and programs through increased ownership of Q&A.

The Information and Complaints Handling Center (IHC): puts into practice Community World Service Asia's commitment holding aid agencies and aid workers accountable to the aid recipients. Like its predecessor, The Mansehra Consumer Help Line (MCH) after the earthquake in 2005 and IHCs after the floods of 2010, will ensure downward accountability. In the past emergencies too, the aid agencies rushed to the affected area to help thousands of people. The organization saw this crisis as an opportunity to test the very idea of 'accountability to the aid recipients' and its efficacy. Community World Service Asia will apply its experience and lessons learned from MCH to the current flood crisis by establishing IHC for a duration of six months. IHC will adhere to a three-fold strategy for redress of complaints from flood aid recipients (Advise, Facilitate, Act).

3.3.2 Partnerships with target populations

Community World Service Asia, NCA and NCA's partner HANDS have strong presence in Sindh. All agencies have strong credibility and proven community outreach. The member agencies will all work through Village Management/Development Committees to ensure strong community participation. Identified community volunteers will be involved in encouraging female headed families and other vulnerable groups to receive assistance with ease.

3.3.3 Cross-cutting issues

The project approach is designed to reduce the vulnerabilities of women, elderly and people with disabilities. Recognizing the fact that the needs for men and women are different, the design of various interventions have been done taking the needs of the beneficiaries into consideration.

Both Community World Service Asia and NCA ensure gender mainstreaming in all its humanitarian projects, with NCA having specialised capacity for this through a full time Gender Mainstreaming Officer who is responsible for ensuring that gender specific needs are identified and addressed in all aspects of awareness raising and services. Gender sensitive implementation strategy – which ensures active involvement of men, women, boys and girls in all phases of project implementation to cater gender specific needs equally and equitably, will be developed and complied with while providing humanitarian aid and services (Health and WASH).

Women’s participation will be ensured in all stages of the project implementation. Female monitoring staff or social mobilizers will be part of the team to make sure women and disabled are participating throughout the intervention. Efforts will be made to engage female volunteers from the community to easily access women at the time of needs assessment and identification of beneficiaries. Women, men, boys, girls and disabled persons will be consulted throughout the project implementation process, and mechanisms will be put in place to address their issues.

Safe and security access for women, children, elderly and persons with disabilities will be a priority in the project, and will be sought through involvement in planning and decision making. Inter-Agency Standing Committee (IASC) checklists adopted according to organization and project needs will guide implementation and monitoring of gender mainstreaming throughout the project.

Both Community World Service Asia and NCA are Humanitarian Accountability Partnership (HAP) certified organisations working for beneficiaries and partners to be able to participate in all phases of a project. Both agencies will ensure strong communication lines with the beneficiaries and provide adequate information during the course of project implementation. Complaint handling mechanisms will be put in place to provide venues for feedback or suggestions, thereby ensuring continuous improvement in project interventions and service delivery. Both agencies are committed to meeting these accountability principles in this project and be transparent in terms of beneficiary selection, involvement and decision making.

In addition to humanitarian aid distribution, WASH and health service delivery, disaster risk reduction (DRR) is likewise a component of this Appeal. Community World Service Asia will engage community members in rehabilitating or reconstructing damaged or destroyed community infrastructures through a cash-for-work program. NCA will engage and guide communities to identify risks and hazards for women, men, boys and girls the elderly and persons with disabilities to reduce and mitigate these risks. A DRR plan for each area will be developed, aimed at reducing risk and reducing loss of life and damages in future disasters. NCA will use DRR checklists developed by NCA and approved by national WASH cluster, which will be used as an integral part of project planning and implementation.

Guided by the “Do No Harm” method, Community World Service Asia, NCA and HANDS will seek to avoid exacerbating tensions and conflicts in the communities through this proposed intervention, and will try to strengthen all factors that keep the community safe and stable. The proposed WASH and Health activities will be in line with the national WASH and Health cluster strategy for Pakistan and using local knowledge and resources. Specifically for the WASH interventions, NCA will ensure:

- Women and children’s concerns will be given priority during selection of site for latrines and hand pumps.
- Committees will be formed and they will be actively involved in the process of execution, this will be justified by the committees active involvement during assessment to finalize the list of selected sites,
- Disable friendly toilets will be constructed after request from family
- Proper and genuine representation to all groups and sects will be ensured while setting up village level committees

3.3.4 Coordination

The ACT Alliance members in Pakistan continue to coordinate at several levels and will continue to include local authorities, local and international NGOs and CBOs, national and provincial disaster management authorities, UN agencies and other relevant agencies. The program will continue to be implemented in coordination with the relevant Government authorities in the areas concerned. Coordination with other national and international NGOs and CBOs at the field level is well established and will be continued and strengthened to avoid duplication. The project activities carried out by each partner would strengthen and support the interventions of the other partner.

ACT Pakistan Forum members are active members of the Pakistan Humanitarian Forum (PHF) that includes many international NGOs and donor agencies. Both Community World Service Asia and NCA are attending general coordination meetings as well as different cluster meeting organized by the UN.

Furthermore, NCA's implementing partners will carry out the following coordination activities:

- Regular meetings of NCA and partner's management at respective HQs in Islamabad and in field, i.e., Ghotki (Sindh)
- Facilitation of meetings with NCA with partner in the field
- Joint monitoring with NCA and local government officials
- Joint brainstorming sessions with NCA staff to envisage future plans as per the needs identified on monthly basis

3.3.5 Communications and visibility

The ACT Forum will work closely together in ensuring appropriate communications and visibility mechanisms are in place. The activities and processes of the project will be documented through case stories, photographs and project reports throughout the project cycle. The material collected will be accessible to primary stakeholders through reports and to secondary stakeholders and the public on the members' respective homepages as well as in the ACT Alliance page.

To assure the safety of partner staff and the safe implementation of activities, security assessments will guide both agencies' visibility strategy at the field-level. Logos will be displayed based on the recommendations from the assessment. Visibility will be ensured in internal and external reports for clarity of partner's contribution and work.

3.3.6 Advocacy

Community World Service Asia has a specific mandate on humanitarian advocacy under its disaster management program. Team members continuously look for concerns and issues at the community level and ensure that this is raised at the national level. The proposed Information and Complaints Handling Center aims to share information as well as gather concerns from the affected population and link them to those who have the capacity or mandate to respond.

As a right-based organization, NCA strongly propagate access of community members to water, sanitation and health as basic human right. To achieve that NCA together with its implementing partners advocate for provision of public service by local government (key duty bearers). Continuing the efforts, NCA and Sungi project teams will advocate for additional (other than the provided facilities and services) and better public services with cluster partners, local authorities and other UN/government/NGO agencies where gaps are identified.

3.3.7 Sustainability and linkage to recovery – prioritization

Community World Service Asia and NCA strives to plan and link its relief, recovery and development interventions for sustainability and continuity of efforts. Therefore, NCA during rehabilitation and recovery interventions, within the parameters of WASH, will focus on community ownership of provided

facilities and active involvement in project implementation. NCA will also build the capacities of the community to keep provided facilities operational even after exit from the area. Community World Service Asia shall also endeavour to ensure sustained delivery of health services through discussions with the District Health Officer and other relevant agencies.

3.4 Human resources and administration of funds

NCA: Project staff will be recruited as per NCA and implementing partners' routines, based on merit, non-discrimination, equal opportunity, and encouraging females to apply. Staff will be recruited through advertisements on job advertisement web sites and in newspapers. Selection will be done through a written competency test, and an interview. Below is the short-term staff to be recruited for this project:

Partners	NCA
Project Engineer / Manager	Program Officer 01
Admn / Finance officer (1 position for each District / Partner)	
Water Quality Analyst	
Hygiene Promoters	
Psychosocial counsellors	
Assistant Finance and Admin Officer	
Assistant M&E Coordinator	
Drivers	

NCA will be responsible for administering the funds for implementing partner and financial monitoring. NCA Finance and Admin Officer will support and check proper financial administration of the project. NCA is also responsible for ordering an audit at the end of the project.

Community World Service Asia: Community World Service Asia has an established Human Resources Development Department with required HR tools. The Human resource development department supports the project in getting the right people for the jobs and preference is given to local human resources. A comprehensive Recruitment and Selection process starts from the staff request form and job description. After that the positions are advertised on appropriate sources depending on the nature and location of the positions. HRD department do the shortlisting of the applications and then candidates are called for interview. Once a candidate is selected, a reference check process is conducted and if satisfactory references are received then the position is offered to selected candidate. All new staff have to go through an orientation process. The HRD Department also supports all project managers in staff management, their documentation and in resolving staff issues. An online attendance system has been developed to mark staff attendance. For this project, separate time sheets are maintained for project staff. Supervisors are responsible to monitor and ensure staff presence and their work completion. Staff related to implementing the program will be based in the project sites while support will also be provided from staff members and officers based in the main and field offices in Pakistan.

Financial management will be supported by Community World Service Asia Islamabad office. The Karachi office will provide management and technical support alongside the project team for the duration of the project. The Financial Management and Reporting System are centralised from the Karachi Office. Field Offices are required to submit a monthly financial report to the main office. Reports will be collected and vetted from Islamabad office and will then be forwarded to the regional office in Karachi. Financial Reports/Updates are compiled and generated from Karachi, which in turn provides financial reports to the Senior Management Team on a regular basis. Fraud Risk Assessment and

protection training have also been conducted to better administer the funds and improve the financial monitoring system.

Community World Service Asia uses a fund accounting method for incorporating the donations received whereby each project is recorded separately and all sources of income and utilisation of funds for a particular project can be identified. Financial Statements are prepared in accordance with the requirements of International Accounting Standards as applicable in Pakistan. Also, biannual audits (June and December) of Community World Service Asia overall financial statements are conducted by an independent firm of auditors – Ernst & Young Global Limited (Ford, Rhodes, Siddat Hyder & Co.). In addition to this, separate project audits are also conducted as per the requirements of donors.

Community World Service Asia has been awarded the USAID Management Standards in capacity building processes under the Institutional Management and Certification Programme (IMCP) implemented by the NGO Resource Centre, (a project of Agha Khan Foundation). General ledger and project accounting software is also being used, which has been developed by the financial consultants. This software covers the requirements of both general and project accounting. In addition, since 2005, Community World Service Asia has been certified by ISO for ISO 9001:2000, which sets blue prints for procedures and guidelines. These procedural guidelines have been incorporated in CWSA's operation manual, which is familiarized with each department, as well as the staff.

At the end of the project an external audit will be carried out by Ernst & Young Global Ltd (Ford, Rhodes, Siddat Hyder & Co).

3.5 Planned Implementation period: 15 August 2015 to 14 March 2016

3.6 Monitoring, reporting and evaluation

During implementation of the project, regular monitoring will be undertaken to check progress and performance of the proposed interventions. A detailed list of qualitative and quantitative indicators will be used to ensure adequate compliance. Keeping in view the indicators, a Performance Measurement Plan (PMP) will be developed, which will monitor outputs, outcomes and the impact of the intervention. Staff will be stationed in the project area to conduct weekly monitoring visits of the project through beneficiary interviews focussing on process, involvement, benefits, physical verification of the deliverables in the field, and review of the progress reports.

Monitoring will also involve reviewing and planning of work on a regular basis, assessing whether activities are carried out as planned (including beneficiary selection), identifying and dealing with problems during implementation. Emphasis will be given to ensure application of Sphere standards and ACT Code of Conduct during the monitoring process. Monitoring of all planned project activities by the project staff will result in preparation of the consolidated reports, to be shared with all the stakeholders.

For the WASH component, a questionnaire will be developed and beneficiary interviews will be conducted using that. Monitoring reports will be used for documenting challenges and lessons learnt. NCA staff will also conduct periodic monitoring of the project progress, at least once a month against project specific indicators (LFA) and will document results, gaps and suggestions using provided templates developed by NCA. The WASH project also includes a baseline survey in the beginning and an Endline survey at the end to measure project results. This would also include aspects of gender, inclusiveness and accountability.

Both quantitative and qualitative methods will be used in designing the monitoring formats. The Do-No-Harm principles will be considered while designing the monitoring tools.

Reports will be collated and sent to the ACT Secretariat according to the ACT appeal reporting schedule.

IV. THE TOTAL ACT RESPONSE TO THE EMERGENCY

Both Community World Service Asia and NCA are closely monitoring potential funding from non-ACT donors and will respond accordingly.

Meanwhile, through funding from Christian Aid, DanChurch Aid and the United Methodist Committee in Relief (UMCOR), Community World Service Asia is currently providing 1,791 food packages in Ghotki District in Sindh. In the coming days an additional 430 food packages will be distributed in Thatta District. With funding from the START Network, 1,235 food packages will be distributed in Ghotki District - both of these in collaboration with Christian Aid. In collaboration with NCA, Community World Service Asia will also be providing safe drinking water through a Water Treatment Unit. Lastly, discussions are ongoing for early recovery interventions in the form of agricultural support and health.

NCA has likewise started to respond in 3 districts of Punjab and Sindh using internal emergency grant from its head office. The initiated response comprises a water supply component through positioning of 6 water treatment units for a period of 3 months. Each unit can provide water to 5,000 individuals based on sphere standards. NCA is currently seeking funds for the continuation of the response in Ghotki integrated with Community World Service and adding sanitation, hygiene and psychosocial component to the response.

V. CWSA ESTIMATED EXPENDITURE

Description	Type	No.	Unit Cost	Budget	Budget
	Unit	Units	PKR	PKR	USD
A. DIRECT ASSISTANCE					
<u>1. PROVISION OF EMERGENCY HEALTH SERVICES: MHU</u>					
Health Interventions					
Medicines for 2 Units	months	6	300,000	1,800,000	17,822
Medical Supplies for 2 Units	months	6	20,000	120,000	1,188
Personnel-100%					
<i>Operational Project Staff</i>					
Project Manager	months	6	100,000	600,000	5,941
Health Data Officer	months	6	75,000	450,000	4,455
Pharmacy Store Keeper	months	6	45,000	270,000	2,673
MHU Personnel				0	0
Medical Officer (2)	months	6	150,000	900,000	8,911
Female Medical Officers (2)	months	6	150,000	900,000	8,911
Lady Health Visitors/Nurses (2)	months	6	90,000	540,000	5,347
Dispensers (2)	months	6	90,000	540,000	5,347
Community Mobilizers (4)	months	6	160,000	960,000	9,505

Drivers (2)	months	6	40,000	240,000	2,376
Guards (3)	months	6	90,000	540,000	5,347
Cleaners/Helpers (2)	months	6	34,000	204,000	2,020
Benefits and allowances (10%)				806,400	7,984
MHU Staff Transportation				0	0
Vehicle Rental and Forfiet (3)	months	6	270,000	1,620,000	16,040
Fuel for Vehicle (3)	months	6	150,000	900,000	8,911
Vehicle Registration/other expenses	vehicle	6	25,000	150,000	1,485
Vehicle Repair and maintenance (3)	months	6	180,000	1,080,000	10,693
Security Expense	months	6	100,000	600,000	5,941
Field Office Rent & Utilities	months	6	70,000	420,000	4,158
Health staff accomodation & supplies	months	6	40,000	240,000	2,376
Meals & Incidentals	months	6	85,000	510,000	5,050
Generator fuel for field/MHU/and office	months	6	120,000	720,000	7,129
Sub Total (Health Intervention)				15,110,400	149,608
<u>2. QUALITY & ACCOUNTABILITY</u>					
Orientation/Refreshers on Quality & Accountability	Sessions	6	150,000	900,000	8,911
Q&A Consultations	Sessions	3	100,000	300,000	2,970
Sub-ALWG	Meetings	6	10,000	60,000	594
Information & Complaint Handling Center (1)	Lumpsum	1	1,300,000	1,300,000	12,871
Sub Total (Quality and Accountability)				2,560,000	25,347
TOTAL (DIRECT ASSISTANCE)				17,670,400	174,954
B. INDIRECT COSTS: ADMINISTRATION, PERSONNEL AND OPERATIONAL SUPPORT					
Personnel (10%)					
Reporting & Communications Officer	months	6	6,000	36,000	356
Procurement Manager	months	6	6,000	36,000	356
Administration Administrator	months	6	6,000	36,000	356
Finance Officer	months	6	8,000	48,000	475
Security Officer	months	6	10,000	60,000	594
Deputy Director	months	6	50,000	300,000	2,970
Associate Director	months	6	45,000	270,000	2,673
Emergency Response Coordinator	months	6	16,000	96,000	950
HR Officer	months	6	10,000	60,000	594
External Affairs Manager	months	6	10,000	60,000	594
Finance Manager	months	6	10,000	60,000	594

Benefits and Allowances (23%)				244,260	2,418
Sub Total - Personnel				1,306,260	12,933
Office Running Costs - Support Offices (10%)					
Utilities and Office Supplies	month	6	40,000	240,000	2,376
Communications	month	6	25,000	150,000	1,485
Meals and Incidentals	month	6	30,000	180,000	1,782
Boarding and Lodging	month	6	25,000	150,000	1,485
Equipment Repair and Maintenance	month	6	25,000	150,000	1,485
Local Travel	month	6	25,000	150,000	1,485
Internal Monitoring and Evaluation	lumpsum	1	150,000	150,000	1,485
Bank Charges	lumpsum	1	20,000	20,000	198
Sub-Total - Office Running Costs				1,190,000	11,782
TOTAL INDIRECT COSTS				2,496,260	24,715
C. External Audit					
Financial Management and Audit	activity	1	250,000	250,000	2,475
TOTAL AUDIT				250,000	2,475
TOTAL Estimated Expenditure without ICF				20,416,660	202,145
International Co-ordination Fee (3%)*				612,500	6,064
TOTAL Expenditure including ICF				21,029,160	208,210
Budget Exchange Rate	101.00				

VI. NCA ESTIMATED EXPENDITURE

Description	Type of	No. of	Unit Cost	Budget	Budget
	Unit	Units	PKR	PKR	USD
DIRECT COST (LIST EXPENDITURE BY SECTOR)					
Emergency Recovery - 06 months					
Water Supply					
District Ghotki					
Repair/installation of Hand pumps	Pumps	40	12,000	480,000	4,752
Installation of new hand pumps	Pumps	60	25,000	1,500,000	14,851
Chlorination of hand pumps	Sources	70	100	7,000	69
Water quality test (pre and post for existing hand pumps while posts tests for new points)	Test	190	2,000	380,000	3,762
Maintenance Kit for operation and maintenance of hand pumps	Kits	25	7,000	175,000	1,733
Water quality testing equipment	Material	1	30,000	30,000	297
Subtotal - Water Supply				2,572,000	25,465
Sanitation					
District Ghotki					
Pour flush latrines with raised foundations	Latrines	150	40,000	6,000,000	59,406
Subtotal - Sanitation				6,000,000	59,406
Hygiene Promotion					
District Ghotki					
Village cleaning campaigns through cash 4 work	Campaigns	30	6,000	180,000	1,782
Hygiene Kits	Kits	1,639	1,714	2,809,246	27,814
Community theatres as per need	Perf.	2	60,000	120,000	1,188
Subtotal Hygiene Promotion				3,109,246	30,785
Disaster Risk Reduction (DRR)					
District Ghotki					
Village preparedness Plans	Plans	30	6,000	180,000	1,782
Subtotal DRR				180,000	1,782
Psychosocial Support					
District Ghotki					
Establishment of Child Friendly spaces	Meeting	2	50,000	100,000	990
Counselling Sessions for male & females	session	160	1,000	160,000	1,584
Special events for Children and Youth	events	1	50,000	50,000	495
Training on PFA to teachers and social activists (male and female)	Training	1	50,000	50,000	495
Subtotal - Psychosocial Support				360,000	3,564
Total Program - Early Recovery				12,221,246	121,002
Assessments - NCA					
Baseline assessment in all three districts	Baseline	1	100,000	100,000	990

Endline evaluation of the project	Eval.	1	100,000	100,000	990
Security Assessment by NCA in 1 district	Assessment	1	100,000	100,000	990
Total assessment cost				300,000	2,970
TOTAL Direct Programme					
				12,521,246	123,973
Other Sector Related Direct Costs					
Salaries - NCA					
Project Officer seconded to partner office	Month	6	170,000	1,020,000	10,099
Finance officer 25%	Month	6	75,000	450,000	4,455
Security officer 25%	Month	6	70,000	420,000	4,158
Monitoring and transportation cost	Month	6	102,967	617,802	6,117
CB & trainings NCA & partner	CB	1	600,000	600,000	5,941
Total				3,107,802	30,770
Partner staff salary (02 districts)					
HANDS					
Hygiene Promoters (50% male & 50% female)	Month	12	30,000	360,000	3,564
Associate Engineer (One for each)	Month	6	30,000	180,000	1,782
Psychosocial Counsellor x 2	Month	12	30,000	360,000	3,564
District Project Manager- DM (one for each)	Month	6	40,000	240,000	2,376
Monitoring Officer	Month	6	40,000	240,000	2,376
Finance Associate	Month	6	30,000	180,000	1,782
Senior Engineer	Month	6	50,000	300,000	2,970
Total				1,860,000	18,416
Field Office Running Cost HANDS					
Vehicle for field level activities & Monitoring (Rent, POL)	Vehicles	6	60,000	360,000	3,564
Stationary/ Photo copy/ printer corteges for field offices	Office	6	10,000	60,000	594
Utilities (Partial)	Office	6	15,000	90,000	891
Rent of field office (partial)	Office	6	20,000	120,000	1,188
Communications	Office	6	5,000	30,000	297
Partner Head Office Support cost	Lump sum	1	315,000	315,000	3,119
Sub Total				975,000	9,653
NCA Cost					
Equipment maintenance - NCA	Month	6	20,000	120,000	1,188
Office rent - NCA	Month	6	100,000	600,000	5,941
Communication, office supplies - NCA	Month	6	50,000	300,000	2,970
Sub Total				420,000	4,158
TOTAL Other Sector Related Direct Costs				6,362,802	62,998
					0
TOTAL DIRECT ASSISTANCE				18,884,048	186,971

TRANSPORT, WAREHOUSING & HANDLING					
HANDS					
Warehouse rent for supplies	per month	3	30,000	90,000	891
TOTAL W/HOUSING & HANDLING				90,000	891
CAPITAL ASSETS (over US\$500)					
HANDS					
Office equipment's	Lump sum	2	200,000	400,000	3,960
TOTAL CAPITAL ASSETS				400,000	3,960
TOTAL DIRECT COSTS				19,374,048	191,822
INDIRECT COSTS: PERSONNEL, ADMIN & SUPPORT					
<u>Staff salaries</u>					
HANDS					
General Manager WASH (partial)	Month	6	15,000	90,000	891
General Manager MER (Partial)	Month	6	10,000	60,000	594
General Manager Finance (Partial)	Month	6	10,000	60,000	594
District Operation & Finance Manager (Partial)	Month	6	10,000	60,000	594
Sub total				270,000	2,673
<u>Partner Office operations</u>					
HANDS					
Meeting and travel cost		6	50,000	300,000	2,970
Sub total				300,000	2,970
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				570,000	5,644
Vehicles for Monitoring - NCA (01 vehicles)	Month	6	75,000	450,000	4,455
Audit of ACT appeal - Commissioned by NCA	Lump sum	1	300,000	300,000	2,970
Monitoring cost (Main office staff) - NCA	Month	6	100,000	600,000	5,941
Total				1,350,000	13,366
TOTAL AUDIT, MONITORING & EVALUATION				1,350,000	13,366
TOTAL EXPENDITURE excl International Coordination Fee				21,294,048	210,832
INTERNATIONAL COORDINATION FEE (ICF) - 3%				638,821	6,325
TOTAL EXPENDITURE incl International Coordination Fee				21,932,870	217,157
EXCHANGE RATE: local currency to 1 USD					
Budget rate	101				

