

Appeal

Pakistan

Assistance to the Flood-Affected Families in Sindh & Punjab - PAK151 Revision 1

Appeal Target: US\$268,794

Balance Requested: US\$129,942

Geneva, 3 November 2015

Dear Colleagues,

The ongoing flood emergency has further aggravated the lives and livelihoods of the affected communities in all the provinces of Pakistan and Azad Jammu & Kashmir (AJK) State. The rains which started in mid-July are continuing and hampering the daily routine and 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.

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). Through interviewing the affected population and observing the damage, the assessment team found that food, water and sanitation, immediate healthcare, non-food items and emergency shelters are top priority needs at this stage. In August there was also a joint multi-sectoral needs assessment of 12 districts, including District Sujawal, along with 19 other international and local NGOs using the UN MIRA assessment questionnaire.

Taking into consideration the information gleaned from the latest assessments, Community World Service Asia is changing its implementation area from Ghotki (Sindh) to Sujawal also in Sindh. NCA has decided to change their location from Ghotki to Rajanpur (Punjab) and reduce the water treatment units (WTU) from 6 to 3 while increasing the number of target beneficiaries 10,000 to 17,000. NCA is also reducing the implementation period from 6 to 5 months.

ACT Pakistan Forum members, Community World Service Asia and Norwegian Church Aid still plan to provide health and WASH to the most vulnerable communities.

I. EXECUTIVE SUMMARY

NAMES OF ACT FORUM AND REQUESTING MEMBERS:

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

KEY PARAMETERS:	Community World Service Asia	Norwegian Church Aid
Project Start/Completion Dates	15 August 2015 – 14 February 2016 (6 months)	15 September 2015 – 14 February 2016 <i>(Revision 1: Reduction of duration from 6 months to 5 months)</i>
Geographic areas of response	District Sujawal <i>(Revision 1: District changed from Ghotki to Sujawal)</i>	District Rajanpur <i>(Revision 1: District changed from Ghotki to Rajanpur)</i>
Sectors of response & projected target population per sector	Health (20,000 individuals)	WASH (17,000 individuals) <i>(Revision 1: increased from 10,000 to 17,000 individuals)</i>

SUMMARY OF APPEAL REQUIREMENTS BY ACT MEMBER AND SECTOR:

Appeal Requirements	CWSA	NCA	Unallocated	Total Target US\$
Total requirements US\$	208,210	60,584		268,794
Less: pledges/contributions US\$	75,214	60,638	3,000	138,852
Balance of requirements US\$	132,996	-54	-3,000	129,942

REPORTING SCHEDULE

Type of Report	CWSA	NCA
Situation reports	Monthly	Monthly
Interim narrative & financial report	N/A	N/A
Final narrative & financial report	30 April 2016	30 April 2016
Audit report & management letter	31 May 2016	31 May 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 also inform the Head of Finance and Administration, Line Hempel (Line.Hempel@actalliance.org) and the Regional Programme Officer of all pledges/contributions and transfers, including funds sent direct to the implementers.

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 Programme Officer, James Munpa (James.Munpa@actalliance.org)ACT Web Site address: <http://www.actalliance.org>

Sarah Kambarami

Head of Programmes

ACT Alliance Secretariat

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 daily routines and 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.

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 *(Revised)*

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). Through interviewing the affected population and observing the damage done on location, the assessment team found that food, water and sanitation, immediate healthcare, non-food items and emergency shelters were top priority needs at this stage. [In August, Community World Service Asia also participated in a joint multi-sectoral needs assessment of 12 districts, including District Sujawal, along with 19 other international and local NGOs using the UN MIRA assessment questionnaire.](#)

The methodology used for the assessment was key informant interviews, focus group discussions, direct observations using a semi structured standard Needs Assessment questionnaire. NCA used 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 were top priority needs at this stage.

Food: The affected communities have lost almost all of their belongings which also includes food stocks and other assets, i.e., standing crops, livestock, communication and transportation. 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, sales of assets, reducing the amount and number of meals in a day are the main coping strategies to meet up with their food and income needs. Aside from immediate food supplies, there is also a significant need for assistance to livelihood recovery (e.g. agricultural input

distribution, 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 schemes 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%) is prevalent.

Psychosocial Support: The assessment reveals that 65% of 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.

Health: Accessibility to health facilities and services is a major issue for the affected community. The nearest government health facility in District Ghotki is at least 2 kilometres away and is currently not functional. In both cases, 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 everywhere has caused worsening health and hygiene conditions. The displaced affected families are also suffering from poor shelter conditions making them vulnerable to disease 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 shelter or other household items. Although the Government has been providing tents, the affected population require assistance in rebuilding their destroyed homes. Most of the population live in *katcha* houses which were either destroyed or damaged by the floods.

(Revision 1: Updated assessments)

2.2. Situation analysis

According to the most recent UNOCHA report, the floods caused 238 deaths (115 men, 58 women and 65 children) and affected an estimated 1.6 million people. The floods also had a significant social and economic cost with more than 10,000 houses damaged, as well as large scale damage to crops and livestock in affected areas. While the Government has banned people from living on the river course and adjacent flood plains, an estimated 2.6 million people continue to do so due to poverty and to take advantage of the fertile soil. Based on assessments conducted by both Community World Service Asia and NCA, people are using unsafe water sources for drinking purposes and malaria is spreading rapidly in the temporary settlement and camps.

(Revision 2: updated figures)

In Sindh province, 3,203 villages have been affected by the floods so far and many more will follow in the coming days. 1,001,696 individuals have been affected alone in Sindh and over 100,000 people had been displaced and are compelled to live in tents and on embankments and raised places in the affected districts. *(Revision 1: Updated figures)*

The local government officials (district coordination officers) have declared an emergency in districts worst affected by the floods. The national government did not declare an emergency and did not 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 were huge gaps in provision of food, shelter, WASH, non-food items and health services.

Sindh: 3,023 villages have been affected by the floods in Sindh so far. The affected districts in Sindh include Kashmore, Ghotki, Shikarpur, Khairpur, Sukkur, Qambar Shahdadkot, Jamshoro, Thatta and Sujawal. The people who were displaced were compelled to live in tents and under the open sky on embankments and raised places in the affected districts.

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 may follow in the coming days because of continued monsoon rains, land-slides, melting of glaciers and increased flood levels 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.

Gilgit-Baltistan: Diamer, Gilgit, Ghizar, Ghanche, Skardu and Hunza districts have been severely damaged. 7 people are reported dead and 812 houses damaged in 286 villages as a result of rains, landslides and flash floods. A number of roads and connecting bridges have been washed away leaving many villages cut off from the main towns.

AJK: District Sudhnoti, Neelam, Havaili and Bhimber have been affected by the rains and flash floods and 22 people have died as a result. 237 houses have been 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 have been 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 have caused damage to flood protection bunds, electric poles, roads, uprooting trees, etc. 13 people have been died so while 33 others are injured.

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

2.3. Capacity to respond *(Revised)*

Community World Service Asia is an ecumenical regional organization implementing humanitarian and development initiatives in Asia since 1954. Its focus areas include: disaster management; education; health; livelihoods; peace and democracy; WASH; DRR and quality and accountability. CWSA engages in actual 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. 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 adheres 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 those proposed under this Appeal which places it at an advantage for providing 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 and, and Humanitarian response and 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 of year 2010 and 11. As part of NCAs response plan, WASH stocks and mobile water treatment units were prepositioned in partner warehouses in Sindh and Baluchistan. NCA secured funds to operationalize 3 WTUs out of 8 for the current floods in Punjab. NCA has already started responding through partners in Rajanpur, Punjab and Ghotki & Kashmore, Sindh. The ongoing response will only cover the six month immediate response pertaining to water supply whereas the proposed project will ensure the recovery phase of the project and integrate sanitation, hygiene and PSS component. In addition to this, as part of NCAs 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. *(Revision 1: Reduce WTUs from 6 to 3; change in location of response to Punjab.*

2.4. Activities of forum and external coordination (Revised)

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) strike. Once the monsoon rains started the Forum began closely monitoring the situation and on 24 July raised an ACT Alert on the floods situation in Pakistan.

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

ACT Alliance members in Pakistan are coordinating 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. Distribution of monthly rations of food packages started days after the disaster struck and is currently ongoing for 1,791 flood-affected families in District Ghotki. Immediately after, an additional 1,235 food packages were distributed in Ghotki and another 431 packages were distributed among flood affected families in District Thatta where Community World Service Asia was also currently present with ongoing projects on women empowerment and MNCH. *In Sujawal District, Community World Service Asia will be providing medicines and medical supplies to flood-affected families through the Maternal, Neonatal and Child Health (MNCH) Centr it is currently running in the area. Discussions with the Canadian Food Grains Bank through Presbyterian World Service & Development is also in the final stages for a food security / early recovery response in Sujawal district.*

MEMBER	ONGOING		
	Province	District	Activities
Community World Service Asia	Sindh	Ghotki	FOOD: 1-mo Food Packages: 1,791 households or 10,925 individuals (with CA, DCA, UMCOR) FOOD: 1-mo Food Packages: 1,235 households or 7,534 individuals (START Fund thru CA)
		Thatta	FOOD: 1-mo Food Packages: 431 households or 2,629 individuals (CA)
		Sujawal	HEALTH: Provision of medicines and medical supplies (AmeriCares)
Norwegian Church Aid	Punjab	Rajanpur	WASH: Funds are secured from NCA head office to operationalize 06 Water Treatment Units (WTU's)

As part of NCAs 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 for 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 assistance to immediately mobilize and operationalise WTUs. As planned 3 WTUs will provide water to at least 17,000 individuals at this crucial stage. The budgeted amount is for a 6-month response. *(Revision 1: Additional activities in district Sujawal; Decrease in WTUs from 6 to 3; Increase in beneficiaries from 10,000 to 17,000; and increase in response duration from 3 to 6 months)*

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 coordinates with local government departments at the district level.

II. PROPOSED EMERGENCY RESPONSE

1. Target populations, and areas and sectors of response *(Revised)*

Community World Service Asia and Norwegian Church Aid will respond to 37,000 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 *Sujawal District in Sindh and Rajanpur District in Punjab*. 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 response in based on NCA assessment, current situation and needs in Sindh and Punjab*. NCA will respond to the ongoing emergency for the first 6 months funded by an internal grant focusing on water supply months and part

of the same beneficiaries will be targeted for early recovery in the areas of their origin. (*Revision 1: Changes in areas of response; NCA has increased beneficiaries from 10,000 to 17,000 individuals; prolonged water provision from 3 to 6 months*)

ACT member	Sector of response	Geographic area of response	Planned target population	
Community World Service Asia	Health	UC Bello and Bijora, District Sujawal (Revision 1; Changed from District Ghotki to District Sujawal)	3,279 families	20,000 individuals
Norwegian Church Aid	WASH	UC Jahanpur, Fatehpur, Hajipur, District Rajanpur (Revision 1; Changed from Sindh to Punjab province)	2,787 families (Revision 1: Increased beneficiary numbers)	17,000 Individuals (Revision 1: Increased beneficiary numbers)

NOTE: Quality and Accountability services proposed by Community World Service Asia will provide Q&A assistance mainstreamed in 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 **Appendix 1** for a map of the affected areas.

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 people 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 in the middle of the affected communities.

- 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 *(Revised)*

The overall goal is to prevent the outbreak of diseases and protect the health and wellbeing of flood-affected families in [Sujawal District in Sindh and Rajanpur District in Punjab](#). *(Revision 1: Change in areas of response)*

3. Proposed implementation plan

3.1 Narrative summary of planned intervention *(Revised)*

Community World Service Asia, Norwegian Church Aid (NCA) and NCA's partner [Sungi](#) plan to assist 37,000 flood-affected individuals in [UCs Bello and Bijora in Sujawal District \(Sindh\) and UCs Jahanpur, Fatehpur and Hajipur in Rajanpur District \(Punjab\)](#). *(Revision 1: Change in NCA partner and also changes in areas of response)*

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	80	100	8,000
Installation of new hand pumps	Hand pumps	90	100	9,000
Total beneficiaries				17,000

(Revision 1: Removed interventions on Sanitation, Hygiene Promotion and Psychosocial Support)

NCA has received funds from head office for the operation of 03 water treatment units. These units will be prepositioned in [Rajanpur district](#) which will provide adequate water to 3,000 families. NCA plans to address the emergency as well as recovery needs of affected population. The activities planned for early recovery will lead to more sustainability and better outcome of WASH assistance. *(Revision 1: change of districts from 3 to only one, reduction in WTUs from 6 to 3 and reduction in number of families from 4,000 to 3,000 for provision of water through WTUs)*

Community World Service Asia will provide 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 bite 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 their stock 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 [Sungi](#). NCA plans to second one program officer in the Sungi office to provide technical support. NCA staff will be responsible for capacity building of partner, monitoring the ongoing activities and coordinating with local agencies and government departments to avoid duplication with other stakeholders. *(Revision 1: Change in NCA's partner.)*

3.2 NCA Logframe

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>Goal: The overall goal is to prevent the outbreak of diseases and protect the health and wellbeing of flood-affected families in Ghotki and Rajanpur through the provision of Primary Health Care, WASH services and 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 and curative health services <p>WASH</p> <ul style="list-style-type: none"> Vulnerable flood affected communities have improved access to clean drinking water facilities Water and vector borne diseases are reduced as a result of increased community awareness and good practice in hygiene and environmental sanitation Communities are better prepared to identify, mitigate risk and 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 2,429 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 	<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 	<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>women and children</p> <ul style="list-style-type: none"> • % of events held and children involved in sport and recreational events • # of CFS established <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>Psychosocial Support</p> <ul style="list-style-type: none"> • Baseline and Endline surveys • Project documentation • Monitoring visits • Field survey • Observation • Spot checks <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 and curative emergency health care services <p>WASH</p> <ul style="list-style-type: none"> • 1,639 2,429 flood affected families (17,000 10,000) 	<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"> • Accessibility to the affected areas is manageable • Market prices of identified goods are stable and available. • Capable staff available

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<p>individuals both male and females) have appropriate and improved access to clean drinking water</p> <ul style="list-style-type: none"> 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 and vector borne diseases due to improved WASH facilities and hygiene practices of 1,639 2,429 flood affected families (17,000 10,000) individuals including men and women) in Sindh Resilient communities through improved preparedness, readiness and improved planning <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>	<ul style="list-style-type: none"> # of people with easy and proximal access to quantity of clean water as per Sphere standards 90 60 new hand pumps constructed 840 40 existing hand pumps rehabilitated 340 200 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 <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>and willing to work in the project areas.</p> <ul style="list-style-type: none"> 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
<p>Activities:</p> <p>Health</p> <ul style="list-style-type: none"> OPD (Out-door Patient) Examination 	<p>List of Key inputs</p> <p>Health</p> <ul style="list-style-type: none"> Human Resources – Project Manager, Health data officer, 		<ul style="list-style-type: none"> Accessibility to the

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<ul style="list-style-type: none"> • 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 of Water Supply • Rehabilitation of 840 existing hand pumps • Installation of 90 60 new hand pumps • Water will be tested before being distributed to the beneficiaries & would be according to permissible standards (340 200) • Sanitation • Construction of 150 pour flush latrines with septic tanks and drainage facilities • Hygiene Promotion • 150 sessions will be conducted • 1,639 hygiene kits will be distributed • 02 community theatres for raising awareness 	<p>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</p> <ul style="list-style-type: none"> • Material Resources – Vehicles. The Mobile Health Units <p>WASH</p> <ul style="list-style-type: none"> • Baseline survey report • Funding • 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>affected areas is manageable</p> <ul style="list-style-type: none"> • 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 • 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

Project structure	Indicators	Means of Verification (MoV)	Assumptions
<ul style="list-style-type: none"> ● Cash for Work (CFW) ● 360 individual will be compensated through Cash for work activity. ● Disaster Risk Reduction ● 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) 	<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 		

3.3 Implementation methodology (Revised)

3.3.1 Implementation arrangements

HEALTH

The health component will be undertaken directly by Community World Service Asia which has a long history of working in the health sector and 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 by the 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 (Revised)

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 communities 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. NCA has already started provision of clean drinking water using mobile water treatment units and will continue that for 3 months followed by the recovery phase as planned in the appeal.

To compliment water provision and to ensure hygienic practices of targeted beneficiaries 21 hygiene sessions will also be conducted with the community. These sessions will focus on sharing key hygiene messages e.g. hand washing, spread of water borne diseases, safe water storage etc.

(Revision 2: inclusion of complimentary hygiene activities in project)

Water Quality Testing

Pre and post water quality tests will be conducted for all existing sites 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 a water quality officer.

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. The representative committee of the community will nominate person/s who will be receive this training, after the training they will be provided with a operation and maintenance (O&M) tool kit which will be utilized in the case the hand pump machinery malfunctions.

(Revision 1: Removal of interventions on Sanitation, Hygiene Promotion and Psychosocial Support.)

QUALITY AND 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) following the earthquake in 2005 and IHCs after the floods of 2010, it 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 *(Revised)*

Community World Service Asia, NCA and NCA's partner [Sungi](#) have a 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. *(Revision 1: Change of NCA partner from HANDS to Sungi)*

3.3.3 Cross-cutting issues *(Revised)*

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. The gender sensitive implementation strategy – which ensures active involvement of men, women, boys and girls in all phases of project implementation to cater to 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 mobilizer 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. The Inter Agency Standing Committee (IASC) checklist 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 [Sungi](#) 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 concerns will be given priority during selection of sight for latrines and hand pumps.

- Committees will be formed prior 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 shall be ensured while making village level committees

(Revision 1: Change of NCA partner from HANDS to Sungi)

3.3.4 Coordination (Revised)

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 meeting of NCA and partner's management at respective HQs in Islamabad and in field, i.e., [Rajapur \(Punjab\)](#)
- Facilitation of meeting 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

(Revision 1: Change of field location from Ghotki to Rajapur)

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 Centre 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 propagates 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 *(Revised)*

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. A **Project Manager** 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.

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. *(Revision 1: Staffing is reduced based on the reduction in interventions.)*

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. The HRD department does 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 the 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 will be maintained for project staff. Supervisors are responsible to monitor and ensure staff presence and their work completion. Staff directly related to implementing the program will be based in the project sites while support will 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 process under Institutional Management and Certification Programme (IMCP) implemented by 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 our 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: CWSA - 15 August 2015 to 14 February 2016
NCA 15 September to 14 February 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 of the interventions. 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.

III. 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 be responding accordingly.

Meanwhile, through funding from the Christian Aid, DanChurch Aid and the United Methodist Committee in Relief (UMCOR), Community World Service Asia is currently providing food 1,791 packages in District Ghotki in Sindh. In the coming days an additional 430 food packages will be distributed in District Thatta whereas, with funding from the START Network, 1,235 food packages will be distributed in District Ghotki. Both of these in collaboration with Christian Aid. *Furthermore, medicines and medical supplies will be provided in District Sujawal, through funding from AmeriCares, to provide health support to those affected by the floods. Lastly, discussions are ongoing for early recovery interventions in the form of agricultural support and food assistance with the Canadian FoodGrains Bank through the Presbyterian World Service and Development.*

NCA has likewise started to respond in Rajanpur District of Punjab using an internal emergency grant from the head office. The initiated response comprises a water supply component through positioning of 3 water treatment units for a period of 6 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 Rajanpur.

(Revision 1: Change in NCA's target district, reduction in number of WTUs from 6 to 3 and a prolonged response from 3 to 6 months. Additional activities conducted by Community World Service Asia in Sujawal.)

IV. 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 Centre (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				

District Ghotki									
Village cleaning campaigns through cash for work	Campaigns	30	-	6,000	-	180,000	-	1,905	-
Hygiene Kits	Kits	1,639	-	1,714	-	2,809,246	-	29,727	-
Community theatres as per need	Performances	2	-	60,000	-	120,000	-	1,270	-
Hygiene sessions	Sessions	-	21	-	3,000	-	63,000	-	667
Subtotal Hygiene Promotion					3,000	3,109,246	63,000	32,902	667
Disaster Risk Reduction (DRR)									
District Ghotki									
Village preparedness Plans	Plans	30	-	6,000	-	180,000	-	1,905	-
Subtotal DRR						180,000	-	1,905	-
Psychosocial Support									
District Ghotki									
Establishment of Child Friendly spaces	Meeting place	2	-	50,000	-	100,000	-	1,058	-
Connesling Sessions for male and females	sessions	160	-	1,000	-	160,000	-	1,693	-
Special events for Children and Youth	events	1	-	50,000	-	50,000	-	529	-
Training on PFA to teachers & social activists (male & female)	Trainings	1	-	50,000	-	50,000	-	529	-
Subtotal - Psychosocial Support						360,000	0	3,810	0
Assessments - NCA									
Baseline assessment in all three districts	Baseline	1	-	100,000	0	100,000	-	1,058	-
Endline evaluation of the project	End line	1	-	100,000	0	100,000	-	1,058	-
Security Assessment by NCA in 01 districts	Assessment	1	-	100,000	0	100,000	-	1,058	-
Sub Total Assessment						300,000	-	3,175	-
Other Sector Related Direct Costs									
Salaries - NCA									
Project Officer seconded to partner office	Month	6.00	0.00	170,000	-	1,020,000	-	10,794	-
Finance officer 25%	Month	6.00	0.00	75,000	-	450,000	-	4,762	-
Security officer 25%	Month	6.00	0.00	70,000	-	420,000	-	4,444	-
Monitoring and transportation cost	Month	6.00		102,967		617,802		6,538	-

Capacity Building & training of NCA & partner	Lump sum	1.00	0.00	600,000	-	600,000	-	6,349	
Sub Total						3,107,802	-	32,887	-
Partner staff salary (01 districts)									
HANDS (Sungi)									
Hygiene Promoters (50% male & 50% female)	Month	12	-	30,000	0	360,000	-	3,810	
Associate Engineer (One for ech)	Month	6	-	30,000	0	180,000	-	1,905	-
Psychosocial Counsellor	Month	12	-	30,000	0	360,000	-	3,810	-
District Project Manager- DM (one for each)	Month	6	-	40,000	0	240,000	-	2,540	-
Monitoring Officer	Month	6	-	40,000	0	240,000	-	2,540	-
Finance Associate	Month	6	-	30,000	0	180,000	-	1,905	-
Senior Engineer	Month	6	-	50,000	-	300,000	-	3,175	-
Project Manager	Month	-	3	-	80,000	-	240,000	-	2,540
Construction engineer	Month	-	5	-	40,000	-	180,000	-	1,905
Sub Total						1,860,000	420,000	19,683	4,444
						-	-	-	-
Field Office Running Cost HANDS (Sungi)									
Vehicle for field level activities & Monitoring (POL)	Month	6	5	60,000	30,000	360,000	135,000	3,810	1,429
Stationary/ Photo copy/ printer corteges for field offices	Field Office	6	-	10,000		60,000	-	635	
Utilities (Partial)	Field Office	6	-	15,000		90,000	-	952	-
Rent of field office (partial)	Field Office	6	3	20,000	35,000	120,000	105,000	1,270	1,111
Communications and utilities	Field offices	6	3	5,000	20,000	30,000	60,000	317	635
Partner Head Office Support cost	Lump sum	1	-	315,000		315,000	-	3,333	-
Monitoring cost	Field Office		3		30,667		92,001		974
Sub Total						975,000	392,001	10,317	4,148

NCA Costs									
Equipment maintenance - NCA	per month	6	-	20,000	0	120,000	-	1,270	-
Office rent - NCA	per month	6	-	100,000	0	600,000	-	6,349	-
Communication, office supplies - NCA	per month	6	-	50,000	0	300,000	-	3,175	-
Sub Total						420,000	-	4,444	-
TOTAL DIRECT ASSISTANCE						18,884,048	4,810,001	199,831	50,899
TRANSPORT, WAREHOUSING & HANDLING									
HANDS									
Rental Vehicle	Field Office		5		60,000		270,000		2,857
Warehouse rent for supplies	per month	3	3	30,000	20,000	90,000	60,000	952	635
TOTAL TRANSPORT, WAREHOUSING & HANDLING						90,000	330,000	952	3,492
CAPITAL ASSETS (over US\$500)									
HANDS									
Office equipment's	Lump sum	2	-	200,000	0	400,000	-	4,233	-
TOTAL CAPITAL ASSETS						400,000	-	4,233	-
TOTAL DIRECT COSTS						19,374,048	5,140,001	205,016	54,392
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT									
<u>Staff salaries</u>									
HANDS									
General Manager WASH (partial)	Month	6	-	15,000	-	90,000	-	952	-
General Manager MER (Partial)	Month	6	-	10,000	-	60,000	-	635	-
General Manager Finance (Partial)	Month	6	-	10,000	-	60,000	-	635	-
District Operation & Finance Manager (Partial)	Month	6	-	10,000	-	60,000	-	635	-
Sub Total						270,000	0	2,857	0

