

ACT Alliance

**Emergency lifesaving and recovery
assistance for flood-affected
population in Pakistan**

Appeal

PAK221

Requested Budget: USD 4,272,493

actalliance

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Project Summary Sheet				
Project Title	Emergency lifesaving and recovery assistance for flood-affected population in Pakistan			
Project ID	PAK221			
Location	<ul style="list-style-type: none"> - Sindh Province: Badin, Khairpur, Mirpur Khas and Umerkot districts - Punjab Province: Rajanpur district - Khyber Pakhtunkhwa (KP) Province: Upper Kohistan, Lower Kohistan and Swat districts. 			
Project Period	Start Date : 1 October 2022 End Date : 31 January 2024 No. of months : 16 months			
Requesting Forum	<input checked="" type="checkbox"/> The ACT Alliance network in Pakistan officially endorses the submission of this Sub-Appeal Community World Service Asia (CWSA) Norwegian Church Aid (NCA) Diakonia Katasrophenhilfe (DKH)			
Requesting members	1) Community World Service Asia (CWSA) 2) Norwegian Church Aid (NCA)			
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Local Partner(s)	Community World Service Asia (CWSA) – direct implementation Norwegian Church Aid (NCA) partners: <ul style="list-style-type: none"> - Research and Development Foundation (RDF) in Sindh - Pak Mission Society (PMS) in Punjab and Khyber Pakhtunkhwa - LASOONA in Khyber Pakhtunkhwa 			
Thematic Area(s)	<input checked="" type="checkbox"/>	Cash and Vouchers	<input checked="" type="checkbox"/>	Shelter and household items
	<input type="checkbox"/>	Camp Management	<input checked="" type="checkbox"/>	Food and Nutrition
	<input checked="" type="checkbox"/>	Disaster Risk Management	<input type="checkbox"/>	MHPSS and CBPS
	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender
	<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Education
	<input checked="" type="checkbox"/>	Health	<input checked="" type="checkbox"/>	Advocacy
	<input type="checkbox"/>	Other:		
Project Outcome(s)	Outcome 1: Flood affected communities have access to food, non-food, health, winterization items, and Wash services appropriate and relevant to their immediate needs and ensuring safeguarding and protection through capacity building of humanitarian actors working with the flood affected communities Outcome 2: Flood affected communities have access to emergency/primary health care services through static health units			

	<p>Outcome 3: Flood affected communities are capacitated on flood resilient shelter reconstruction and communal/ institutional Wash infrastructure for restoration of basic needs of water and sanitation and ensure information sharing and coordination among the aid agencies</p> <p>Outcome 4: Flood affected communities can meet their essential needs of the flood affected communities through provision of cash for work</p>																																																												
Project Objectives	<p>1. To reduce the vulnerability of the flood affected communities through the provision of life saving multisectoral support and ensure dignified response through capacity building of aid workers in Sindh, Punjab and KP.</p> <p>2. To improve the health condition of flood-affected communities through the provision of emergency/primary health care services</p> <p>3. To strengthen the resilience of the flood affected communities through capacity building in DRR and restoration of WASH and Shelter infrastructure and enhance the coordination among aid agencies to ensure the response as per international standards</p> <p>4. To provide cash for work to poor, vulnerable men and women that will enable them to meet their essential needs</p>																																																												
Target Recipients	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #c00000; color: white;"> <th colspan="8">Profile</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Refugees</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">IDPs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">host population</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Returnees</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="7">Non-displaced affected population</td> </tr> </tbody> </table> <p>Total target beneficiaries: 36,162 households with 247,580 individuals</p> <ul style="list-style-type: none"> - CWSA: 22,692 households with 147,498 individuals at 6.5 HH Size - NCA: 13,470 households with 100,082 individuals at 7.43 HH size <p>Sex and Age Disaggregated Data:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #c00000; color: white;"> <th colspan="9">Sex and Age</th> </tr> <tr> <th></th> <th>0-5</th> <th>6-12</th> <th>13-17</th> <th>18-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> <th>80+</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>22,510</td> <td>25,954</td> <td>13,853</td> <td>50,492</td> <td>8,164</td> <td>4,951</td> <td>2,475</td> <td>1,443</td> </tr> <tr> <td>Female</td> <td>19,831</td> <td>22,244</td> <td>10,785</td> <td>49,287</td> <td>8,870</td> <td>3,803</td> <td>2,075</td> <td>843</td> </tr> </tbody> </table>	Profile								<input checked="" type="checkbox"/>	Refugees	<input checked="" type="checkbox"/>	IDPs	<input checked="" type="checkbox"/>	host population	<input type="checkbox"/>	Returnees	<input checked="" type="checkbox"/>	Non-displaced affected population							Sex and Age										0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	Male	22,510	25,954	13,853	50,492	8,164	4,951	2,475	1,443	Female	19,831	22,244	10,785	49,287	8,870	3,803	2,075	843
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Project Budget (USD)	<p>Total ACT response budget: USD 4,272,493</p> <ul style="list-style-type: none"> - CWSA: USD 2,139,235 - NCA: USD 2,133,258 																																																												

Reporting Schedule

Type of Report	Due date
Situation reports	On a weekly basis during the first month of the appeal.
Interim Reports (narrative and financial)	31 March 2023
	30 September 2023

Final narrative and financial report (60 days after the ending date)	31 March 2024
Audit report (90 days after the ending date)	30 April 2024

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

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the revised ACT Humanitarian Mechanism, pledges/contributions are **encouraged** to be made through the consolidated budget of the country forum, and allocations will be made based on agreed criteria of the requesting members. For any possible earmarking, budget targets per member can be found in the “Summary Table” Annex, and detailed budgets per member are available upon request from the ACT Secretariat. A monthly update will be provided by the humanitarian finance which gives an overview of existing pledges/contributions and associated earmarking for the appeal.

Please inform the Director of Operations, Nancy Ette (Nancy.ette@actalliance.org) and Head of Humanitarian Affairs, Niall O’Rourke (niall.orourke@actalliance.org) with a copy to the Humanitarian Finance Coordinator, Marjorie Schmidt (marjorie.schmidt@actalliance.org) of all pledges/contributions and transfers, including funds sent direct to the requesting members. Please also be sure to inform us at the time of your pledge of any back donor or other special requirements relevant to the donation. In line with Grand Bargain commitments to reduce the earmarking of humanitarian funding, if you have an earmarking request in relation to your pledge, a member of the Secretariat’s Humanitarian team will contact you to discuss this request. We thank you in advance for your kind cooperation.

For further information, please contact:

Asia and the Pacific

ACT Regional Representative, Alwynn Javier (alwynn.javier@actalliance.org)
Humanitarian Programme Officer, Muhammad Waqas (wagas@actalliance.org)

Visit the ACT website: <https://actalliance.org/>

Niall O’Rourke

Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

Pakistan has been enduring severe monsoon weather since June 2022, with rainfall equivalent to 2.9 times the national 30-year average. This has caused widespread flooding and landslides with severe ramifications for human lives, property, and infrastructure. To date, 81 districts (Balochistan 32, Sindh 23, Khyber Pakhtunkhwa 17, Gilgit Baltistan 6, and Punjab 3) are declared 'calamity hit' by the Government— a one-third area (70% districts) across Pakistan is affected. Given the ongoing rains and floods flowing through Punjab and Sindh, the number of calamity-declared districts is expected to increase to add misery to millions already affected by the rains and floods. Also, the impact on agriculture will further worsen.

According to National Disaster Management Authority (NDMA) Pakistan as of September 8, 2022, around 33 million people across the country are affected by the rains, floods, and landslides. The overall death toll has reached 1,391 and 12,722 injured. Over 754,000 livestock perished, 1.7 million houses damaged (1,173,288 partially and 565,878 fully destroyed), and around 3.6 million acres of crops and orchards (45% of total cropland) are affected across the country. Damages to infrastructure (internet, 6,688 km of roads, and 246 bridges) have further worsened the humanitarian situation— impeding the ability of people to flee to safer areas, access markets, healthcare, or other vital services, and delivery of aid to some 6.4 million people in need of humanitarian assistance.

It is estimated that 73% of vulnerable families are in need of food, temporary shelter, support in water sanitation and hygiene, while livestock owners need feed and vaccinations, and farmers need seeds and fertilizers for the cultivation of important vegetables and crops, in order to cope with the effects of disasters. In addition, affected families need tents, tarpaulins, sleeping mats, blankets, mattresses, mosquito nets and toolkits for debris removal and restoration of damaged houses. To mitigate the risk of outbreaks of communicable diseases in camps, maternal health services for 650,000 pregnant women, of whom 73,000 are expected to deliver this month across the country in the flood-affected areas, need emergency health services with essential medicines, equipment, and supplies. Psychosocial support is required for those affected by significant losses (human lives, animals, property, and livelihoods). Safeguarding measures are required for girls, women, and children for protection against sexual exploitation and abuse, with referral pathways for available support services and safe spaces (NFIs and dignity kits). Likewise, improved access to sufficient and clean water for drinking, cooking, and maintaining personal hygiene along with the provision of culturally appropriate, secure, user-friendly, sanitary and gender-appropriate toilets and washing facilities, and awareness about safe hygiene practices is a prerequisite.

The Government of Pakistan is leading the humanitarian response (cash assistance, food packs, tents, and water, sanitation, and hygiene supplies), which is supported by the federal and provincial Government Departments, the Army, Air Force and Navy, the UN agencies, and other local and international humanitarian partners. The Pakistan army is leading a humanitarian rescue operation to move stranded and cut off people to safety. Due to extensive damages to roads, and bridges many areas are not accessible by road.

Given the scale of the flooding, the Government of Pakistan does not have means and capacities to respond to the situation. In this regard, the Government of Pakistan and the United Nations (UN) launched a joint emergency appeal of USD 160.3 million. The flood emergency response plan is for a 6-month period, i.e. between September 1, 2022 to February 28, 2023. The appeal is based upon very early estimates; the actual situation will be clear once damage assessments will be undertaken. It is expected the real extent of losses is significantly higher. Hence, more resources would be required.

The Government is working to ensure aid for some 33 million people in need of humanitarian assistance. The Prime Minister's Flood Relief Fund 2022 is established to facilitate people all over the country and overseas to contribute to the flood relief efforts. To complement this effort, the UN and the international humanitarian community aim to support and protect some 5.2 million people over the next six months under the 2022 Pakistan Floods Response Plan. Besides pledges for humanitarian assistance are made by Canada \$5 Million, Azerbaijan \$1.2 Million, UK £16.5 Million and US\$30 Million and in-kind support is provided by Turkey, UAE, Qatar, Saudi Arabia, and France. Considering the scale and impact of disaster these humanitarian efforts are not adequate to meet the growing needs of the affected population.

Capacity to respond

ACT Pakistan Network participating members (CWSA and NCA) have a long presence and experience of implementing humanitarian response, early recovery, development and resilience intervention in their respective areas of expertise. Each of the partners have selected their areas of response based on their presence, connections with the communities and line government departments.

NCA has mobilized NOK 1.7 million (US\$169,370) from its internal funds and launched an emergency response to support 9,800 flood-affected families in the Dadu (Sindh) and Lasbela (Baluchistan) districts. NCA is working through local partner Research and Development Foundation (RDF) based in Sindh, which has deployed two Water Treatment Units (WTU) in the flood-affected areas with the capacity to deliver safe drinking water to 10,000 individuals. NCA has also completed procurement of Non-Food Items (NFIs) such as Shelter Kits, Jerry Cans, Hygiene Kits, and Mosquito Nets, and its distribution is in progress in Sindh and Baluchistan. For the control of vector-borne diseases, fumigation campaigns were conducted in coordination with concerned district authorities. In addition, Personal Hygiene and Menstrual Hygiene Management (MHM) awareness sessions are being conducted separately for both male and female beneficiaries by gender-balanced staff deployed in the field by RDF.

To further scale up the emergency response NCA through this appeal want to raise more funds to support flooded-affected families in Mirpur Khas and Sanghar (Sindh), Rajanpur (Punjab) and Swat and Kohistan districts (KP) to improve flood-affected families' access to safe drinking water, safe sanitation facilities, and hygiene awareness along with the provision of essential NFIs.

In response to the flood emergency, Community World Service Asia has immediately mobilized funds and are able to start provision of emergency health services through mobile health unit in the targeted villages of Umerkot. It will further scale up its emergency response activities as soon as the additional funds are mobilized. Under the ACT Appeal, CWSA is planning to support the affected communities in three districts of Sindh and one district of KP through provision of emergency cash for food, health services through mobile health units in emergency phase and through government static health units in recovery phase, support in shelter reconstruction and building capacities of humanitarian actors and advocacy with government institutions on ensuring Quality and Accountability in humanitarian response.

Community World Service Asia (CWSA)

CWSA has been responding to both small- and large-scale disasters across Pakistan for almost two decades. It has conducted large-scale humanitarian operations in the recent past, in response to the earthquake of 2005, cyclone Yemyin in 2007, flooding in 2010, 2011, and 2012, the IDP response of 2012, the earthquake response of 2015, the drought response of 2018, and the locust response of 2020. Its sectoral expertise includes emergency response, cash transfer programming, food security, livelihoods, WASH, health, and education. Most recently, it has responded to the locust infestation crisis in Punjab and Sindh provinces through the provision of agriculture inputs and cash assistance for tilling/ploughing and trenching work to control the locusts. CWSA also responded to the drought emergency in the Umerkot district of Sindh, providing WASH, health, and food security services to vulnerable communities in the targeted area.

Under its drought emergency program, CWSA is providing humanitarian, early recovery and development assistance under CFGB HERD program to the drought affected communities in district Umerkot where the humanitarian assistance is currently going on and will be followed by early recovery and development activities to be started from November 2022.

CWSA was also at the forefront, following the earthquake in Azad Jammu Kashmir (AJK) in 2019 and delivered WASH and shelter assistance to the affected communities. CWSA is also implementing several livelihoods and DRR initiatives in the region and has a long-term presence and well-established linkages with the government and non-government organizations working in the area. Based on learnings from the previous experiences of implementing emergency and development programs, CWSA has established comprehensive processes and procedures that enable effective and efficient implementation.

CWSA has been engaged with cash programming and have utilized the modality during the drought response program starting from 2018 which is still continued, the same modality has been utilized in the COVID-19 as well as locust response projects. CWSA has set SOPs and guidelines for cash transfer programming, compliance to which are very helpful in achieving the desired results with ease and quality. Health programming is the core of CWSA response strategy. It has a vast experience of running a health response program for the Afghan refugees that was continued for 30 years. Health responses with the same proposed modality have been implemented in the earthquake response of 2005, IDP response in 2009, flood response in 2010, 2011, 2012, 2013, earthquake response 2015, drought response 2018 and some of the health interventions are still continuing. CWSA has experience of providing temporary shelters as well as permanent structures for the targeted communities. Apart from the provision of temporary tents in response to different types of disasters in the past, CWSA has been actively working on the provision of permanent structures. In response to 2010 floods, CWSA have constructed 385 permanent houses for the flood-affected communities. In response to the earthquake 2015, CWSA with NCA have provided self-help shelter repair kits to 1,400 earthquake affected families who were also provided with capacity building on safer construction techniques.

In response to the current floods, CWSA, through its own pool of funds and some support from partner organizations, is providing health care services through mobile health units in district Umerkot Sindh. The response will be scaled up and will be extended further as soon as further funds are committed.

Norwegian Church Aid (NCA)

NCA has been working in Pakistan since 1982 with prior focus on assistance of Afghan refugees until 2005. In 2007, NCA expanded its thematic and geographic focus through humanitarian WASH assistance of earthquake affected communities in Pakistan and since then, has been an active member of humanitarian community (UN and local humanitarian organizations) in Pakistan with expertise in Climate Resilient WASH as well as Cash based interventions. NCA has an effective partners' base with experience and expertise in humanitarian response in areas of WASH, and cash-based interventions, and is one of the active members of humanitarian and development coordination forums at national and provincial levels, which includes Drought Coordination Group and SDG's working Group of the Pakistan Humanitarian Forum (PHF). NCA has established linkages with key disaster management authorities and successfully implemented multiple humanitarian projects related to floods, earthquake, conflict, IDPs, and COVID, with the financial support of UNOCHA, Norwegian Ministry of Foreign Affairs and ACT Alliance partners.

For this appeal, NCA has selected three local partners, which are Research and Development Foundation (RDF), Pak Mission Society (PMS) and LASOONA to provide humanitarian assistance to 2022 floods affected families in Sindh, Punjab and Khyber Pakhtunkhwa (KP) provinces. These three partners are registered with the Economic Affairs Division (EAD), have presence in the affected areas, and are well connected with relevant Government structures.

Research and Development Foundation (RDF)

RDF is a renowned national NGO based in Hyderabad, Sindh province of Pakistan. RDF was established in 2001 and mainly focuses on water, sanitation and hygiene, disaster risk reduction, agriculture and livelihood and climate change adaptation. RDF mainly focuses on different districts of Sindh province for their interventions. RDF has been NCA's partner since 2011. Both NCA and RDF have jointly implemented different humanitarian and developmental projects funded by a variety of donors.

LASOONA

LASOONA is a registered non- for-profit organization, certified/accredited by Pakistan Center for Philanthropy (PCP). At the national level, LASOONA has signed an MOU with the Economic Affairs Division for implementation of donor funded projects. LASOONA is a central executive council member of SUN Civil Society Alliance (SUN-CSA) and executive council member of National Humanitarian Network (NHN) at the provincial level. Humanitarian Response is one of the core themes and key strengths of LASOONA's strategic programmes. Alongside its rich history of implementing large scale humanitarian and

development projects in partnership with other partners, being a strategic partner of NCA, it has implemented a number of projects in emergency WASH, food security and shelter in large scale disasters and national catastrophes. At the target district level LASOONA has taken a lead role in responding to the humanitarian needs arising from COVID 19.

Pak Mission Society (PMS)

PMS is a registered faith-based national relief and development organization established in 2005 to support underprivileged communities, regardless of faith, gender, ethnicity and class. PMS has strong linkages with local, national, and international diverse faith actors including different dioceses of the Church of Pakistan. PMS has its head office in Islamabad and presence in Shangla, Peshawar, and Kohistan districts of KP; and Rajanpur and Rawalpindi districts of Punjab; and Sanghar and Umerkot districts of Sindh, with operational capacities and substantial experience of responding to all major disasters in Pakistan. PMS has been working with NCA since 2018 in both long-term development and humanitarian response including floods, and COVID.

RESPONSE STRATEGY

The Results Framework is annexed to this appeal

ACT members in Pakistan will be targeting the most affected districts in the three provinces of Pakistan (Sindh, Punjab and Khyber Pakhtunkhwa). The selection of the provinces is based on the prioritization done by the Government Response Agency and the National Disaster Management Authority (NDMA) which shares the situation reports of the flood situation on a daily basis. The proposed response is aligned with the Government Flood Response Plan (FRP) that has been launched jointly with United Nations.

The FRP indicates that 6.4 million people are in dire need of humanitarian support, and they have devised a plan to target 5.2 million of them. The response will be spread through multi-sector support which includes food, NFIs, shelter, education, WASH, health, and protection, etc.

Community World Service Asia (CWSA)

In the proposed intervention, CWSA aims to reduce vulnerabilities as a result of timely, coordinated and needs based emergency and early recovery assistance in the sectors of food, health, shelter, WASH and some livelihood support. CWSA is targeting districts of Mirpur Khas and Umerkot in Sindh province and district Swat in Khyber Pakhtunkhwa province for this response.

CWSA will be self-implementing the activities by hiring its own staff. CWSA aims to provide cash assistance for food, health services, and build capacities of the affected population to build flood-resilient shelters, and provide them cash for work which will not only help them in the construction of shelters for them but also provide income generation opportunities. CWSA will provide cash for food support to 4000 Households in the selected communities. The modality of cash for food support has been proposed on the basis of the information received from the field that due to higher demands of food items by the affected communities and the limited response provided so far, the communities have started looting the relief items which is creating safety and security threat for the communities, staff, and vendors. To address this situation and meet the required needs of the communities, CWSA is proposing cash for food assistance. The agreed cash amount per family is PKR 12,000 which has been derived from the actual market price of the World Food Program (WFP) indicated food basket for the current flood response. Three monthly instalments of PKR 12,000 (in total 36,000) will be provided per family. It will be ensured through community engagement and monitoring mechanisms that at least 80% of the provided amount is to be spent on purchasing food items while the rest of the 20% can be utilized for other household essential needs. The cash transfer will be done through mobile cash transfer services. In this regard, the service provider will be selected for the activity. Floods have caused damages to infrastructures too in most of the selected areas therefore, in case there are problems in disbursement through mobile cash transfer, other alternative ways may also be considered such as disbursement through the post office, or direct cash in hand to the communities while following proper process for disbursements and receiving.

The affected communities in selected areas don't have access to emergency/primary health care services and risks of water borne and communicable diseases are increasing with every passing day, to address this problem CWSA will be providing curative and preventive health care services through mobile health and static health units to ensure outreach to the communities who have access and availability issues. Four mobile units are proposed in this response to work 25 days a month. Each unit will be equipped with one male doctor, one female doctor/nurse, one lady health visitor, one medical dispenser and two mobilizers (one male and one female). Each team will be providing medical support through free consultations, free medicines and counselling etc. Health services will be continued for six months through mobile health clinics and shall be shifted to the static government health services in the early recovery phase to ensure the same services are provided from these facilities for another 10 months. CWSA will distribute 5,000 gender-friendly hygiene kits including mosquito nets to 5,000 households where each household will receive 2 mosquito nets. Health and hygiene sessions will also be conducted with the people who will be visiting the health facilities.

In the early recovery phase, apart from the provision of health care services through the static government health facilities, CWSA will also be working on the rehabilitation/reconstruction of permanent shelters and capacity building of the communities on the safer construction techniques in Mirpur Khas and Umerkot districts. As per the recent information provided by the Deputy Commissioners of the respective districts, floods have caused damages to 169,962 houses in both districts. The main reason for the destruction is the poor construction where the foundation made of bricks and mud is levelled with the ground. Therefore, a small amount of rain also can cause erosion resulting in the weakening of the foundation and further destruction of the whole house. In this regard, capacity building on resilience of the communities on safer construction techniques with 4000 individuals will be conducted so that safer techniques can be applied in reconstruction. In response, CWSA will provide support to 200 houses in the construction of their shelters. 200 households will be selected on the basis of their willingness to construct their houses on elevated places and as per the proposed structure as well as they are willing to contribute to construction of their houses. In this response, it will be ensured that the new construction is made on elevated grounds and at least three feet of elevation from the ground while the cemented foundation will be constructed. Filling the foundation and construction of walls will be the responsibility of the owner of the household. CWSA will provide cement and bricks for the foundation, and roofing material such as iron guarder, bamboo, and thatch (chicks). This construction activity will be done through cash-for-work activity in which 1 skilled labour will be engaged for four days and 1 unskilled labour will be engaged for six days.

Local non-governmental organizations (NGOs) are providing emergency flood assistances. The non-governmental organizations (NGOs) participating in the response must have emphasis on quality and accountability and with coordinated approach. There are several collaborations that must be developed, where feasible, for example, with local government executives and community leaders from impacted regions. Sharing information among various stakeholders may assist to guarantee that resources are successfully handled and administered by local NGOs who fully understand their role.

As a regional and national focal point for quality and accountability standards such as the Sphere Standard and the CHS Alliance, CWSA is focusing on activities that aim to build capacity of the local NGOs, as well as the availability and use of contextualized resources, techniques, and procedures in order to reinforce systemic and cultural changes. Because this target group, in essence, works closest with and for the people we work with and for, a change in their techniques and approaches will result in more empowered communities.

Cash for work support will be provided to the local laborers who will do the labour in the reconstruction of the houses against which they will receive daily wage labour. In construction of 500 houses, 100 skilled labours and 200 unskilled labours will be engaged. Each of the group, consisted of 1 skilled labour and 2 unskilled labours, will construct at least 5 shelters in a month and shall work for 20 days in a month. Skilled labour will be paid PKR 1,200 per day and unskilled labour will be paid PKR 800 per day which is local wage rate.

Norwegian Church Aid (NCA)

Globally NCA is in partnership with the United Nation Humanitarian Response Depots (UNHRD), which is a network of depots located in Ghana, Italy, UAE, Malaysia, Spain, and Panama that procures, manages, and transports emergency supplies for the

humanitarian community. It is a one-stop shop for partners, offering free storage, procurement, transport, handling, and technical field expertise. Partners can request services in any region and can coordinate their response efforts, lend and borrow stock, and access unbranded items.

In Pakistan, NCA has 7 Water Treatment Units (WTU) in Sindh, where 4 of which are located in Hyderabad, and Khyber Pakhtunkhwa (1 in each Peshawar and Swat) and dewatering motor pumps in its stockpiles. Apart from this, NCA and its implementing partners have the human resources capacity, water quality testing equipment and warehousing. In addition, NCA has two 2 satellite phones, which are available to the staff when travelling in areas with weak/no mobile network coverage. Implementing partners have offices in target districts.

To mobilize the above stockpiles with partners for immediate humanitarian assistance to the flood-affected families, NCA from its reserve funds has allocated NOK1.7 million (US\$169,370) to support 9,800 flood-affected families in the Dadu (Sindh) and Lasbela (Balochistan) districts.

In the proposed response NCA will include five more districts, i.e Badin in Sindh, Rajanpur in Punjab, Kohistan Upper and Kohistan Lower in Khyber Pakhtunkhwa. In order to ensure effective targeting while avoiding duplication for a maximum outreach the partner will coordinate with District Disaster Management Authorities (DDMA), line departments, and with other organizations/actors working on the ground. In this regard PDMA are leading coordination at provincial levels, and DDMA are coordinating response at provincial levels. 5W matrices are regularly updated and shared providing Who Does What, Where, When and for Whom in the response. While deciding areas and communities 5W matrices, and inputs of DDMA and line departments will be taken into account. Gender mainstreaming and inclusion of disabled and elderly will be the key elements of the response to ensure women and persons with disability will be able to make and shape their choices in response to the best of their suitability. NCA is a certified member of CHS Alliance, ascribing to CHS standards on accountability. Consultation with the communities, especially with women, elder and vulnerable groups is implicit to propose response. The partners will enable communities, and facilitate them to participate in the response to make and shape choices. To ensure transparency in the interventions, and to empower communities through information specific action will be undertaken to provide them information in an easy to access and comprehensible manner. Human dignity will be at the heart of the response to ensure the response will be empowering and enabling experience with them. All assistance will be in compliance to applicable emergency standards - especially Sphere Minimum Standard.

With these funds, NCA's local partner Research and Development Foundation (RDF), has deployed two WTUs in the flood-affected areas with the capacity to deliver safe drinking water to 10,000 individuals per day. In Baluchistan and Sindh response includes distribution of Non-Food Items (NFIs) such as Shelter Kits, Jerry Cans, Hygiene Kits, and Mosquito Nets to affected families in Sindh and Baluchistan. For the control of vector-borne diseases, fumigation campaigns have been conducted in coordination with concerned district authorities. In addition, Personal Hygiene and Menstrual Hygiene Management (MHM) awareness sessions are being conducted separately for both male and female beneficiaries by gender-balanced staff deployed in the field by RDF.

Along with these efforts, NCA has planned to further scale up the emergency response under this appeal to use the remaining stockpiles (WTUs) and support other unmet needs to improve flood-affected families' access to safe drinking water, safe sanitation facilities, hygiene awareness, emergency shelter and essential NFIs. In this regard, NCA has planned to support 13,600 (95,000 individuals) flooded-affected families in Mirpur Khas and Sanghar (Sindh), Rajanpur (Punjab) and Swat and Kohistan districts (KP). In Sindh, NCA will continue to work through local partner RDF, while in Punjab and KP it will work through PMS and LASOONA respectively.

Impact

To reduce the vulnerability of flood-affected communities in Sindh, Punjab and Khyber Pakhtunkhwa province through timely, coordinated and needs based emergency and recovery assistance.

The response activities will reduce the vulnerability of the affected communities and help them in meeting their immediate needs of food, NFIs, shelter, Wash, and health. Also, the cash-for-work component will provide them income generating opportunities within their local community structures.

Outcomes

Outcome 1:

Flood affected communities have access to food, non-food, health, winterization items, and Wash services appropriate and relevant to their immediate needs and ensuring safeguarding and protection through capacity building of humanitarian actors working with the flood affected communities

Outcome 2:

Flood affected communities have access to emergency/primary health care services through static health units

Outcome 3:

Flood affected communities are capacitated on flood resilient shelter reconstruction and communal/ institutional Wash infrastructure for restoration of basic needs of water and sanitation and ensure information sharing and coordination among the aid agencies

Outcome 4:

Flood affected communities can meet their essential needs of the flood affected communities through provision of cash for work

Outputs

Output 1.1

Flood-affected communities received cash assistance for food and essential needs

Activities:

- Coordination with the relevant stakeholder's district authorities, community focal persons to select the locations
- Selection of affected families for cash assistance for food as per the selection criteria
- Verification of the selected families as per the selection criteria
- Disbursement of monthly cash to 5,000 families for a period of three months
- Post verification after distribution of cash
- Post distribution monitoring will be done after the first and last distribution of cash to gauge the satisfaction of the participants regarding the assistance

Output 1.2

Affected population access timely, life-saving in-kind assistance and awareness raising in sudden onset of crisis

Activities

- Consultation with key stakeholders including district authorities to finalize locations
- Procurement and distribution of basic shelter kits and NFIs (plastic mats, tarpaulin sheets, bamboo sticks, mosquito nets, jerry cans, buckets, tools for emergency shelter etc.)
- Distribution of Non-Food Items (NFI's) to 43,320 people. The items include distribution of basic shelter kits, winterization kits and mosquito nets
- Post distribution monitoring surveys will be conducted to gauge the satisfaction level of beneficiaries receiving these items.
- Beneficiary identification survey will be conducted in targeted districts
- 55,026 people (29,714 men and 25,312 women) will be reached through hygiene sessions
- 31, 060 people will benefit from distribution of around 4,500 hygiene kits in the targeted areas

Output 1.3

Women and girls of reproductive age have access to appropriate hygiene information, supplies and WASH facilities that support their dignity and well-being

Activities

- 27,013 women and adolescent girls will be provided with menstrual hygiene management (MHM) session
- 8,855 women and adolescent girls will be provided with MHM kits

Output 1.4**Women, girls, men, and boys have improved access to safe drinking water****Activities**

- 100,048 people will be reached through the provision of drinking water supply facilities in the targeted areas
- The drinking water supply schemes include installation of hand pumps, rehabilitation of tube wells, solarization of existing water supply schemes and provision of Jerry cans for water storage to the affected population

Output 1.5**Women, girls, men and boys have improved access to adequate sanitation facilities****Activities**

- 13,454 people (7,265 men and 6,189 women) will be provided with adequate sanitation facilities in the targeted areas
- The sanitation facilities include construction of ventilated improved pits (VIP) latrines. Moreover, debris removal campaigns will be conducted in the affected areas for removal of sludge and debris accumulated as a result of floods.

Output 1.6**Flood-affected communities received primary and mother neonatal and child health care****Activities**

- Coordination with relevant district line departments, health management committee/ community focal persons, and NGOs
- Establishment of four fully equipped mobile health units
- Hiring of paramedic staff for the mobile health units
- Provision of General OPD services (Free medical consultations will be provided @ 80 patients per day per unit on average for a period of 25 days a month)
- Strip method testing in the mobile health laboratory
- Health education sessions on health and Hygiene, Malaria, Dengue, scabies, diarrhea, Antenatal/postnatal, TB, Hepatitis, HIV/AIDS, COVID-19, and acute respiratory infections (ARI) with the community members who visit mobile health units (Health and hygiene sessions will be conducted @20 attendees per session)
- Provision of antenatal and postnatal care for Pregnant and lactating women
- Counselling and awareness-raising sessions on regular check-ups, the importance of a balanced diet, breastfeeding, vaccination for pregnant and lactating women who visit mobile health Units

Output 1.7**Patients from flood-affected communities received essential medicines free of Cost****Activities**

- Purchase of medicines by following proper procurement process
- Purchase of medicines of PKR 400,000 per month to run four mobile health facilities for 6 months

Output 1.8**Hygiene kits are provided in the flood-affected communities to improve hygiene and health practices****Activities**

- Purchase of hygiene kits for the affected communities
- Distribution of 5,000 hygiene kits to the selected people visiting the health facilities (Hygiene kits will include women specific dignity kits)

Output 1.9

Humanitarian organisations working in flood response areas are identified

Activities

- Coordination with 500 listed organizations
- Identification of 100 new organizations through the 500 listed organizations

Output 1.10

Identified organizations have participated in online series of learning sessions on different quality and accountability themes

Activities

- A series of online sessions on international quality and accountability standards and critical accountability subjects tailored to the needs and requirements of organizations will be conducted
- The experts from the region as well as local organizations will be engaged in panel discussions, in one-on-one sessions or as guest speakers in the sessions
- The series will be held twice a month through Zoom in Urdu and English
- Follow up or action plans for structured engagement in the process

Output 1.11

Identified organizations who have participated in the online series share their issues and challenges through Frequently Asked Questions

Activities

- Develop and maintain FAQs log sheet for record
- Respond to the FAQs through platform or emails

Documented FAQs developed from the discussions will be shared widely through the platform with all the humanitarian actors

Output 2.1

Flood-affected communities received primary and mother neonatal and child health care

Activities

- Coordination with relevant district line departments, health management committee/ community focal persons, and NGOs
- Establishment of four fully equipped mobile health units
- Hiring of paramedic staff for the mobile health units
- Provision of General OPD services (Free medical consultations will be provided @ 80 patients per day per unit on average for a period of 25 days a month)
- Strip method testing in the mobile health laboratory
- Health education sessions on health and Hygiene, Malaria, Dengue, scabies, diarrhoea, Antenatal/postnatal, TB, Hepatitis, HIV/AIDS, COVID-19, and acute respiratory infections (ARI) with the community members who visit mobile health units (Health and hygiene sessions will be conducted @20 attendees per session)
- Provision of antenatal and postnatal care for Pregnant and lactating women
- Counselling and awareness-raising sessions on regular check-ups, the importance of a balanced diet, breastfeeding, vaccination for pregnant and lactating women who visit mobile health Units

Output 2.2**Patients from flood-affected communities received essential medicines free of Cost****Activities**

- Purchase of medicines by following proper procurement process
- Purchase of medicines of PKR 400,000 per month to run four static health facilities for 10 months

Output 3.1**flood-affected communities have received training on construction of flood resilient shelters****Activities**

- Coordination with the relevant stakeholder's district authorities and community focal persons
- Selection of the workshop participants on the basis of their interest in learning the safer techniques for the construction of flood resilient shelters
- Manual in the local language of the participants will be developed for the workshop on safer techniques of construction of flood resilient shelters
- 200 workshops will be conducted to build the capacity of affected communities on construction of flood resilient shelters
- Pre-Post assessment and feedback will be taken in the beginning and end of the workshop

Output 3.2**Selected households from flood-affected communities received material for construction of flood resilient shelter****Activities**

- Purchase of construction material for 500 families
- Selection of participants on the basis of their interest and contribution in reconstruction of flood resilient shelter
- Distribution of construction material for foundation and roofs as per the requirement of local context to 500 families
- Construction of Shelters using flood-resilient construction techniques
- Post-distribution monitoring will be done to gauge the satisfaction of the participants

Output 3.3**Education and health institutions affected by flood rehabilitated to fulfil WASH needs of students, teachers and staff of health institutions.****Activities**

- Institutional WASH facilities which include drinking water supply and sanitation facilities will be rehabilitated in schools, basic health units and hospitals
- On account of this intervention NCA will provide assistance to 4,030 persons (2,176 men and 1,854 women) per day at an average of 100 persons per facility

Output 3.4**WASH infrastructure in flood-affected worship places (such as Mosque, Church, temples etc.) and public offices, restored/rehabilitated to provide access to clean and safe water and sanitation facilities.****Activities**

- WASH facilities in worship places which includes mosques, church, temples etc. will be rehabilitated during the proposed response.
- NCA will reach 2,520 people per day (1,361 men and 1,159 women) through this intervention

Output 3.5**Fully equipped and active help desk established to provide support to the participants on Quality and Accountability Standards**

Activities

- Establish a help desk by the Q and A department to support the humanitarian agencies involved in response
- Follow up with the organizations via email and phone and provide space to organizations responding in emergencies to discuss their challenges and issues related to upholding / implementing Q&A standards, tools and practices during needs assessment, program design and implementation
- Support will be provided in the form of discussion with an expert on request for dedicated 1-2 hours' slot

Output 3.6**Digital repository developed for sharing tools/ guidance and practices on quality and accountability****Activities**

- A digital repository will be developed for sharing tools and standards
- Google ad campaigns in multiple languages to promote the data repository, help desk, and learning series
- Recognition posts for organizations successfully implementing Q&A standards while delivering disaster relief

Output 3.7**Social media campaign audio/visual posts****Activities**

- Development of key messages and posts for the campaign
- Social media audio/visual posts
- Static posts of data repository and key messages
- Infographics and posters

Output 4.1**Vulnerable men and women have participated in CfW activities of the project.****Activities**

- NCA will involve 1,050 people (567 men and 483 women) in cash for work components to meet the immediate needs of people in the targeted area.
- Affected population will be involved in cleanliness campaigns, construction and other activities which are related to rehabilitation of infrastructure.
- A total of PKR 26,875,000/- will be disbursed through cash for work in the affected population.
- CWSA will engage 300 people in cash for work activity for reconstruction of shelters
- CWSA will disburse PKR 5,600,000 as wage on provision of labour work in reconstruction of shelters.

Exit strategy

All relevant stakeholders will be kept onboard through all phases of the response to ensure ownership and sustainability of the intervention. Community committees (male and female) will be engaged right from the onset across all stages of implementation. Their capacities will be further strengthened ensuring they understand the complexity of the flood disaster so that they have the right information and skills to effectively cope with the future disasters in their respective villages. Likewise, effective engagement of the religious leaders and social activists have a proven track record of effectively transmitting the message down to common man and woman in their locality. The local partners will make concerted efforts to equip these leaders with public awareness messages related to health risks, gender, and conflict sensitivity. The effect of any such behaviour change will supposedly last longer. Similarly, sensitization of other humanitarian actors on quality and accountability through seminars will impact quality of the delivery of the assistance. Moreover, working with local stakeholders including district authorities will strengthen their capacities as well better equip them with skills to effectively manage future disasters. Regular updates will be shared with the relevant district and provincial management so that they could take over from where the project will be completed.

The proposed response is designed in line with the government response strategy so that they can continue supporting the households being assisted in the appeal in their regular programs. Operations and Maintenance training will be imparted to community members and duty bearers in schools and health facilities. Moreover, local partners will further advocate and lobby for the unmet needs so that the target communities are not left immediately after the response is over and their recovery and rehabilitation needs can also be addressed. The members already implementing their long-term development interventions will include the project participants of this appeal in their development projects.

PROJECT MANAGEMENT

Implementation Approach

Drawing on the needs and grounded fully in the local context in the target locations, the response modalities are the most relevant and effective based on the sectoral and geographical experiences of both CWSA and NCA and its partners in different areas of Pakistan.

For the current response, CWSA will be self-implementing the project activities as the team is physically present in the target areas with availability of experienced local staff, knowledge of the context and local dynamics, strong linkages with the local government and communities, established village structures and involvement in the local coordination mechanisms which are key factors in responding to such situation. NCA will engage its partners in their respective districts for implementation. The implementation approach has been adopted based on the physical presence, availability of experienced local staff, knowledge of the context, local dynamics, strong linkages with the local government and communities, established village organizational structures and involvement in the local coordination mechanisms. These key factors have been taken into consideration in responding to the current level of destruction caused by the disaster situation. This approach will allow the partners to leverage their established contacts and the already built rapport among the communities. NCA will sign partnership agreements with the local implementing partner, outlining key roles and responsibilities, particularly agreeing on effective oversight, coordination mechanisms and foremost importantly quality assurance, accountability, and compliance requirements. As per feasibility and requirement, ACT members will consider deputing at least one of their staff to sit on rotational basis or permanently with each IP to ensure closer monitoring, technical backstopping, and adherence to standards and organizational SOPs planned by NCA and CWSA.

Both the requesting members have been part of the country and regional coordination mechanisms such as UN sectors or working groups at national and regional levels, Pakistan Humanitarian Forum (PHF), National Humanitarian Forum (NHN) and National Provincial sector and sectoral working group in Pakistan. These coordination mechanisms are always helpful to ensure coordinated response to avoid duplication of resources and to reach out to a larger portion of vulnerable communities. In addition, both NCA and CWSA will work very closely with relevant district authorities to ensure effective implementation of the appeal across all stages. As part of the project participant's selection criteria for some of the activities under this response NCA will reach out to the minority communities in Pakistan through involvement of the religious leaders from local Churches, Temples, mosques/masjids and Gurdwaras as faith leaders have greater respect among the communities and their instructions are being followed thoroughly. In the proposed districts the partners have very good contacts with religious leaders/actors and enjoy strong rapport with them. Also, following by capacity building, these faith leaders will play a key role in sensitization and awareness raising of gender and conflict sensitivity to prevent minorities from expected discrimination in accessing the humanitarian assistance.

The information sharing with the target communities will be done through the mobile phones, printed materials, volunteers of the village structures, key informants, and elders of the communities. Feedback mechanisms will be in place by both NCA and CWSA in their respective target areas to receive feedback and complaints for further improvement of the response. The complaints will be dealt with utmost confidentiality and complainants will be contacted to inform them on the status of their complaints.

Applying members will coordinate at management, and departmental levels as provided in Emergency Preparedness and Response Plan to support and complement each other. Information sharing for effective outreach and targeting of the

communities. The members will share and coordinate information to effectively address complaints through referral. The members will adopt structured approaches to exchange learning among each other.

In case of cash for food, cash-based assistance is not only the fastest mode of delivering assistance, it is also more empowering for people since it improves their purchasing power and allows them to use it as per their most pressing needs. Secondly, mobile health units are the timeliest and efficient medium to provide basic health services to the affected population and fulfil their most urgent healthcare needs, while also reducing the risk of waterborne, communicable diseases in the future.

Cash disbursements to be done in the most appropriate, secure, and transparent way through mobile cash transfer, however, direct cash payments to the selected project participants may also be a modality largely due to unavailability of such services in the target areas. If the situation remained unpredictable for online cash transfer as a viable option and it needs to be decided to provide direct envelopes of cash, the process will be followed with utmost care. It will be ensured that the amount is withdrawn only on the day of disbursement and instead of one distribution point is distributed in chunks at different locations to minimise the risk of looting etc. The amount will be handed over to the project participants after proper scrutinizing of the identification, documentation and a cash receiving receipt from the project participant. Complaint Response mechanism will be set up during the project period to ensure accountability, transparency and to have feedback from the communities for further improvement. The selection of the service providers; mobile company will be made based on reliability, accessibility and cost effectiveness of the services rendered by these providers in the target locations. Direct distributions will be done by distribution of tokens to the selected project participants which will be collected back at the time of distribution along with the required identity verifications.

The gender mainstreaming will be governed by the SPHERE Standards, Protection Principles, Core Humanitarian Standards (CHS), 'Do No Harm (DNH) approach' and the ACT Policy on Humanitarian Protection. In order to mainstream gender, equal participation of different groups, male and female will be ensured in staffing and village structures, while prioritization of women headed households in the overall response has been put on top of the project participant's selection criteria. Moreover, gender and age desegregated data will be collected to gauge the involvement and participation of women in the overall response.

Implementation Arrangements

This appeal is designed to complement the emergency response strategy of the Government and other UN agencies to create a larger impact. The appeal strategy is in line with the global and national response strategies. NCA will be implementing the proposed intervention through its local partners while CWSA will self-implement by hiring its own staff. For the member's paramount partnership principles are transparency, communication, competence, respect, trust, commitment and advocacy in the due diligence process for implementing partners. Partnership agreements with the implementing partners will guide on humanitarian standards and applicable laws throughout the project life. Partnership agreements will draw parameters of accountability and compliance requirements for both the members and their respective implementing partners in line with each members' applicable policies/procedures/controls. Most of the proposed activities will be conducted with the help of the community structures and volunteers.

NCA and CWSA have developed appeal through close consultation and coordination. Implementation will be in close coordination between both the members. Both organizations are proposing activities in different geographical areas and there is no overlap. But in case of proposing the same set of activities, they will remain in close coordination and keep sharing best practices to learn from each other and avoid repeating the same mistakes. They will complement each other with their specific strong skills. Monthly coordination meetings among the member organizations will be conducted to share progress of the activities and challenges faced. This will help to get support from each other and timely addressing the issues if any in the implementation of the project. CWSA as convener will be responsible for all the coordination and reporting to the ACT Secretariat on behalf of NCA. NCA will share its progress as per the agreed timelines, and CWSA will consolidate and further share the progress with ACT Alliance.

Project Consolidated Budget

	Appeal Total	CWSA	NCA
Direct Costs	3,588,686	1,782,140	1,806,546
1 Project Staff	626,420	250,758	375,661
1.1 Appeal Lead	-	-	-
1.2 International Staff	11,626	-	11,626
1.3 National Staff	614,794	250,758	364,035
2 Project Activities	2,365,786	1,158,704	1,207,082
2.1 Public Health	193,564	169,034	24,530
2.2 Community Engagement	7,359	-	7,359
2.3 Preparedness and Prevention	-	-	-
2.4 WASH	835,832	-	835,832
2.5 Livelihood	65,291	25,151	40,140
2.6 Education	-	-	-
2.7 Shelter and Household items	377,717	156,100	221,617
2.8 Food Security	875,320	808,420	66,900
2.9 MHPSS and Community Psycho-social	4,906	-	4,906
2.10 Gender	-	-	-
2.11 Engagement with Faith Leaders	268	-	268
2.12 Advocacy	5,530	-	5,530
3 Project Implementation	31,978	10,169	21,809
3.1. Forum Coordination	14,138	5,709	8,429
3.2. Capacity Development	17,840	4,460	13,380
4 Quality and Accountability	145,931	78,674	67,257
5 Logistics	339,941	237,317	102,625
6 Assets and Equipment	78,630	46,518	32,112
Indirect Costs	385,726	207,846	177,880
Staff Salaries	160,073	85,449	74,625
Office Operations	225,653	122,397	103,255
Total Expenditure	3,974,412	1,989,986	1,984,426
ACT Secretariat monitoring cost SMC	39,744	19,900	19,844
ACT Secretariat management and coordination cost SMC	258,337	129,349	128,988
Total Budget	4,272,493	2,139,235	2,133,258

Project Monitoring, Evaluation and Learning**Community World Service Asia (CWSA)**

Monitoring, Evaluation, Accountability, and Learning (MEAL) will be embedded throughout the project implementation. The outcomes and indicators in the Results framework will provide the basis for monitoring the project and measuring indicators. This will enable the MEAL team to diagnose and resolve implementation and design bottlenecks to improve the project's effectiveness. For this purpose, the MEAL team will follow process monitoring focusing on both technical and operational requirements of the proposed actions consistent with the implementation plan. This will be ensured through monthly reviews, on-site visits, interviews of the project participants and project staff, review of the complaint and feedback log-sheets and monthly progress report. To address any challenges related to mobility and operational limitations, remote monitoring

mechanism will be utilized that was used during COVID-19 situation in restricted environment and proved successful in achieving the targets well on time and with quality.

MEAL officers will work closely with the project team in the identification, selection, and verification of the project participants for different components of the project by each partner. Verification of the identified project participants will be done to ensure that the identified project participants are selected as per the specified selection criteria. Regular monitoring will help in collecting relevant data to track and ensure not only the quality but the achievements against the targets and the results of the intervention. The findings will be shared with the project team and the management, who will further utilize the findings for correcting the course of the project

The project participants will be engaged throughout the monitoring process through their regular feedback. MEAL team will take feedback from community focal persons and participants who have been engaged in the project intervention about the quality of the assistance and services they received. In addition, community, focal persons may accompany the MEAL team during monitoring visits at times as well. On the basis of the feedback received from the communities, the MEAL team will propose changes or adjustments for the implementation.

Case studies and success stories will also be documented and shared with ACT secretariat. In addition, project staff will ensure capturing photographs, and video clips to show the overall process. Case studies will be developed and video interviews will be conducted to gain additional understanding of the impact of the project. End line review of the project will be conducted to assess the overall project's impact, identification of lessons learned, and challenges, and put forward recommendations for future design as well as for sharing best practices.

During the monitoring of the project, the emphasis will be given to ensure the application of Sphere Standards and the ACT Code of Conduct during the monitoring process. The partners will follow the CHS as a standard practice in project designing, implementation, and for monitoring, and evaluation. In line with CHS 7.1, the MEAL team will ensure the inclusion of the community, transparency of the implementation process, and address the feedback and complaints highlighted by the communities. CHS 7.5 is incorporated in the project as mechanisms exist at the organizational level to ensure the recording of experiences and lessons learned during the implementation of a project cycle and are accessible throughout the organization in the form of reports. Specific attention will be paid to Do-No-Harm principles while designing the monitoring tools. The already established Complaint Feedback Mechanism (CFM) will be adapted and participants will be oriented on the channels of complaints and their right to feedback and complaints. It will be made sure that each received complaint is thoroughly investigated as per the organization's policy and feedback is provided to the complainants. The organization will take care of its staff and communities following its comprehensive safeguarding policy.

Learnings will be disseminated and shared in coordination meetings with relevant departments at the districts level, in clusters, and in Forum Meetings (PHF and NHN) also the information is shared through the 5 W matrix which focuses on progress against the indicators with FSL (Food security and Livelihood, Health and WASH) cluster, PHF, NHN, and among ACT network partners. The learnings will be shared with the Alliance through situation reports, mid-term report, quarterly reports, PDM reports, case studies, pictures, video clips, and quotes from the community.

Norwegian Church Aid (NCA)

The process and progress will be closely monitored to ensure that the project is on the right path and progressing towards its stated objective. Real time spot checks will be conducted to make sure beneficiaries receive their full entitlements. Post distribution monitoring will be conducted on structured tools to ensure distributed items are utilized for the intended purpose and to record good practices and success stories. Monthly progress and financial reports will be developed, and a comprehensive database of projects will be properly maintained, and access provided to gender and age disaggregated data, reports, activities, and other material deemed essential for monitoring.

Progress will be recorded using a Monitoring Plan. In collaboration with community and local authorities, project activities will be monitored through regular site visits by NCA's and partners' senior management and project M and E staff. The project team will share the insights and findings of M and E with respective target groups/participants/stakeholders. Monthly and

quarterly progress meetings will be conducted with partners to discuss progress, problems encountered and proposed solutions. For timely recording of lessons learnt and good practices, monthly review meetings will be held amongst ACT members and partners focusing on project learning and any adjustment required amid foreseeable / current challenges. NCA will also follow the staff secondment model at the field office for technical backstopping and quality assurance of project activities as well as reporting. The seconded Project Officer MEAL will be reportable to NCA's Program Coordinator based in Islamabad office.

Safety and Security plans

CWSA and NCA have comprehensive security protocols and guidelines in place that are ensured by staff to comply with, in-house as well as in the field. In order to keep up with changing dynamics around safety and security, the situation is continually assessed and analysed using sophisticated tools. Media monitoring, and inputs through United Nations Department of Safety and Security inputs, and advisories through Government advisories are taken into account. NCA's security department at Head Office supports the Country Office in managing security profiles in the country. Regular re-orientations and drills on security protocol and operating procedures are conducted with all staff periodically and these guidelines are also reviewed as per the contextual changes and developments.

Prior to project activities, security risk assessments will be conducted factoring in geography, terrain, culture, and gender dimensions, and other known threats. This exercise will involve implementing partners as they are key in maintaining the security profile of the members.

Security team at members' country offices will be in regular contact with field staff and provide advisory as needed. The team will establish good contact with communities and local government to provide security support whenever required.

Effective utilization of the village structures/volunteers and close coordination with respective local governments will help understand the on-ground security context. Moreover, both the members have put in-place and continuously improving their staff's skills and knowledge for effective remote management alongside tailoring the SOPs to the COVID-19 situation. This, together with provision of appropriate safety gears for the frontline staff, certainly allows for mitigating the delays in implementation of the project interventions. CWSA has appointed safety and security focal persons in each of their offices, who closely monitor the security situation in Pakistan as well, while getting updates from local law enforcement agencies. CWSA has special mechanisms to ensure safety of female staff. NCA maintains a close liaison with implementing partner's security focal person to remain up to date on the situation as it develops in the ground. Safety and fire drills are conducted regularly for staff as well.

PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use [ACT's Code of Conduct](#).

Yes

No

As ACT Alliance secretariat is CHS certified, ACT appeals will be implemented with adherence to CHS commitments.

Code of Conduct

As members of ACT Alliance, the requesting members are signatories of the ACT Code of Conduct (CoC) that is mandatory for adherence and must be practiced with commitment from every member. Staff members of CWSA and NCA are signatory to ACT Code of Conduct. The primary aim is to prevent misconduct, including corruption, fraud, exploitation and abuse, including sexual; and to ensure child safeguarding. It is ensured that besides the codes of conduct and member organization's own policies, the staff is aware of and adheres to the ACT Alliance policies on the prevention of misconduct including

corruption, fraud, exploitation and abuse, including sexual; and child safeguarding, ACT Alliance Guidelines for Complaints Handling and Investigations. CWSA has undergone rigorous due diligence processes of ACT Alliance, Start Network etc so that policies are in compliance. In both the members, Human Resources (HR) department oversees the implementation of the CoC and Safeguarding policy. Staff orientation, training and refreshers on CoC, and applicable policies dealing with sexual harassment are a regular feature. Vendors, consultants, partners etc. who work with the members are also bound to sign a contract that includes policies and codes related to anti-corruption and Safeguarding.

CWSA has mainstreamed prevention into hiring, contracting and management of human resources in each of its offices and project activities. It has a designated complaints call line and response system available for all staff and community members. Regular reports are generated and reviewed by senior management. CWSA project team orients the project participants on safeguarding, including orienting them about the safeguarding commitments, the types of complaints they can lodge and what they should expect from the CWSA team in terms of addressing their complaints. They are also briefed about what behaviour they should expect from all CWSA staff or anyone working on behalf of CWSA with them. A Safeguarding Committee is also in place that investigates complaints. The Complaints Committee provides a platform or mechanism for staff, affected communities, project participants and other stakeholders that CWSA works with to raise any complaints related to sexual harassment, sexual exploitation and abuse and any other forms of mis-conduct by CWSA staff or anyone contracted to work with CWSA. This committee ensures that complaints are investigated in a fair and transparent manner, including effective resolution of complaints. It ensures that the processes and policies outlined are followed while investigating and addressing complaints while ensuring confidentiality as well. Referral pathways are outlined in CWSA Safeguarding policy as well to ensure potential victims are supported.

NCA has an established Complaint Response Mechanism (CRM), which will enable beneficiaries to file complaints or grievances related to project activities. Complaints can be lodged through multiple channels (call, SMS, direct meeting, email, complaint form etc.) and at any level; for this purpose, the relevant phone number will be displayed at the distribution sites. NCA Complaint Management Guidelines will be followed where the Officer receiving the complaints and refer the matter to the appropriate level after recording the complaint in the database and will follow up to confirm that the person is provided a response and is satisfied with the feedback. NCA is the pioneer in establishment of web-based complaint handling mechanism, which enables NCA and its partners to ensure close follow-up of the received complaints along web—based recording and analysis. Monthly CRM reports will be generated having details such as number of complaints received, and the action/ response given by the concerned body. Beneficiaries after receiving a response will also be entitled to appeal if he/ she is not satisfied with the response. NCA encourages partners to set up their own Complaint and Response Mechanism. Additionally, NCA provides option to lodge complaints with NCA's head office which are dealt with in a completely confidential manner.

Safeguarding

Community World Service Asia (CWSA)

CWSA is a member of the ACT Alliance, Start Network, CHS Alliance, Sphere and others, CWSA has a very comprehensive Safeguarding policy in place to prevent sexual exploitation, abuse and harassment of children, young adults and vulnerable groups that it works with. The policy is aligned with the six principles of IASC on Prevention of Sexual Exploitation and Abuse (PSEA). There is Zero tolerance towards non-compliance and mandatory orientation is part of project implementation on child protection and sexual exploitation and abuse.

The organization is well aware that above all, the humanitarian imperative comes first and the selection should be undertaken regardless of race, creed or nationality of the recipients and without discrimination of any kind. Aid priorities are calculated based on needs alone. It is ensured that besides the codes of conduct and CWSA's own policies, the staff is aware of and adheres to the ACT Alliance policies on the prevention of misconduct.

Staff, partners and communities are sensitized on utilization of complaint response mechanisms while emphasizing on issues related to safeguarding, before project initiation. Confidentiality principles are practiced strictly to collect, document and

address sensitive complaints related to any incidents of exploitation, abuse and violation of safeguarding principles. Some of the activities undertaken for PSEA in CWSA are:

- Policy Orientation
- Safeguarding Code of Conduct
- Policy Refreshers
- Training of Trainers
- Safeguarding Focal points at project levels
- Whistle blow Policy
- Development of key messages by consulting communities
- Included safeguarding and CRM sessions in project activities
- Staff Training on Safeguarding

All the key messages of safeguarding for communities will be translated into local language, CWSA already has policies and messages in Sindhi language (spoken in Sindh). The messages are easy to understand and visual based to facilitate the communities. The messages have been designed in the local context, keeping in mind gender and cultural sensitivity. Also, regular awareness sessions will be conducted in communities on PSEA conducted by CWSA, as part of project design.

Norwegian Church Aid (NCA)

In compliance with child protection guidelines of ACT Alliance, NCA developed a Child Protection policy which is a contractual obligation to be endorsed by each implementing partner. Implementing partner orient their staff on it. Orientation of projects' stakeholders, including communities and Village committees, are sensitized on utilization of complaint response mechanisms while emphasizing on issues related to child protection and sexual exploitation and abuse at workplace and into the fields. NCA is an active member of the national PSEA network headed by UNRC and has been playing an instrumental role in developing PSEA guidelines since 2018. Following NCA's and ACT's commitments to Core Humanitarian Standard, community empowerment through effective feedback mechanism forms the foundation of NCA's humanitarian response plan and any incident related to child abuse, sexual exploitation and Code of Conduct has zero tolerance policy.

Conflict sensitivity / do no harm

Community World Service Asia (CWSA)

The project will integrate 'Do No Harm (DNH) Approach' at all stages of project implementation, monitoring and reporting. At the inception of the project, orientation to the project staff will be conducted on the local dynamics, power structures and gender relations. The project's impact on the communities will be properly assessed to make sure it does not strengthen the dividers, to strengthen local capacities for peace, and reduce the divisions and sources of tensions that can lead to destructive conflict.

The project has been designed by following do-no-harm and conflict sensitive approaches. Cultural sensitivities and community engagement and participation were considered in designing of each intervention of the project. The project team members will be trained to respect and be well-aware of cultural sensitivities and act accordingly. Different age group of people will be participating and engaging with the project interventions. CWSA will adopt conflict sensitive approach in all project interventions to avoid any unintended negative effects of the project that may exacerbate conflicts and cause harm to relations among different communities in target areas. Building upon protection considerations for all vulnerable groups and upholding Do No Harm principles during the design and project planning phases, the organization will make concerted efforts to maintain a protective environment for women, elderly, disabled and children and employ a sociocultural sensitive approach to prevent and control the potentially negative effects of projects on vulnerable beneficiaries. The organization will ensure provision of assistance according to the needs, and prioritize the most vulnerable, without discrimination based upon gender, age, race, disability, ethnic background, nationality or political, religious, cultural or organizational affiliation. During the selection of beneficiaries, the principles of impartiality and neutrality will be maintained to reach the most deserving families and they will be treated humanely and in the most dignified manner in all circumstances by saving lives,

alleviating suffering and assurance of the individual respect. During the identification and selection of beneficiaries, pressure, nepotism or favouritism will be discouraged by empowering local communities and informed decision making.

Norwegian Church Aid (NCA)

ACT members and partners will adopt conflict sensitive approaches in all project interventions to avoid any unintended negative effects of the project that may exacerbate conflicts and cause harm to relations among different communities in target areas. NCA has in house capacity on conflict sensitive programming and will train partners staff to integrate 'Do No Harm (DNH) Approach' at all stages of project implementation, monitoring and reporting. Before the start of the project, efforts will be made to provide authentic information and orientation to the project staff on the local dynamics, power structures and gender relations. A DNH harm checklist will be introduced and area profile developed to make sure that project does not trigger any new or exacerbate the existing conflict. The checklist will focus on the history of the conflict, describing the root causes of conflict if any, identify people or actors dividing the people, as well as those connecting the people. The project's impact on the communities will be properly assessed to make sure it does not strengthen the dividers.

Complaints mechanism and feedback

Community World Service Asia (CWSA)

Monitoring and Evaluation aspects will be covered in compliance with the logical framework and an efficient, robust, and functional M and E system will be established under the project. CWSA will; 1) Prioritize Do No Harm ensuring project participants, staff and partners are not exposed to increased risk; 2) work with key stakeholders to share information where possible to avoid duplication and ensure transparency and effective coordination.

Monitoring, Evaluation, Accountability and Learning (MEAL) and Complaint Feedback Mechanism (CFM) processes are embedded throughout each phase of the project implementation. The mentioned systems help to determine if the project's objectives and intended outcomes are being achieved and whether activities are responsive to needs of the communities. It also helps to achieve organization's commitments of accountability to the communities. During project implementation, Monitoring, Evaluation and Accountability aspects will be covered in compliance to guidelines of MEAL strategy of the organization at the frequency agreed in the Logical Framework.

As a certified member of the CHS on Quality and Accountability, CWSA is fully committed to promoting a complaint/feedback mechanism for the project participants and other stakeholders and ensures to display the CFM policy and details of the channels for complaints and feedback at every event of the organization as well as at the venues of interventions.

MEAL Unit of the organisation will ensure regular monitoring for course correction and transparency purposes. Sessions on the objective and process of CFM will be conducted for project staff and CDCs' members for their understanding, so they may further disseminate CFM information to other project participants to safely raise a concern, and provide feedback if they have on the project through complaint boxes, CFM phone number and face to face during field visits of the team.

MEAL team will properly investigate the received complaints and provide feedback to all the complainants in a timely manner to ensure that the concerns of significantly different groups and subgroups are received and addressed. The complaints are investigated by the committee comprise of the team members who are not directly involved in project implementation. All complainants are treated with respect and CWSA reserves the right to end a complaint process if the complainant is abusive towards, or harasses CWSA staff, Board members, members of the Safeguarding Committee, or any individuals involved in handling the complaint.

Norwegian Church Aid (NCA)

Timely and relevant information sharing always worked as a catalyst in achieving set objectives of projects. To facilitate and enable target beneficiaries to voice their opinion and register their complaints, a comprehensive transparent web-based complaint referral mechanism is maintained by NCA, which will be used to register, and address received complaints and collected data base would be managed for follow-up. Likewise, information dissemination would be given great focus and for that purpose a two-way communication system will help to identify the gaps and needs to address the complaints.

At field level, the CRM will consist of installed banners in the community, displaying contact details of focal person for any feedback and complaint at the partner's office. Also, community orientation on the entire process of complaint handling mechanism will be undertaken by partners' staff.

Communication and visibility

In case of undertaking joint initiatives, ACT members in the forum will brand together with one ACT Alliance logo. The ACT Alliance logo will be visually portrayed in a way that it does not appear to be another member organisation, but that the members belong to the ACT Alliance.

In case of sole implementation, the CWSA will ensure that all public electronic and printed materials are co-branded with the ACT logo as per branding guidelines. The members will refer to that project as one which is funded by the ACT Alliance and will refer to themselves as an ACT member to promote word-of-mouth branding where needed in external meetings and networking events. Photos, videos and stories will be shared with the Secretariat to increase visibility of the project at the global and regional level. When promoting the project and its outcomes on social media, the ACT alliance social handles will be tagged. Photos and video clips of that particular project will be co-branded with ACT and the back-donor (if from the ACT membership). The same applies to case stories and testimonies. In case of any situation/circumstances that would require to adjust approach towards visibility/branding members will decide as per ACT visibility and branding guidelines through secretariat inputs.

Annexes

Annex 1 – Summary Table

	Community World Service Asia	Norwegian Church Aid (NCA)																																																
Start Date	October 1, 2022	October 1, 2022																																																
End Date	January 31, 2024	January 31, 2024																																																
Project Period (in months)	16 months	16 months																																																
Response Locations	District Khairpur District Mirpur Khas District Umerkot District Swat	District Badin District Rajanpur District Upper Kohistan District Lower Kohistan																																																
Sectors of response	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Public Health</td> <td><input checked="" type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input checked="" type="checkbox"/>	Public Health	<input checked="" type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Public Health</td> <td><input checked="" type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input checked="" type="checkbox"/>	Public Health	<input checked="" type="checkbox"/>	Shelter and household items	<input checked="" type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy
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Targeted Recipients (per sector)	Food Security: 32,500 individuals Public Health: 128,000 Shelter and household items: 3,200 Livelihood: 300 Preparedness and Prevention: 4,000 Advocacy: Open target	Public Health: 55,026 WASH: 100,048 individuals Shelter and Household items: 13,720 Livelihood: 1,050																																																
Requested budget (USD)	Expenditure: USD 1,989,986 ACT SMC Cost: USD 149,249 Total Budget: USD 2,139,235	Expenditure: USD 1,984,426 ACT SMC Cost: USD 148,832 Total Budget: USD 2,133,258																																																

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Higher demands and limited response may lead to internal conflicts among the communities, and threat for the project staff

Threat 2: The people in inaccessible areas may be left out from the response and opportunists/beggars residing on the road side will get the assistance

Threat 3: Extreme weather conditions may further cause accessibility issues

Threat 4: Markets may fluctuate and availability of relief items may be impacted

Threat 5: Another disaster such as disease outbreak etc. may not emerge

Place the above listed threats in the appropriate corresponding box in the table below. For more information on how to fill out this table please see the ACT Alliance Security Risk Assessment Tool (<http://actalliance.org/documents/act-alliance-security-risk-assessment-tool/>)

<i>Impact</i> <i>Probability</i>	Negligible	Minor	Moderate	Severe	Critical
Very likely	Low Click here to enter text.	Medium Threat 4.	High Click here to enter text.	Very high Click here to enter text.	Very high Click here to enter text.
Likely	Low Click here to enter text.	Medium Click here to enter text.	High Threat 1.	High Threat 3.	Very high Threat 5
Moderately likely	Very low Click here to enter text.	Low Click here to enter text.	Medium Threat 2.	High Click here to enter text.	High Click here to enter text.
Unlikely	Very low Click here to enter text.	Low Click here to enter text.	Low Click here to enter text.	Medium Click here to enter text.	Medium Click here to enter text.
Very unlikely	Very low Click here to enter text.	Very low Click here to enter text.	Very low Click here to enter text.	Low Click here to enter text.	Low Click here to enter text.