



Pakistan Floods 2011 Early Recovery Framework



January 2012

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Cover Photo by Warrick Page/UNICEF

1. EXECUTIVE SUMMARY

While the ravages of the disastrous floods of 2010 were still apparent, the 2011 monsoon season, which started with a normal rain pattern, intensified from 10 August onwards and triggered severe flooding in various regions of the country, most significantly in Sindh and Balochistan provinces. In the worst-hit areas, including some of those also affected by the floods in 2010, more rain fell in one month than in an average monsoon season. Government data indicates a total of 9.2 million people were initially affected by the floods with a multi-sector needs assessment conducted in October 2011 finding 5.2 million to be in need. The assessment estimated that more than two months after the beginning of the floods, a third of the initially affected areas were still flooded.

Since the launch of the 2011 Pakistan Floods Rapid Response Plan on 18 September 2011, over US\$ 162 million have been pledged to the humanitarian community – 48% of the US\$ 357 million requested in the Rapid Response Plan for 2011 floods.

This Early Recovery Framework seeks a further US\$ 439,813,059 million to fund a continuation of the response until September 2012, and enable the humanitarian community to support the Government of Pakistan in addressing the early recovery needs.

With receding floodwaters having enable over 1.2 million initially affected people to return to their villages or areas of origin, support for early recovery is critical in assisting people to rebuild their communities and restore their lives.

The main impact of the flooding in terms of early recovery is on housing and agricultural crops with 34% of affected families having lost their homes, and 33% of houses partially damaged. The assessment revealed almost 797,000 houses had been damaged, 328,555 of which have been destroyed.

Based on farmers estimates of losses gathered during the assessment survey, cotton has been the most affected crop (with 92% of production lost in some areas), with 81% of sugarcane production also lost in the flooded areas. Additionally, 57.4% of affected families reported losses of livestock either through death of animals or having to sell on animals for cash to support themselves during the crisis.

Furthermore, 40% of households reported that their main economic activity has been discontinued, whilst 48% reported economic activities disrupted.

Health conditions remain of significant concern with the outbreak of water and vector-borne diseases in flood-affected areas. Large-scale destruction of school facilities has pushed 410,697 children out of school. Meanwhile, 729,540 children have indicated that they have no learning materials.

Early Recovery Framework Key parameters																			
Duration	9 months (From January 2012 to September 2012)																		
Affected population	An estimated 9.2 million people affected in the provinces of: Sindh 8,920,631 people as per Government of Sindh figure 4,820,000 as per MSNA Balochistan 332,000 Including: - 1,282,200 women - 2,565,000 children - 744,000 displaced persons - Households (HH) with vulnerable members: 44% - Female-headed HH: 6% - Population severely food insecure: 43%																		
Areas targeted by Rapid Response Plan	Food Security Health Shelter WASH																		
Key target beneficiaries of Early Recovery Framework (approximate figures)	<table border="0"> <tr> <td>Food Security</td> <td>3,024,000</td> </tr> <tr> <td>Health</td> <td>9,275,568</td> </tr> <tr> <td>Shelter</td> <td>1,993,210</td> </tr> <tr> <td>WASH</td> <td>2,500,000</td> </tr> <tr> <td>Community</td> <td></td> </tr> <tr> <td>Restoration</td> <td>1,200,000</td> </tr> <tr> <td>Education</td> <td>388,509</td> </tr> <tr> <td>Nutrition</td> <td>680,000</td> </tr> <tr> <td>Protection</td> <td>1,459,000</td> </tr> </table>	Food Security	3,024,000	Health	9,275,568	Shelter	1,993,210	WASH	2,500,000	Community		Restoration	1,200,000	Education	388,509	Nutrition	680,000	Protection	1,459,000
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Total funding requested: US\$ 439,813,059																			

As the region is likely to be regularly affected by flooding in the future, it is essential that the response supports affected communities with the necessary early recovery assistance. It is also important that activities include a strong Disaster Risk Reduction (DRR) component, to mitigate the risks of future disaster, particularly given the nature of the flood affected areas. Accordingly, the Early Recovery Framework presented by this document is articulated around the following two strategic objectives:

- 1. Linking early recovery to development to provide comprehensive support through an early recovery response, which includes a strong DRR component, through the restoration of livelihoods (agriculture & non-agricultural), support for food security, the restoration of basic social services (health, education, protection, WASH, nutrition, etc) shelter, and community infrastructure, through participatory community based approaches.**
- 2. Work in accordance to the Early Recovery Framework strategy and timeline, coordinating with the Government of Pakistan, and strengthening the capacity of Government authorities at national, provincial and district level, also supporting NGOs and civil society, to deliver effective assistance through the appropriate coordination structures.**

Clusters have articulated their strategies and developed specific strategic objectives in line with the objectives outlined above and in order to guarantee an integrated response, focusing on the most vulnerable communities as well as recognizing the different impact and need of individuals.

The response will be monitored through the Inter Cluster Coordination Mechanism (ICCM)¹ using the 4Ws monitoring process. The Government of Pakistan leads the response to the floods, while the National Disaster Management Authority (NDMA) assumes responsibility for all coordination at the federal level. At the provincial level, the Provincial Disaster Management Authorities (PDMAs) coordinate the disaster response.

The Early Recovery Framework provides the foundation and structure for the early recovery response supporting the flood-affected people of Sindh and Balochistan following the floods of 2011.

The early recovery response is guided by development principles including national ownership, self-sustainability, and strengthening resilience to disasters. It also aims to stimulate transformational changes through a multi-dimensional process that begins in a humanitarian setting, critically linking relief to recovery through a gender sensitive approach.

Crosscutting issues such as gender, environment, governance, and DRR will continue to be mainstreamed throughout the cluster activities.

In achieving these aims the Early Recovery Framework will support the early recovery process to:

- augment ongoing floods response operations by building on humanitarian programmes;
- support community and Government recovery initiatives including shelter restoration, livelihoods regeneration, the restoration of community basic infrastructures and public services, and the restoration of local level capacities to recover from the floods;
- support Disaster Risk Management, including Disaster Risk Reduction actions, building local capacities and helping communities to be safer, more resilient, and better prepared in the event of a disaster;
- establish foundations for longer-term recovery.

¹Ref Section 5 : Roles and responsibilities

All implementing organizations of projects within the Early Recovery Framework commit to regularly report on project activities and expenditures using the following tools:

- i) Monthly financial expenditure tracking: financial expenditures will be tracked against projects, clusters, provincial and national levels;
- ii) "4W's" (Who, What, Where and When): Beneficiaries and key activities by cluster and district will be reported on as required.

Humanitarian and development indicators for Pakistan

	Indicators	Most recent data	Source
General Information	Population	177.10 million people	Economic Survey of Pakistan 2010-11
	Sex ratio (Males per 100 Females)	108.5	Statistics Division, Ministry of Economic Affairs and Statistics, Government of Pakistan
Education	Primary school enrolment (net percentage)	72/60 m/f	UNICEF State of the World's Children 2011
	Secondary school enrolment (net percentage)	37/28 m/f	
	Literacy rate in percentage	57.0	Economic Survey of Pakistan 2009-10
	Public sector spending on education	2.1% GDP	
Economic status	GNI per capita	\$1,254	Economic Survey of Pakistan 2010-11
	Gross domestic product	\$162 billion	World Bank: Pakistan 2009
	Percentage of population living on less than \$1.25 per day	22.6%	UNDP HDR 2011
Health	Adult mortality	162/1,000	World Bank Data 2009
	Maternal mortality	260/100,000 live births	UNICEF: Childinfo Statistical Tables 2008
	Under-five mortality	87/1,000	UNDP 2011
	Life expectancy	65.4	UNDP HDR 2011
	Number of health workforce (medical doctors + nurses + midwife) per 10,000 population	6.85/10,000	WHO Statistics 2011 2000-2010
	Infants lacking immunization against Measles	20% of one-year-old	UNDP HDR 2011
Food & Nutrition	Under-five global acute malnutrition (GAM) rate	GAM: 15%	National Nutrition Survey, 2011
WASH	Population without access to improved drinking water	6.9%	UNDP HDR 2011
	Population without access to improved sanitation	32.1%	UNDP HDR 2011
	UNDP Human Development Index score	0.504: 145th out of 187 (Medium Human Development)	UNDP HHDR 2011

Table i. Summary of requirements and funding by province and cluster

Province	Cluster	Projects	Requested Amount
Balochistan	COMMUNITY RESTORATION/EARLY RECOVERY	2	2,728,383
	EDUCATION	8	3,721,671
	FOOD SECURITY	9	12,665,892
	HEALTH	8	2,387,273
	NUTRITION	1	183,918
	PROTECTION	5	721,493
	SHELTER/NFIs	1	1,013,200
	WATER, SANITATION, HYGIENE	8	2,823,710
Balochistan Total		42	26,245,540
Sindh	COMMUNITY RESTORATION/EARLY RECOVERY	23	39,771,617
	EDUCATION	16	17,860,094
	FOOD SECURITY	21	56,808,926
	HEALTH	44	49,682,420
	NUTRITION	11	24,572,720
	PROTECTION	12	10,926,052
	SHELTER/NFIs	20	153,755,936
	WATER, SANITATION, HYGIENE	21	58,284,745
Sindh Total		168	411,662,510
Sindh & Balochistan	COORDINATION	5	1,905,009
Grand Total		215	439,813,059

2. Context and consequences of the floods

2.1 Context

While scars of the disastrous floods of 2010 were still apparent, the 2011 monsoon season started with a normal rain pattern. However, what began as an ordinary monsoon season soon turned into torrential rains, triggering severe flooding in various regions of the country, notably in Sindh and Balochistan provinces.

Floods started to affect the south-eastern areas of Sindh on 10 August 2011. Heavy rain quickly spread to the northern regions of the province, as well as in some parts of Balochistan. From 14 September 2011, another sustained heavy downpour affected areas across Sindh.

In the worst-affected areas, including areas affected in 2010, more rain fell in one month than in an average monsoon season. Continued rains caused major breaches in the agricultural and saline water canals, exacerbating the flood impact in various districts, notably Badin, Mirpurkhas, and Tharparkar. In addition, the outflow of floodwater drainage was compromised by vulnerable infrastructures and the lack of maintenance of drainage routes.

Although the Government responded quickly to the disaster, the number of people affected continued to increase. On 7 September 2011, the Government of Pakistan requested assistance from the international community.

The Government in partnership with the humanitarian community undertook a rapid joint needs assessment in the 16 reportedly most-affected districts in Sindh on 11 and 12 September 2011. Information from the joint rapid needs assessment formed the basis of the 2011 Pakistan Floods Rapid Response Plan which was launched on 18 September 2011 requesting US\$ 357 million to meet the assessed needs.

A total of 23 districts are currently notified by the Government,² which reveals the geographical scope of the flooding and the widespread coverage of the Early Recovery Framework.

The Government of Pakistan also commissioned the World Bank and the Asian development Bank to conduct a Damage Needs Assessment, the results of which can form the basis of a reconstruction and development programme.

²According to the National Calamities (Prevention and Relief) Act of 1958, the Government has authority to notify a district as calamity hit, therefore recognizing a district as a disaster-affected areas. It acknowledges the needs of the notified districts, and therefore that a response is required. It also entitles the notified district to fiscal indulgences and entitlements to compensations.

The following districts have been notified by the Government³:

S. No.	Province	PDMA/Revenue Department Notified Districts
1	Balochistan	Jaffarabad
2	Balochistan	Kalat
3	Balochistan	Killa Abdullah
4	Balochistan	Lasbela
5	Balochistan	Naseerabad
6	Balochistan	Zhob
7	Balochistan	Loralai
8	Sindh	Badin
9	Sindh	Dadu
10	Sindh	Ghotki
11	Sindh	Hyderabad
12	Sindh	Jamshoro
13	Sindh	Khairpur
14	Sindh	Matiari
15	Sindh	MirpurKhas
16	Sindh	NausheroFeroze
17	Sindh	Sanghar
18	Sindh	ShaheedBenazirabad
29	Sindh	T. M. Khan
20	Sindh	Tando Allah Yar
21	Sindh	Tharparkar
22	Sindh	Thatta
23	Sindh	Umerkot

Note: the district of Larkana in Sindh was originally notified but was denotified on 20 October 2011.

In order to compliment and refine the findings of the rapid joint needs assessment, a Multi-Sector Needs Assessment was conducted by the humanitarian community in partnership with the Government of Pakistan in the notified districts of Sindh and Balochistan during the month of October. Multi-Sector Needs Assessment was followed by a gap analysis conducted jointly by humanitarian community in coordination with Government of Pakistan and Sindh during the month of December.

³See Annex III on districts in Sindh notified for inclusion in the flood response appeal.

2.2 Response to date

2.2.1 Government of Pakistan response

The Government, under the leadership of the National Disaster Management Authority (NDMA), and enlisting the logistical capacity of the Armed Forces, spearheaded the initial response to the disaster with the deployment of rescue and relief operations. District-level authorities supported by the Provincial Disaster Management Authorities (PDMAs) of Sindh and Balochistan and NDMA initiated an immediate response in the first days of the floods.

The Government initial response included search and rescue activities for people trapped by the floods, and relocation of populations living in vulnerable areas where possible. Utilizing the preparations made through the contingency planning process, locations for hosting people who had to leave their homes had been identified, search and rescue capacities reinforced and humanitarian communication systems devised. Mechanisms developed during the contingency planning process were activated to alert the population of potential flooding and thus enable them to move to temporary settlements in advance of the floods.

During the floods and in their immediate aftermath, the Government of Pakistan response, through both the NDMA and PDMA, focused on life-saving activities, providing shelter, food and non-food items (NFIs) and addressing hygiene and sanitation constraints for the affected communities.

As of 12 December 2011, the NDMA has provided an estimated 125,000 emergency shelters (tents and shelter kits), over 2.42 million food rations, more than 9.5 million water purification tabs and 1 million hygiene and sanitation tablets. Other items distributed include blankets, mosquito nets, water purification units and plastic sheets. The NDMA also established 33 health camps and 22 field mobile health units that treated more than 1.53 million patients. Mosquito fumigation was also carried out in affected areas.

The PDMA in Sindh has provided approximately 155,000 emergency shelters (tents and shelter kits), over one million family ration packs and around 316,000 mosquito nets. In addition, the PDMA has distributed assorted food items, including rice, flour, lentils and cooking oil along with non-food items (NFIs). The PDMA in Balochistan provided more than 1,300 tents, 2,000 blankets, and 600 kitchen sets. Other items distributed included bottled mineral water, jerry cans and cooking oil.

Other governmental actors, such as the Relief Department, Baitul Mal, and the Emergency Relief Cell (ERC) have also provided relief goods, including 20,000 tents, NFIs and over 82,000 food rations. The arms forces actively participated in search rescue, relief operations and assisted the overall governmental response.

The Government, at district, provincial and national levels, has continued to work in close cooperation with the humanitarian community in responding to the needs of the affected population to avoid duplication of efforts. The Government has also made resources available to channel through United Nations organizations.

Coordination meetings at all levels take place on a regular basis to share information on the situation, ongoing operations and outstanding challenges to define a joint response.

2.2.2 Humanitarian community response

On 8 September, the Government of Pakistan requested the United Nations for international assistance to respond to the emergency caused by floods in Sindh and Balochistan. In response to

the request, the humanitarian community developed a Rapid Response Plan based on the joint rapid needs assessment undertaken on 11 and 12 September. The plan complemented the Government's provision of relief to affected populations and was launched on 18 September 2011.

Through the Cluster approach, UN organizations and NGOs have been providing life-saving emergency assistance to flood-affected communities. Accordingly, the following clusters were activated: Food Security, Health, Shelter/NFI, WASH, and Logistics. Other sectors, Education, Protection, Nutrition and Early Recovery were integrated as part of life-saving interventions into the existing clusters.

As of 9 December 2011, more than three million people have received food assistance, and nearly 21,000 families have benefitted from agricultural support. Around 379,000 medical consultations have been conducted, and essential medicines have been provided to 950,000 people. Over 480,000 households were reached with emergency shelters in the form of tents and tarpaulins, and provided with blankets (488,000), mats (122,000), tool kits (16,500), and kitchen sets (99,000). To support children's education, 1959 temporary learning centers have been set up supporting over 92,000 children. Additionally, 1.2 million people have been assisted with emergency water, while an estimated 480,000 people were provided with sanitation facilities, and over 1.5 million people with hygiene sessions. The first durable shelters have been built but many organizations require immediate funding to continue to support the flood-affected communities.

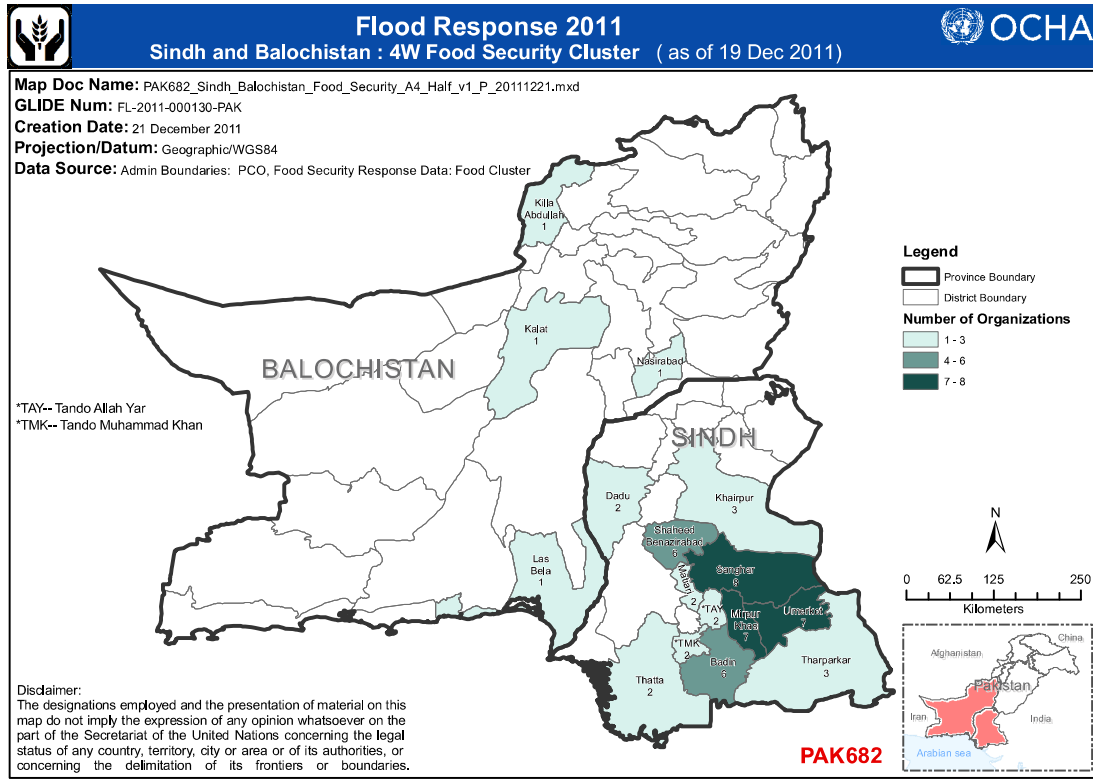
Key information regarding the response as of 9 December 2011⁴

Shelter/ NFIs	
Main achievements to date	Challenges and gaps in response
<ul style="list-style-type: none"> 480,000 tents and tarpaulin sets, 488,000 blankets, 99,000 kitchen sets, 16,500 tool kits, 122,000 bedding and mats distributed 	<ul style="list-style-type: none"> Funding constraints Organizations used contingency stocks and diverted resources from early recovery programmes to meet life-saving needs Access to some areas was initially constrained due to standing water Locations of temporary settlements were widespread, limiting some organizations access
Food Security	
Main achievements to date	Challenges and gaps in response
<ul style="list-style-type: none"> Over 3 million people in Sindh and Balochistan received food assistance since the onset of the emergency. More than 80,000 families in Sindh have been provided with livelihood support (26,000 HH received agricultural support, 38,500 HH have been covered by livestock interventions, 3,000 HH were supported with cash for work and other 12,000 with conditional cash support). 	<ul style="list-style-type: none"> Funding constraints Limited access to the affected population due to damaged infrastructure Security of relief items at distribution points and during the transportation
Health	
Main achievements to date	Challenges and gaps in response
<ul style="list-style-type: none"> Essential medicines provided to 897,000 people in Sindh and 53,000 in Balochistan Promotion of health and hygiene practices through FM radio channels. Deployment of Mobile Service Units to tackle Maternal Neonatal and Child Healthcare (MNCH) issues, and Gender Based Violence (GBV) incidents. 	<ul style="list-style-type: none"> Funding constraints Due to cold weather, the risk of diseases is high as affected people, especially children and women, are living in adverse weather conditions Acute Respiratory Infections and water borne disease are on the rise due to cold weather and stagnant water Malnutrition on the rise due to the poor food security situation.
WASH	
Main achievements to date	Challenges and gaps in response
<ul style="list-style-type: none"> 1,766, 468 people received clean drinking water Over 695,718 people provided with sanitation facilities Hygiene sessions held for 1,919,590 people Hygiene kits and soap provided to 1,925,806 people 	<ul style="list-style-type: none"> Funding constraints Access to populations, spread within small settlements in original areas of return Scarcity of safe water sources Low or very limited knowledge on health and HH hygiene practices Poor or non-existent sanitation facilities prior to the flood
Logistics	
Main achievements to date	Challenges and gaps in response
<ul style="list-style-type: none"> Temporary storage provided in 10 facilities across Sindh Road transport for humanitarian cargo provided 14 boats employed as ambulances and medical clinics 	<ul style="list-style-type: none"> Lack of information on the population in inaccessible areas Lack of information on storage requirements for the pipeline items by humanitarian partners

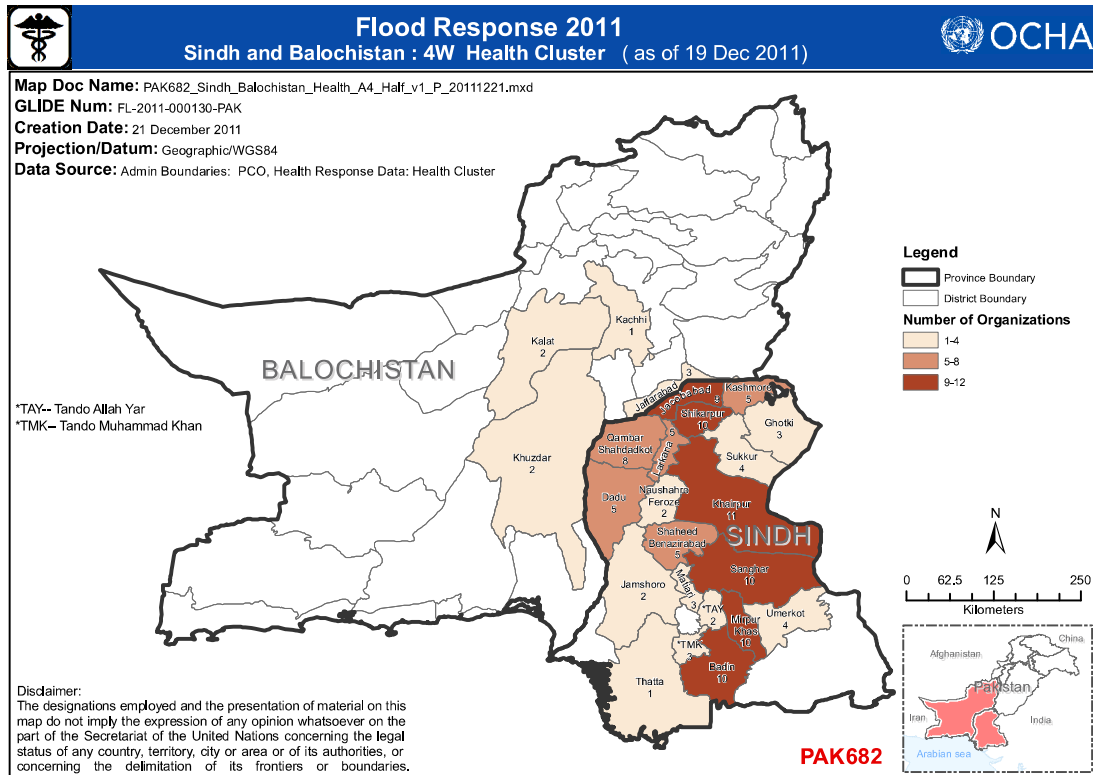
⁴Data as of 9 December 2011, based on information continuously received by Clusters, since the beginning of the emergency.

Mapping of the coverage of the affected areas by humanitarian organizations

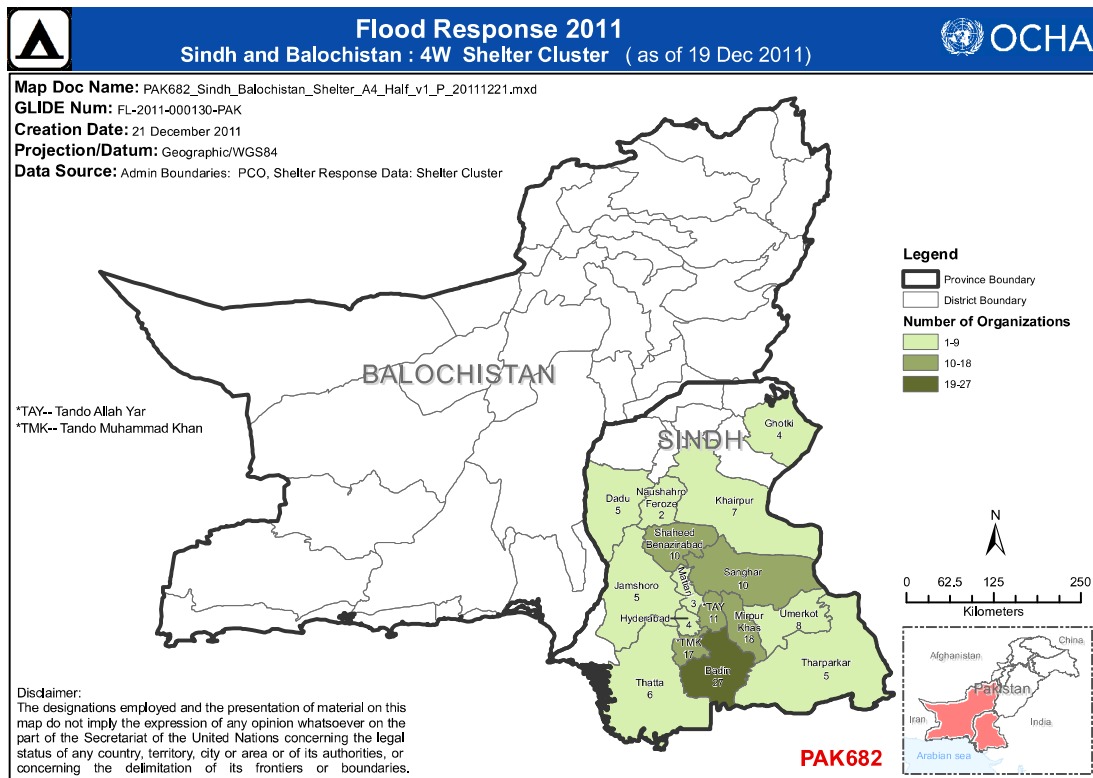
Food Security Cluster



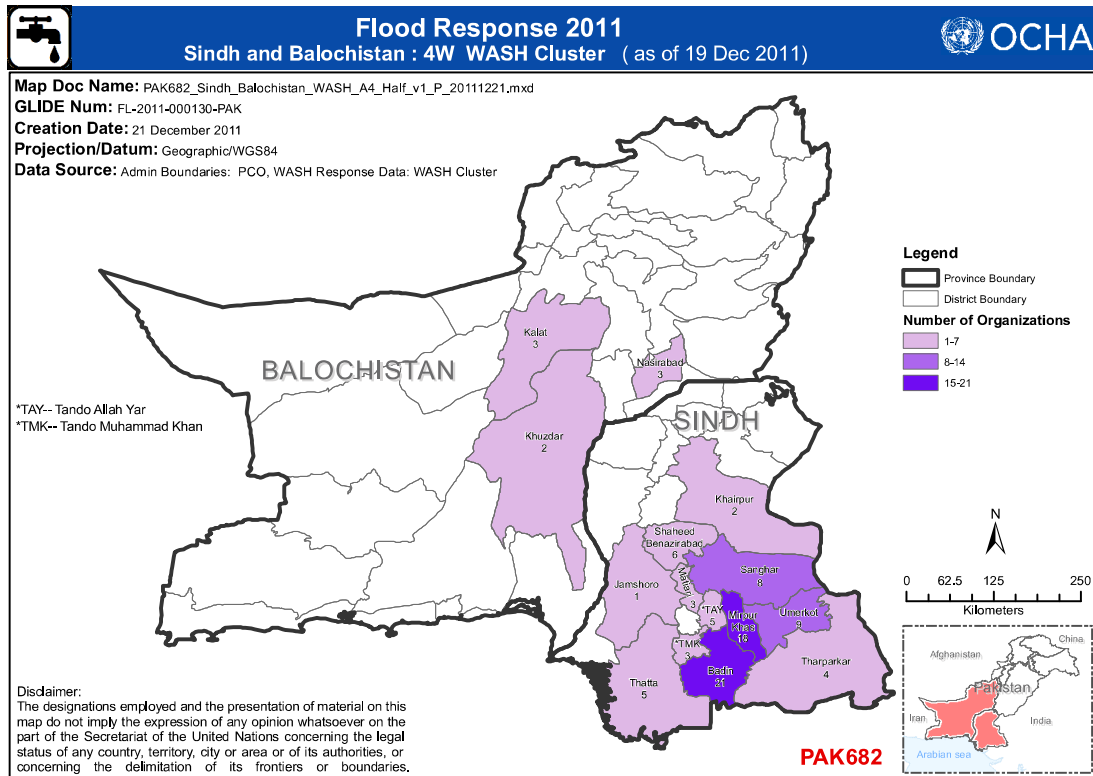
Health Cluster



Shelter Cluster



Water, Sanitation and Hygiene (WaSH) Cluster



Other responses to the disaster

Main achievements to date

In addition to the support provided by the Government and supplemented by the humanitarian community, the following assistance was also delivered⁵:

- The Pakistani Red Crescent Society provided over 13,500 tents and tarpaulins, 5,500 blankets, 5,630 kitchen sets, 42,650 mineral water bottles, 22,000 aquatabs, almost 23,000 food packs, numerous NFIs, such as plastic sheets, jerry cans, hygiene kits, kerosene stoves, sleeping mats, mosquito nets and insect repellent.
- The Sindh Rural Support Programme provided shelter to 14,500 households, 34,325 food packs, 48,300 aquatabs and drinking water to 68,200 persons, 3,715 hygiene sessions and 6,260 hygiene kits, as well numerous NFIs, such as mugs, soap, mosquito nets, blankets and kitchen sets.
- Various private donors contributed 2,000 tents, 19,000 family and food packs.

2.3. Funding Analysis

The Pakistan Floods Initial Rapid Response Plan 2011 requested US\$ 356.7 million for projects in the following clusters: Food, WaSH, Health, Shelter/Non-Food Items, and Logistics. As of 31 December 2011, funding for the response plan is at 48%, with USD\$ 170 million funded of the requested US\$356.7 million.

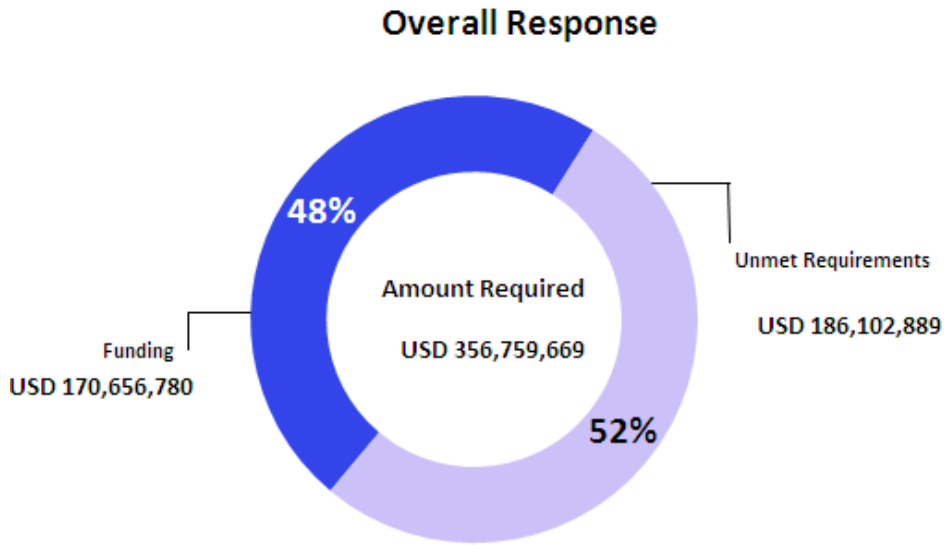
Within the first month of the launch of the response plan, the Central Emergency Fund (CERF) contributed 25% of the funding at that time, giving US\$ 17.6 million to eight UN agencies and IOM. The CERF funding has mainly supported emergency food assistance (28%), emergency shelter (18%), primary healthcare (22%), life-saving WaSH interventions (18%), as well as the provision of livestock inputs critical to the protection of livelihoods and food security (5%).

Also, the Pakistan Emergency Response Fund (ERF) was activated in August 2010, and with limited funds remaining, the ERF has funded eight projects amounting to US\$ 1.5 million in response to the 2011 floods. These projects include two WaSH projects in Balochistan, and four health projects and two shelter / NFI projects in Sindh. ERF funds are currently exhausted and new projects can no longer be accommodated, although recommended projects are being submitted by the clusters.

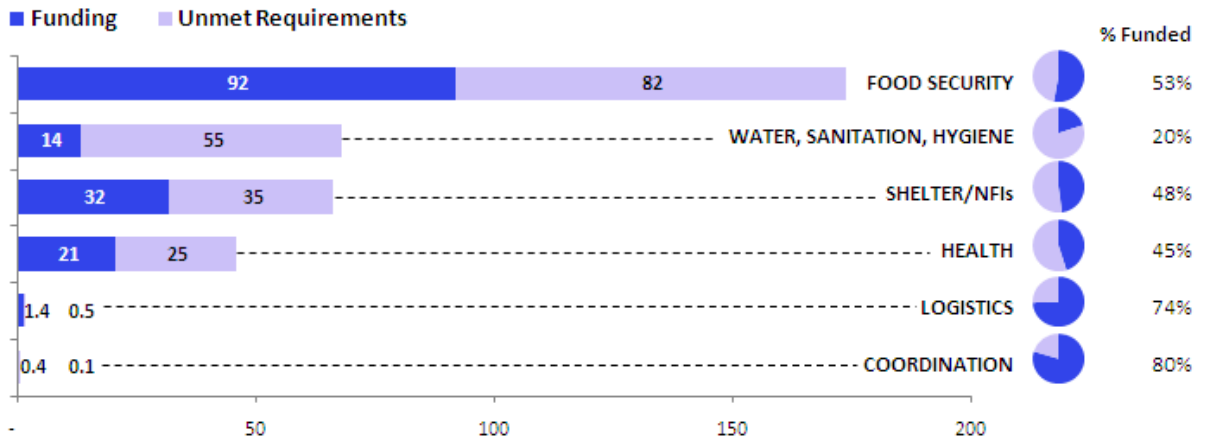
In addition to the funds channeled through the Rapid Response Plan various donors including UN Member States, NGOs, individuals, and corporations have contributed to US\$ 61,737,829 for the response to the needs of flood affected people in Sindh and Balochistan.

⁵Data on other responses to the disaster is as of 15 November 2011.

Funding for the response as of 20 February 2012



Funding per cluster as of 20 February 2012



Funding by cluster for the Initial Floods Response Plan as of 20 February 2012

Clusters	Original Requirements(\$)	Funding Received(\$)	Unmet requirements(\$)	Percentage Funded (%)
COORDINATION	525,504	418,048	107,456	80
FOOD SECURITY	173,940,784	92,066,223	81,874,561	53
HEALTH	45,911,379	20,673,742	25,237,637	45
LOGISTICS	1,859,502	1,384,691	474,811	74
SHELTER/NFIs	66,452,014	31,840,407	34,611,607	48
WATERSANITATION,HYGIENE	68,070,486	13,564,150	54,506,336	20
Cluster Not yet Specified	0	10,709,519	-10,709,519	0
Total	356,759,669	170,656,780	186,102,889	48

3. Needs Analysis

3.1 Overview

Following the initial response to the floods, based on the Rapid Response Plan, the Government of Pakistan has determined that the most relevant continued response at this time is to provide early recovery support for flood affected people.

The Early Recovery Framework will continue to function and be coordinated through the cluster system, which consists of the following clusters: Food Security, Nutrition, Protection, Health, WASH, Education, Community Restoration, and Shelter.

3.2 Needs assessment methodology

The Early Recovery Framework is based on the multi-sector needs assessment, gap analysis conducted jointly by the humanitarian community in coordination with the Government of Pakistan and provincial authorities, during December, complimented by other data confirmed/verified by the Government. The Early Recovery Framework shall be synergized with the Damage Needs Assessment prepared jointly by the World Bank and the Asian Development Bank, and strongly advised by the Division's letter dated 14thDecember, 2011. The multi-sector needs assessment, under the leadership of the Assessment Survey Committee (ASC)⁶ had three distinct components and used a combination of structured and semi-structured interview techniques and observations, to collect primary and secondary data.

- A multi-cluster village survey was conducted in 215 locations. Information was gathered from 2,150 households and 215 focus groups. This assessment structure was based on four strata in Sindh and one strata⁷ in Balochistan⁸.
- The Shelter Cluster's Temporary Settlement Support Unit, assessed 2,400 temporary settlements in 11 districts of Sindh, completing questionnaires and documenting observations.
- A Complementary Early Recovery Needs Assessment (C-ERNA) was also conducted which covered 15 districts, conducted interviews with 106 key informants and 129 focus groups, lead by UNDP⁹.

3.3 Consultations and other assessments

All Clusters have been in consultations with Government authorities, including the Provincial Disaster Management Authorities of both Sindh and Balochistan, to update information on needs and review gaps. The consultations have helped agencies, organizations, and Government authorities to be able to coordinate and communicate relevant information to support projects in the Early Recovery Framework.

In addition, at the request of the Government the Board of Revenue carried out an assessment to provide more information in regards to the impacts of the floods and to support and guide the response to the crisis.¹⁰

⁶The ASC is co-chaired by NDMA and OCHA, with membership from the HCT.

⁷Strata –a division of the entire assessment caseload, into smaller sampling groups.

⁸ Due to the large size of the sector assessed, the sampling method adopted divided the areas concerned in five strata of manageable size. The latter were defined by grouping districts that shared common livelihoods mechanism and environmental conditions. Different focus groups have been established for men and women and the interviews have been designed in a way to ensure the collection of disaggregated data.

⁹The overall data collection was completed on 22 October, consolidated the following week and a comprehensive analysis of the results was shared in early November.

¹⁰The Board of Revenue assessment is available from the Board of Revenue

3.4 Consequences of the disaster on affected populations¹¹

With a reported 27.4% of Pakistan's population living in severe poverty and 22.6% with less than US\$ 1.25 per day¹², the humanitarian consequences of the 2011 floods have compounded a number of pre-existing vulnerabilities. In January 2011, data released by the Sindh Department of Health indicated a Global Acute Malnutrition rate of 23.1% in children aged between 6-59 months in flood-affected areas of Northern Sindh and 21.2% in Southern Sindh. This rate is well above the World Health Organization's (WHO) 15% emergency threshold level.¹³ In addition, it has been estimated that 35% of the communities affected in 2011 were also affected in 2010. This means that more than a million people currently affected had barely recovered or were still trying to recover from the impact of last year's flooding. Of note is that 30% of the households affected by the 2010 floods have reportedly remained both asset- and food-consumption poor,¹⁴ indicating how the 2011 floods have exacerbated the pre-existing vulnerability of the affected populations, in particular of those who were severely malnourished.

In light of these pre-existing vulnerabilities, it can be deduced that people who had to leave their homes are currently among the most vulnerable, especially those whose homes were totally destroyed. The challenges faced by certain population groups' vulnerabilities, notably children, women, and female-headed households (FHHs), which amount to 6% of affected households, have been exacerbated by the 2011 floods. While FHHs have disproportionately fewer able-bodied male members than the average, the presence of elderly, disabled and chronically ill people is above average, thus the dependency rate on the heads of FHHs is higher. It is through this particular vulnerability lens that the needs of the flood-affected populations have to be analyzed.

¹¹ Although the needs analysis is not always explicitly reflecting disaggregated data, it should be read as taking into account the different needs of men, women, boys and girls.

¹² UNDP, Human Development Report 2011

¹³ According to FAO's statistics, the prevalence of undernourishment in the total population of Pakistan is of 26% (FAO, Food security statistics by country, see: <http://www.fao.org/economic/ess/ess-fs/ess-fs-country/en/>(updated October 2010)), with an under-five global acute malnutrition rate of 13% (UNICEF, State of the World's Children, 2009)%.

¹⁴ FAO, Detailed Livelihood Assessment (DLA) of flood affected areas of Pakistan, September 2011.

4. Early Recovery Response Plan

Pakistan is a country highly prone to natural disasters. It has suffered from two consecutive years of flooding. Consequently, it is essential to ensure that Disaster Risk Reduction (DRR) is a key component of any early recovery activities, particularly those related to shelter reconstruction and rehabilitation of community infrastructures. All clusters are including DRR in their strategies in order to minimize the impact of future flooding, which meteorological projections anticipate are likely to become a common feature of the region.

Activities will be implemented from a DRR perspective to ensure that actions are resilient to future risks. Examples of this approach include ensuring community structures are located on high ground to avoid damage from floods, designing facilities such as latrines and hand pumps to be flood resistant, and ensuring public buildings are resilient to floodwaters.

The Early Recovery Framework aims to maximize impacts of the response through projects that support national ownership and a return to self-sustainability through communities and with the support of local Government. Implementing the early recovery process in a humanitarian setting, ensuring a link between relief and recovery, the Early Recovery Framework strives to establish a basis for Disaster Risk Management (DRM) including DRR, as is necessary in the context of the region.

In general vulnerability criteria is defined at the household level and includes female, child, and elderly headed households. People with disabilities, the abjectly poor, and those facing severe food insecurity are also identified as vulnerable.

Findings indicated a higher percentage of persons who had not returned home to be vulnerable, with 11% under the age of one year and 14% disabled or elderly persons. In addition, 35% of the land area that was affected by two consecutive years of flooding have a higher concentration of vulnerable families, possibly as resilience had not been restored after the 2010 floods. Accordingly, identification of concentrations of vulnerable households helps to facilitate the application of an integrated approach. Likewise, cash-for-work and food-for-work programmes in most affected communities will contribute to the rehabilitation of public infrastructure, including schools and roads, and the restoration of livelihoods by the repairing of irrigation channels.

The integrated response, including a focus on most vulnerable communities, will be monitored through the Inter Cluster Coordination Mechanism (ICCM)¹⁵ using the 4Ws¹⁶ monitoring mechanism.

Gender equality is taken into consideration at all stages, enabling the response to meet the needs and priorities of the population in a more targeted manner.

¹⁵See chapter 5 : Roles and Responsibilities.

¹⁶The 4 Ws is a monitoring mechanism to support the coordination and overview of 'Who is doing What Where and When' in regard to the Pakistan Floods, 2011.

4.1 Strategic Objectives of Early Recovery Framework

Strategic objective 1.

Linking relief to recovery to provide comprehensive support through an early recovery response, that includes a strong DRR component, through the restoration of livelihoods (agriculture & non-agricultural), support for food security, the restoration of basic social services (health, education, protection, WASH, nutrition, etc) shelter, and community infrastructure, through participatory community based approaches.

Strategic objective 2.

Work in accordance to the Early Recovery Framework strategy and timeline, coordinating with the Government of Pakistan, and strengthening the capacity of Government authorities at national, provincial and district level, also supporting NGOs and civil society, to deliver effective assistance.

4.2. Criteria for the Selection of Early Recovery Projects

To ensure alignment with the 'Guiding Principles' on the best practices of implementation outlined in the Policy Decisions taken by NDMA in regards to the Floods 2011 of September 28, the following specific criteria will be applied to all proposed projects and the compliance of projects to them will be the deciding factor for their inclusion, or not, in the Early Recovery Framework.

Clusters must maximize efforts to ensure the inclusion of national NGOs in all aspects of response development and encourage involvement of the community and/or the Government by taking a participatory approach in project planning.

4.2.1. Selection

PROJECT SELECTION INCLUDES VETTING EACH PROJECT AGAINST THE GENERIC CRITERIA BELOW:

1. The project must support attainment of the cluster objectives as described in the cluster response plan which in turn contributes towards the achievement of one or several of the strategic objectives agreed in this document.
2. The project must not duplicate another geographically.
3. The appealing organization should be part of the existing coordination structures.
4. The project must be completed within the timeframe set by the Early Recovery Framework.
5. The project must be evidence-based, with reference to the PDMA, NDMA, or Government approved secondary data.
6. Projects deliverables are in line with cluster technical standards.
7. The project must be cost-efficient, assessed under a criterion as determined by the clusters, in terms of the number of beneficiaries and the needs to which the project intends to respond including a ceiling for administrative costs and overheads.
8. The project must include independent identification of beneficiaries and respond in accordance of specific needs of vulnerable persons¹⁷.
9. The project must score at least 1 on the Gender Marker¹⁸.
10. The project must have clear outcomes that can be monitored.

¹⁷including female headed households, children and child headed households (including orphans), socially marginalized people (including ethnic/religious/political minorities and transgender people), landless farmers, the elderly, people with disabilities or chronic diseases/other serious medical conditions, non-ID card holding Pakistani nationals, refugees and IDPs.

¹⁸The IASC Gender Marker is a tool that codes, on a 0 to 3 scale, whether or not a humanitarian project is designed well enough to ensure that women/girls and men/boys will benefit equally from it or that it will advance gender equality in another way. If the project has the potential to contribute to gender equality, the marker predicts whether the results are likely to be limited or significant. More info at <http://gender.oneresponse.info>

4.3. Monitoring Plan

The impact and results of the humanitarian community's contribution will be measured against a set of agreed key performance indicators at the strategic, cluster, and project level. Monitoring and reporting will be conducted through the ICCM. All agencies and organizations included in the Early Recovery Framework are responsible for monitoring projects and ensuring effective and efficient implementation. All agencies and organizations are also responsible for reporting on the progress of their activities using the 4 Ws mechanism. UNDP and OCHA will act as a focal point for collection of data and analysis produced by clusters on needs, response, and gaps. All implementing organizations of projects within the Early Recovery Framework for the 2011 Pakistan Floods, commit to regularly report on project activities and expenditures using the following tools:

- i) Monthly financial expenditure tracking: financial expenditures will be tracked against projects, clusters, provincial and national levels;
- ii) The "4W's" (Who, What, Where and When): Beneficiaries and key activities by cluster and district will be reported;
- iii) Regular joint field visits of national, provincial and district Government authorities and humanitarian community representatives;
- iv) Collection and use of disaggregation of data is being implemented by NDMA and clusters. For example generating disaggregated evidence of incidence of disease through DEWS. Also the training sessions/courses proposed by sectors to include both women and men;
- v) The UN agencies including the UNDP, UNOCHA and respective cluster leads shall keep proper accounts of all funds raised and expenditures incurred under this framework, by donor and project through the "4Ws" and expenditure reporting mechanisms to be available on the website of UNDP and NDMA/PDMA for the purpose of transparency and accountability. Details of funds raised and expenditures incurred must also be reported in Economic Affairs Division, Government of Pakistan's based Development Assistance Database (DAD);
- vi) The Implementing Partners commit to avoid duplication and ensure transparency in all activities under the framework. To this end, under the leadership of NDMA, PDMAs and UNRC/HC, the Implementing Partners will establish a mechanism that will include a database of relevant project information, for example indicating locations, project activities, number and details of beneficiaries;
- vii) Likewise, NDMA/PDMAs/UNDP will ensure proper stock of all infrastructures repaired and constructed under Early Recovery Framework duly validated by Third Party;
- viii) As an Annex to the document, an instruction from NDMA/EAD: Early Recovery Framework implementation shall be carried out through INGOs registered with the Economic Affairs Division or whose application for an MOU or renewal of an MOU remains under process with EAD; the INGO should be similarly registered with the respective Provincial Government;
- ix) No vehicle shall be procured from the funds of this framework. No international travel of any functionary of the Government or the UN Agencies for workshops and seminars abroad shall be financed from the Early Recovery Framework funds.

5. Roles and responsibilities

The Government of Pakistan leads the early recovery response to the floods; the NDMA assumes responsibility for all coordination at the federal level. At the provincial level, PDMA coordinate the response.

The response plan launched on 18 September 2011 will continue until 18 March 2012. The Early Recovery Framework will be for the duration of 9 months from January 1, 2012 to September 30, 2012. However, Early Recovery Framework will aim to complete all projects preferably by July 2012, before start of the next monsoon season. The extension of the Early Recovery Framework beyond September 2012 will not be considered, therefore, it will be expected to phase out well in time. The Chairman of NDMA and the RC/HC co-chair the Steering Committee to ensure that strategic policy guidance is developed and conveyed to the operational level.

Each Project under each cluster shall be properly prepared, well documented, technically evaluated and approved by the Steering Committee. To coordinate the early recovery response, the NDMA, UNDP and UN OCHA, co-chair the Inter-Cluster Coordination Mechanism. Decisions of the ICCM are passed to the steering committee for review and approval. The steering committee shall be the sole channel of communication between the Government of Pakistan and the humanitarian community. At the provincial level, PDMA co-chairs the ICCM with OCHA and UNDP. Decisions of the Provincial ICCM are passed to the Federal ICCM for review and approval.

The NDMA, PDMA, relevant line ministries, and the cluster leads co-chair the clusters, which operate under the overall leadership of the Steering Committee.

UNDP shall ensure building capacity of the NDMA/PDMAs for preparing Early Recovery Framework and its implementation.

As part of the Early Recovery Framework, UNDP shall prepare a Disaster Risk Reduction Plan for all the provinces under the Early Recovery Framework and share it with the EAD.

Cluster	Governmental Institutions	UN lead agency (for cluster partners, see cluster response plans)
Food Security	NDMA/PDMA/ Line Department	FAO/WFP
Health	MoH/National Health Emergency Preparedness and Response Network	WHO
Shelter & NFIs	NDMA/PDMA/Line Departments	IOM
WASH	NDMA/PDMA/Line Departments	UNICEF
Logistics	NDMA/PDMA	WFP
Community Restoration	NDMA/PDMA/Line Departments	UNDP
Education	NDMA/PDMA/Line Departments	UNICEF/Save the Children
Nutrition	National Health Emergency Preparedness and Response Network	UNICEF
Protection	NDMA/PDMA/Line Departments	UNHCR/IRC

5.1 Coordination

Coordination of the Early Recovery Framework requires continued support at both a provincial and federal level in order to ensure the Framework is implemented in both an effective and efficient manner. Agencies and organizations such as Cluster lead agencies and ICCM coordination agencies assuming coordination responsibilities require financial assistance in order to take on their responsibilities and achieve their coordination objectives.

6. Cluster Response Plans

6.1 Food Security Cluster

Cluster lead agencies	FAO and WFP
Implementing agencies	Action Aid, ACTED, Al Mehran NGO (AMRDF), Care International, Church World Service (CWS), Concern Worldwide, Food and Agriculture Organization (FAO), Global Peace Pioneers, Mercy Corps, Norwegian Refugee Council (NRC), National Relief Committee (NRC), Oxfam GB, Pakistan International Peace & Human Rights Organization (PIPHRO), Plan International, Save the Children, Shah Sachal Sami Foundation, Social Services Program (SSP), Tameer-e-Khalq, Foundation (TKF) Today Woman Organization (TWO), World Food Programme (WFP), Women Welfare Organization (WFO), Water Health Education & Environmental League (WHEEL), Young Welfare Society,
Number of projects	27 project profiles
Cluster objectives	<ol style="list-style-type: none"> 1) To contribute to the rehabilitation of disrupted livelihoods of the most food-insecure population groups through livestock-related support, essential crop and horticulture interventions, rebuilding damaged infrastructure and productive assets. 2) To ensure effective coordination of strategic joint needs analysis, response planning and dissemination of timely information to promote equitable distribution of humanitarian assistance among the affected populations.
Beneficiaries	The needs of 352,000 severely and moderately food insecure farming households (3,024,000 people) will be addressed with livelihood interventions (such as provision of agriculture inputs, rehabilitation of damaged productive infrastructures, protection of livestock assets, provision of animal feed, provision of veterinary support, and provision of fishing equipment). Special attention should be given to 43,187 female-headed households that are severely or moderately food insecure.
Funds requested	US \$ 69,474,817
Contact information	Andrea.berloff@fao.org Dorte.jessen@wfp.org

Category	Affected population			
	Female	Male	Total	Total HH
Members of severely and moderately food insecure female headed households	131,170	142,670	273,840	33,500
Severely and moderately food insecure population depending on agriculture	1,448,500	1,575,500	3,024,000	352,000

The Cluster will target members of severely and moderately food insecure female headed households and populations, depending on agriculture, as they are the most vulnerable.

Needs analysis

The Food Security Cluster proposes interventions for the:

- Provision of agricultural tools and equipment to farmers/sharecroppers;
- Rehabilitation of farm land and distribution of high quality seeds, fertilizer and fodder;
- Rehabilitation of damaged infrastructure (e.g. repair and cleaning of irrigation systems, restoration of field roads, etc);
- Provision of technical support to the beneficiary population.

Standing crops have suffered the most severe damage and losses from the flooding. This has a direct negative result on the already tenuous food security and recovery capacity of households. Based on the assessment analysis, 257,000 households were found to be severely food insecure, while 245,000 HH are facing moderate food insecurity as a result of the flood situation. According to gender-disaggregated data, 21,500 flood-affected female-headed households are severely food insecure and 12,000 are moderately food insecure.

Due to water-logging in cultivated areas, crop yields were heavily damaged and farmers have incurred substantial losses. In the worst affected areas, almost the entire production of cash and food crops was lost just before the harvest. Based on farmers estimates of losses, gathered during the assessment survey, cotton has been the most affected crop (with 92% of production lost in some areas) and 81% of sugarcane production in the flooded area has been irremediably compromised. High losses were also reported for food crops: paddy (76%), pulses (81%), maize (78%) and vegetables (over 90%). Districts that suffered the highest levels of agricultural damages and losses include MirpurKhas, Tharparkhar, Umerkot and Sanghar.

As a result of crop losses and damages to agricultural land, households relying on casual daily wage labor have lost a significant part of their income, as cotton picking and rice and sugarcane harvesting is their main income activity throughout the year, representing on average 300 person-days of wages per family. It is estimated that at least 69,792 (more than 40%) casual wage labor households depending on agricultural activities are severely food insecure. Also, 237,209 families have lost their primary source of income entirely and 284,651 HH partially, of which 427,925 HH are farm-based [farming, livestock and on-farm casual labor]. From a gender perspective, it should be underlined that 73% of women in rural areas are economically active; within agricultural households, 25 % of fulltime workers (defined as one who does only agricultural work) and 75% of part-time workers are women, and the impact of the floods on their livelihoods is significant.

Productive infrastructure has also been severely damaged by the floods. According to the assessment report, in flood affected areas of Sindh 29% of watercourses have been damaged and in Balochistan 26% of the irrigation systems have been affected.

The livestock sector has incurred significant losses in terms of mortality and distress sales. Animal losses severely compromise the recovery capacity of rural families as large and small livestock represent the savings account of rural families and poultry is an easy way to get cash. Such losses have impacted severely the livelihoods of the flood-affected rural population.

A high percentage (up to 90%) of agricultural assets such as tools, machinery, and equipment or fishing gear have been damaged or partially /totally lost. At household level, losses have been estimated at an average of PKR 7,500 (US\$ 84) for agricultural tools, PKR 54,000 (US\$ 603) for farm machinery/equipment and PKR 26,000 (US\$ 290) for fishing gear and equipment have been reported as loss per household on average.

Proposed strategy

While the first four months of the Rapid Response Plan was centred on the provision of immediate food assistance and livestock support, the Early Recovery Framework will focus on contributing to the restoration of disrupted livelihood and rehabilitation of damaged productive infrastructure for severely and moderately food insecure population groups.

The proposed Early Recovery Framework will give special emphasis to the involvement of women, which is traditionally part of the agriculture labour workforce. A gender-sensitive participatory approach will be followed as the female-headed households, widows and women with small children are more food insecure and vulnerable. Focus will also be placed on traditionally marginalized groups, with particular attention given to the food-insecure population living in areas with slow water recession. Safeguards should be built into the implementation modalities to ensure that traditionally-marginalised groups have equal access to the given assistance.

Rehabilitation of productive infrastructure through cash-for-work and food-for-work:

Repair of damaged irrigation systems will be crucial to accelerate the recovery of affected communities particularly. Food-for-work or cash-for-work methodologies will be adopted as they prove to be effective for immediate source of income for the target beneficiary population as well as support increasing agriculture production in the medium term and long term. Such interventions are designed to address income losses and limit negative coping strategies (e.g. increasing household debt) will be targeted at the severely food-insecure population groups with limited income options. Interventions will be prioritized to include a Disaster Risk Reduction component, as activities such as the repair of community level channels and drains reduce the likelihood of future flooding. The participation of women and other vulnerable groups in decision-making and planning will be supported and is a critical part of the response.

Provision of livestock

Among the most food-insecure livelihood groups (fisher communities and pastoralists), interventions will focus on preserving livelihood assets and restoring productive capacities. Livestock assets represent an essential source of income and food for most of the rural population and are crucial during land preparation as animal traction. The availability of animal products (milk, ghee, etc.) is particularly important for pregnant women and children under five years of age for nutrition. Protection of livestock assets through the provision of feed, fodder and veterinary support (e.g. de-worming) contribute to sustaining food security at household level.

Kharif season

Provision of agriculture support and rehabilitation of productive infrastructures

The proposed assistance for farmers and casual daily wage labours in the Kharif season will depend on agricultural activities, and the farming households will be supported with inputs and equipment to maximize the production of *Kharif* crops. Support will also be provided for the rehabilitation of productive agricultural infrastructure through cash-for-work and food-for-work modalities.

Provision of livestock and fishery support

Support to the livestock and poultry sub-sector will continue stabilizing productive assets. The beneficiary households will receive fodder cultivation support, but also receive support for livestock restocking (particularly for poultry). Minority livelihood groups (e.g. fisher communities) will be supported through the rehabilitation of household-level aquaculture activities, and provision of fishing gear and related equipment.

Coordination

To provide continued support to the coordination of humanitarian and early recovery interventions, with actors within and outside the cluster structure, the Food Security Cluster is committed to continue data collection, analysis and information sharing activities. Particular efforts will focus on the optimization of targeting to maximize the impact of available resources, avoid gaps in beneficiary coverage, improve utilization of quality standards, and liaise with the Government of Pakistan for information sharing and streamlining access issues.

In terms of a coordinated approach, activities of the Food Security Cluster will provide benefits to, and benefit from, the activities of other clusters, particularly Health and Nutrition, Education and Community Restoration. The Food Security Cluster will endeavour to coordinate activities across all relevant clusters and take into account linkages to longer-term sustainable approaches to early recovery activities, including attention to livelihoods, technical quality and supporting existing national systems.

Food Security Early Recovery strategy is supported by 27 project proposals selected according to the vetting criteria and the prioritization modalities agreed among clusters and in line with Government suggestions.

Cluster objectives

<p>1. Objective: To contribute to the rehabilitation of disrupted livelihoods of the most food-insecure population groups through livestock-related support, essential crop and horticulture interventions, rebuilding damaged infrastructure and productive assets.</p>		
Outcomes	Indicator	Activities
Improved livelihood conditions of severely food insecure households with increased resilience to future shocks	<ul style="list-style-type: none"> • % of households with increased farm related income and / or improved level of food self sufficiency 	<ul style="list-style-type: none"> • Provision of agriculture packages (crop and vegetable seeds, fertilizer and tools) • Rehabilitation of agricultural productive infrastructures through conditional cash and food transfer modalities • Rehabilitation of agricultural machinery and equipment • Provision of Kharif agricultural packages (crop and vegetable) • Provision of vegetable seed packages, particularly to women-headed households • Rehabilitation of infrastructures (e.g. field roads) through conditional cash and food transfer modalities (cash-and-work and food-for-work) • Provision of required technical support (DRR, risk profile, hazard mapping, among others)
	<ul style="list-style-type: none"> • Number of community and productive assets restored 	
	<ul style="list-style-type: none"> • Enhanced knowledge and awareness on disaster preparedness and response to future shocks 	
	<ul style="list-style-type: none"> • % of households, which were able to maintain their number of livestock and increase their animal produce (milk, eggs, meat) production. 	
	<ul style="list-style-type: none"> • % of fishing households, which resumed fishing activities at pre-flood level 	<ul style="list-style-type: none"> • Support to livestock in the form of feed, fodder and animal health interventions • Restocking of small ruminants and poultry • Distribution of inputs for fodder cultivation • Distribution of fishery equipment • Rehabilitation of fish ponds and hatcheries
<p>2. Objective: To ensure effective coordination of strategic joint needs analysis, response planning and dissemination of timely information to promote equitable distribution of humanitarian assistance among the affected populations.</p>		
Outcomes	Indicator	Activities
Food Security sector is well coordinated through improved analysis and response capacity	<ul style="list-style-type: none"> • Number of assessments conducted, strategic and guiding documents produced and shared with partners 	<ul style="list-style-type: none"> • Mapping of humanitarian and early recovery actors' presence to identify gaps and avoid overlapping • In agreement with the Government of Pakistan, conduct further specific sectoral assessments, as required • Facilitate agreement among FSC members on the joint strategy and standards to improve food security conditions of the flood-affected population • Make readily available information collected, strategic and guiding documents to humanitarian and early recovery actors, within and outside the FSC • Build the capacity of FS cluster members in assessment and M&E methods by providing technical and advisory assistance.

6.2. Health Cluster

Cluster lead agencies	World Health Organization				
Implementing agencies	DoH Sindh and Balochistan, NHEPRN, NDMA, PDMA, CWS, HHRD, IMC, IOM, MERLIN, SC, Shifa Foundation, UNFPA, UNICEF, WHO, World Vision, ARC, ARTS Foundation, BARAN, BRDS, CARE International, CCHD, FF, GRHO, HANDS, ICMHD, ILO, IOM, KWES, Mercy Corps, NAGE Pakistan, NCBP, NRSP, NVWS, SBDDS, SDDO, SDS, Sindhica, SSD, SWRDO, UN Women, WHO, YWS, NRC, CDWS, IWASHEE				
Number of Projects	53				
Cluster objectives	<ol style="list-style-type: none"> 1. Revitalization and rehabilitation of PHC services in all affected districts to pre-floods levels 2. Continuous communicable disease surveillance and response to mitigate morbidity and mortality in the flood affected population 3. Coordinate and early recovery health responses within the Cluster mechanism and in partnership with the local authorities 				
Beneficiaries		Context Population	Programming Groups		%
	Total Population	9,275,568			
	Male (52%)	4,823,295			52%
	Female (48%)	4,452,273	2,279,564		48%
	child bearing age (48.8% of female)		2,172,709	48.8%	
		9,275,568			100%
	Population below 15 years	4,025,597	1,961,783		43.4%
	Newborns 7% of total Pop under 15 years		691,030	7.45%	
	Children (Below 5 years excluding newborns)		1,372,784	14.8%	
	Population 15 - 64 years	4,925,327	4,582,131		53.1%
	Pregnant Women 3.7 % of 15 - 64 population		343,196	3.7%	
	Elderly (Above 65 years)	324,645			3.5%
	9,275,568			100%	
Funds requested	US \$ 52,201,341				
Contact information	Dr. Jorge Martinez, Emergency/Health Cluster Coordinator, email: martinezj@pak.emro.who.int , Cell: 0308 555 9647				

Needs analysis:

Sindh and Balochistan already have inadequate public health infrastructure which was severely affected by the impact of super floods during 2010. Before the health system could recover after 2010 floods, another major flood hit Sindh and some parts of Balochistan during August, 2011, completely crippling the already weakened public health infrastructure. The disrupted health system needs to be supported and reactivated through target health system restoration activities.

As per findings of Multi Cluster Need Assessment conducted in October, 46% of all health facilities in the flood affected districts are damaged to some extent. Currently, the estimate NDMA over 76% of affected people have returned to their homes; there is hence a need to revitalize the health facilities to ensure continuous provision of health services in the flood-affected districts. The floods have also damaged most of the water sources, increasing

incidence of water borne diseases. Stagnant water pools have become breeding grounds for vectors, causing a huge rise in Malaria and Dengue cases. 1.38 million consultations have been reported since the beginning of October. With damaged health facilities, reproductive health services have been adversely affected. Since the floods, over 55% of births in the flood affected districts have taken place at home, with 27% of the births not being attended by any medical professional, including LHVs. Immunization has also been adversely affected due to displacement of population and Government staff, especially LHVs.

Major gaps still exist in Mobile Health Units coverage, RH/MNCH, LHW coverage, nutrition, water and sanitation, immunization and health facilities' restoration in Umarkot, Tahrparkur, Sanghar, MirpurKhas, Badin, Tando Allah Yar and Tando Mohammad Khan districts. Funding flow from donor community is very weak for provision of life saving health services as diarrhoea, malaria, skin infections, ARI and other diseases are on rise in all flood affected areas, creating major public health risks. Food availability and adequacy of nutritious foods for mothers and children and un-hygienic food preparation and consumption are risks for aggravating already high prevalence of malnutrition among children and PLWs. The malaria response needs more coverage and coordinated response through health cluster platform.

The other major health threat is the still widely prevalent high risk of communicable diseases and it is a big challenge to respond to alerts in a timely manner and prevent initial few cases from turning into full-fledged epidemics. This health threat looms equally for areas with stagnant water as well as for those with waters receding, the only difference being the type of communicable disease as the most likely threat. The most common life threatening diseases seen during the emergency phase are acute diarrhoea, respiratory tract infections, pneumonia, measles, Dengue, CCHF, and malaria. In parallel focus on provision of safe drinking water and sanitation services to affected population across the affected districts still continues to be a key priority to stave off the risk of outbreaks and to protect population from water and vector borne diseases.

The following are the major health issues:

- Burden on the health system;
- High cases of ARI, AWD and Skin infections;
- Rise in suspected malaria in Balochistan and Sindh provinces;
- High prevalence rate of severe malnutrition in the flood affected areas as reported by National Nutrition Survey conducted in 2011;
- Increase in reported complicated deliveries en-route to referral facilities.

Health Cluster Partners are focusing on the provision of essential primary health care and health services to the affected population; mitigation of communicable disease outbreaks through intensive surveillance and early response to disease threats; environmental health interventions including water quality analysis and treatment with priority given to schools and health institutions; health education informing the general public; ensuring the provision of emergency essential reproductive health services; and the treatment of acute malnutrition and nutritional surveillance.

Objectives:

The overall objective of the health recovery framework is to support the reactivation of the health care system in areas affected by the floods with special emphasis on maximizing access for the returning and resident population to a basic package of quality essential health services.

- Short term:
 - Sustain functionality of essential health services, especially primary health care, in affected districts; expanding and strengthening surveillance and response to communicable disease outbreak;
- Long-term
 - Support to field operation and coordination of provision of essential equipment and refurbishment, reconstruction and rehabilitation of complimentary infrastructure and enhancement of institutional capacity at the different levels of the health system (Federal/ Province/District);
 - Access to life-saving interventions of children and women through population- and community-based activities (e.g., campaigns and child health days). 95% coverage with measles vaccine, vitamin A and deworming medication in the relevant age group of the affected population;
 - Children, adolescents and women equitably access essential health services with sustained coverage of high-impact preventive and curative interventions. 90% of children aged 12–23 months fully covered with routine EPI vaccine doses;
 - Women and children access behaviour-change communication interventions to improve health-care and feeding practices.

KEY STRATEGIC PRIORITIES OF THE EARLY RECOVERY FRAMEWORK

- Improved access to an essential package of public health services for the affected and returning population with a reasonable degree of contact (above 0.5 New Cases/person/year) between the population in the catchment area and the public health delivery system in each of the priority districts;
- Conduct Mother and Child Week (MCW) to deliver a package of health information and services to household. Conduct measles campaign to vaccinate 6 months to 13 years children against measles, Provide Vitamin A supplementation to children 6-59 months along with measles campaigns or polio campaigns;
- Provide cold chain equipment, assist operational cost of vaccine logistics to ensure availability of safe vaccine to children;
- Essential health system service delivery to the affected population will be through still functional health facilities, and community based health care providers of the Government and civil society organisations, organisation and development of mobile medical teams and ensuring effective referral support through outsourcing the provision of health care to international and national non-governmental organizations that are currently engaged in providing health services in the flood affected districts via the Cluster Coordination Mechanism. Build capacity of civil society and authorities in exposed areas to respond to health and nutrition needs in emergencies;
- Prevention, control and provision of a public health response to communicable disease outbreaks - priority health interventions need to be directed towards diseases that are endemic and particularly those which can potentially cause excess numbers of mortality and morbidity within a short span of time. A crucial initial step for a public health emergency and early recovery response is to establish adequate disease surveillance systems that take into account the inherent disruption of the public health infrastructure of the affected country and to ensure that affected population have access to information about prevention of key killer diseases;
- Intuitional capacity building for the provision of specialized health services and medical care for person with disabilities and older persons by training staff on appropriate responses, by providing appropriate drugs, by referring individuals to rehabilitation services and by providing specific equipment.

The strategy:

Five strategic pillars have been defined for the Health Cluster early recovery response framework: (a) coordination of health actors response, information management support for prioritization of response, streamlining decision making and monitoring; (b) improving access and availability of essential life-saving medicines and supplies at the PHC level; (c) expanding & strengthening of disease early warning, surveillance and epidemic response systems (DEWS) to all priority districts; (d) accessibility to essential PHC services including MNCH/RH and immunization coverage and (e) restoration of the functionality of damaged/destroyed health facilities and strengthening of referral mechanisms to secondary and tertiary care hospitals for critically ill patients.

The coordination of humanitarian interventions executed by the health partners constitutes the key strategic choice deliberated by the humanitarian community to enhance the efficiency and effectiveness of response interventions in support of national actors. This coordination is focused on actions addressing the main determinants of morbidity & mortality i.e. communicable diseases outbreaks, lack of access to essential Primary Health Care (PHC) needs including reproductive health & family planning, immunization and other key lifesaving issues.

Minimum essential health service standards have been developed ensuring provision of quality comprehensive essential health care services. The impact of health response on morbidity and mortality is not easy to quantify, however, it is clear that even with this scale of disaster the current morbidity and mortality figures are quite similar to the ones from previous years, which is a success by itself. Excess mortality due to direct or indirect floods causes is not that high.

The overall strategy will continue to achieve the overarching Health Cluster objectives based on the five pillars of the Early Recovery Framework:

A. Coordination of Early Recovery response and information management support for prioritization of response, streamlining decision making and monitoring;

Coordination is the backbone for the streamlining of response, decision making and monitoring of the activities and its impact on the life of affected population during emergencies and early recovery phases. The operational platform under the leadership of WHO has been instrumental in mounting adequate and timely response by WHO and health Cluster partners, including the government, to life threatening risks and diseases, saving lives and reducing disease. The provincial offices have also made it possible for health responders to reach the farthestmost periphery, especially in case of alerts for life threatening communicable diseases. This operational platform requires the continued placement of manpower and financial support to allow Clusters to function and sustain current services including wide-scale distribution of life saving essential drugs.

Through the coordination mechanism already in place at national provincial and district level, the Health Cluster will continue to facilitate coordination and support functions at provincial and district levels, run WHO operations, run the DEWS and respond to outbreak alerts, run and manage sentinel surveillance sites for malnutrition, provide necessary logistical cover to ensure procurement and distribution of medicines, medical supplies and equipment, and supervise/manage health facility restoration activities in districts identified as priority for early recovery and rehabilitation.

The Health Cluster has set up an effective and efficient mechanism of coordination whereby the health partners share/map the information, produce situation reports and 'who is doing what and where' matrix. The information is used to identify the gaps and plan the response activities.

In support to the Government efforts the World Health Organization as the Health Cluster lead, along with cluster partners, is ensuring that:

- A coordinated response is put in place to ensure delivery of health services to the most vulnerable
- The communicable disease surveillance and outbreak response system is expanded and is robust for timely detection of disease, and prevention of outbreaks
- Stocks of necessary medicines and supplies are delivered to District warehouses, as per request of provincial Government.
- Water and sanitation condition is improved in the targeted districts/areas

Information management activities will also be strengthened at all levels to guide decision-making, identify needs and critical gaps, and monitor impact of interventions. Additional expertise for GIS/geo-spatial analyses will also be commissioned to produce maps including mapping of health partners working in the affected districts to avoid overlapping and duplication of activities. Information management capacities including those for geo-spatial analyses will be made available at Islamabad office and field hubs.

B. Improving access and availability of essential life-saving medicines, supplies and equipment:

Uninterrupted and sustained provision of essential medicines, medical supplies, and equipment has been critical to health delivery at all levels of health service delivery for the early recovery phase. The Essential Medicine package provided during the relief phase, covers the treatment for communicable diseases, non-communicable diseases, MNCH related medicines, Paediatric medicines, Minor Surgery and Diphtheria Anti-toxins. These lifesaving interventions played a vital role in reducing the incidence of morbidity and mortality. In addition, the provision of essential medicines increased the utilization of underutilized health facilities evident from the consultation data (increased from 0.12 visits per capita per annum to 0.8 visits per capita per annum).

Concurrently critical is to beef up referral capacities of first-level care facilities in peripheral areas of priority districts; the support needed here includes providing ambulances, gasoline, and provision of medical equipment and training of doctors at secondary level facilities (Tehsil and District hospitals) to manage the patients. WHO will procure all items described above and distribute these to PHDs and to Health Cluster Partners for effective emergency health services provision.

Essential medicines and supplies (including medicines for TB) will be provided on regular basis to avoid any lapse in the delivery of essential healthcare. Stockpiling will be planned for in a way that allows immediate response to outbreak alerts as well as for the districts with no or limited access during the upcoming winter.

Medicines will be bought and imported in accordance with the National and WHO essential medicines list and standards. In order to reach population faster, medicines and equipment will be purchased and dispatched in ready-to-deploy kits. Some kits will require international air shipment to ensure timely availability and delivery. Timely provision of LLINs and insecticide for malaria control will also be taken care of.

Capacity of the Health Cluster Partners will be enhanced on medicine management. The essential medicines team set up within the coordination mechanism will monitor the rational use, storage and dispensing activities. The Logistic Support System (LSS) installed at district level for transparency and traceability of supplies will be expanded. Essential Medicine Team (Pharmacists) will check the rational utilization of medicines and capacity building of the health care providers (implementing partners and Government health department) on quantification and management of essential medicines supplies.

C. Expansion and expanding Disease Early Warning, Surveillance and Epidemic Response Systems

Prevention, control and provision of a public health response to communicable disease outbreaks. Priority health interventions need to be directed towards diseases that are endemic and particularly that that can potentially cause excess numbers of mortality and morbidity within a short span of time. A crucial initial step for a public health emergency and early recovery response is to establish adequate disease surveillance systems that take into account the inherent disruption of the public health infrastructure in the floods affected areas. Acute Watery Diarrhoea (AWD) is among the problems that represent major public health risk in flood-affected areas.

The DEWS component will undertake disease surveillance and response through DEWS for alert and outbreak detection and timely and effective response to mitigate morbidity and mortality through communicable diseases, with special emphasis on Malaria and Dengue. Mainstreaming epidemiologic surveillance, early warning systems into the regular provincial and district operations will be carried out.

Capacity of the EDO Health officers will be enhanced with trainings and necessary supplies and equipment for alert outbreak investigation and response, data collection and analysis and information generation for action. In addition community preparedness initiatives will be linked with DEWs essentially for training of Partners, Communities & health workers for strengthening of disease alerts and response mechanism.

Given the complexity of relief operations and the multitude of preparedness mechanisms within the Government and humanitarian agencies especially for health cluster, contingency planning for communicable diseases and health emergencies is essential to define what preparedness mechanisms will be used, when and where. Before a response is required, health specific contingency planning affords Government the opportunity to define when, where and why their emergency response resources will be deployed, when emergency funds will be used and what kind of responses, materials and types of personnel they will need. Therefore, well-developed health contingency plans will afford Provincial and district Government officials' better capacity to handle outbreaks of communicable diseases/ health emergencies.

D. Accessibility to essential PHC services including MNCH/RH and immunization coverage:

Ensuring that Government health facilities in the flood affected areas are made operational through provision of essential medical equipment and provision of necessary medical male and female staff through health cluster partners and support to health department. Continuation of provision of essential primary health care (PHC) services including activities comprised within the Minimum Initial Service Package (MISP) for reproductive health (skilled birth attendants and new born care) and GBV prevention and response will be ensured. Support will be provided to mass vaccinations/immunization campaigns, specifically against Polio, Measles and Vitamin A supplements for all children aged 6 – 24 months and pregnant and lactating women. Mass communication and social mobilization activities would also be undertaken for mass awareness on health practices and protection from diseases. Basic rehabilitation of health facilities including water supply and storage, facilities and/or setting up of ad-hoc temporary health facilities to allow immediate re-launching of essential primary health care services will be ensured with the support of health cluster partners and health department. Measles vaccination, vitamin A supplementation, deworming; Tetanus Toxoid vaccination receive tetanus Toxoid vaccination will be ensured under the essential comprehensive PHC coverage.

Successful response to any disaster depends on its pre-existing infrastructure in the health and social clusters and its status. Capacity building of health officials and hospital staff on Hospital Preparedness for Emergencies (HOPE) will address the structural, non-structural, organizational and medical concerns of health facilities in order to develop and implement well-designed plans that increase their capacity to respond effectively to emergencies. In

addition, factors like damaged, deficient and underprovided health facilities along with inaccessibility issues will be to some extent compensated through Community Preparedness on health issues. Community preparedness will also support in reducing the impact disaster especially for the most vulnerable geographically i.e. such as those living in hazard-prone areas with few financial resources to help them recover and socially i.e. women, children and elderly.

E. Restoration of the functionality of damaged/destroyed health facilities and strengthening of referral mechanisms:

The flood caused severe damage to the health facilities disrupting the provision of healthcare services and existing referral mechanisms in life threatening cases. WHO and Partners will provide repairs and basic furniture, equipment and supplies in damaged health facilities in priority districts (decided on the basis of proportion of vulnerable population, number/proportion of damaged/destroyed health facilities, reported disease burden from DEWS, etc.) to restore the functionality of the health facilities. Similarly referral services (ambulances, IT/communications equipment, etc.) for complicated pregnancies/deliveries, complicated cases of highly prevalent (<15%) chronic diseases such as diabetes, hypertension, renal insufficiency, liver disorders etc. will be re-established/strengthened in priority districts at field level to save life and improve clinical outcomes.

The Objectives, outcomes, indicators and key activities:

Objective 1: Restoration of PHC services in all affected districts to pre-floods levels		
Outcomes	Indicator	Activities
Restoration of the functionality of damaged/destroyed health facilities and strengthening of referral mechanisms along with Mobile Health Units coverage.	# of static health units re activated for provision of essential PHC services. # of health facilities rehabilitated # of active mobile units in the flood affected districts # of Mobile Health Units operational # of LHWs reached	<ul style="list-style-type: none"> - Reactivation static health units with provision of necessary essential medicines, medical equipment and women/children safe spaces. - Establishing referral system from primary to secondary and tertiary health facilities - Conducting campaigns (measles, polio, vitamin A supplementation & deworming tablets etc). - Revitalization of services by addressing LHWs needs
Accessibility to essential PHC services including MNCH/RH and immunization coverage to the affected population.	# of health units operationalized. # of consultations related to MNCH/RH and other key diseases undertaken. #of complicated cases referred # of coordinated health promotion activities delivered. # No of CBDRM training courses held/ no of volunteers trained # of LHWs and Community Health Workers(CHWs) trained on CBDRM #No of HOPE training courses held/ no of health and hospital staff trained	<ul style="list-style-type: none"> - Provision of health services 24/7 a week in communities with referral system to static health units for complicated cases - Provision of essential medical equipment - Establishing mobile teams in line with essential minimum mobile team standards - Endorsement of Health Promotion Guidelines for emergencies by health department. - Facilitate dissemination of guidelines and IEC materials through Government and non-government partners - Facilitate coordination of health promotion activities, through Government, at district level - Facilitate endorsement, dissemination

		<ul style="list-style-type: none"> and implementation of Community-Based Disaster Risk Management Manual for the health cluster - Training of LHWs and Community health workers on Community-Based Disaster Risk Management Manual developed for health cluster - Training of Health Cluster and hospital Officials & staff for Hospital operational preparedness for emergencies (HOPE)
Improving access and availability of essential life-saving medicines, supplies and equipment:	# of EHKs, DTKs, ARI kits LLINs, procured and distributed.	<ul style="list-style-type: none"> - Procurement of medicines, supplies and equipment - Cold chain restoration Strengthening of LSS - Capacity building
Objective 2: Continuous communicable disease surveillance and response to mitigate morbidity and mortality in the flood affected population		
Outcomes	Indicator	Activities
Prevention against emerging health threats and outbreaks through strengthening fast, timely, effective and coordinated joint health interventions.	# of alerts and outbreaks identified and responded to weekly #No of training courses held for communities and health workers on DEWs # of workers trained in each course	<ul style="list-style-type: none"> - Active surveillance in all flood affected districts through surveillance officers
		<ul style="list-style-type: none"> - Weekly analysis of consultation reports data from implementing partners - Deployment of rapid response teams (male and female members) to investigate alerts and outbreaks - Training of Communities & health workers for strengthening of DEWs
Strengthening Early Detection and timely, effective response to outbreaks of communicable diseases	# of outbreaks responded and controlled within 48 hours of detection	<ul style="list-style-type: none"> - Deployment of rapid response teams (male and female members) - Remedial actions to mitigate the outbreak Carrying out laboratory tests for confirmation of an outbreak
Provincial and district governments have better capacity to handle outbreaks of communicable diseases/ health emergencies in shape of practical contingency plan	Contingency Plan developed for provincial and district health department (s). % age of districts with appropriate Contingency Plan	<ul style="list-style-type: none"> - Advocacy and support for development of contingency plans for communicable diseases/ health emergencies
Objective 3: Coordinate relief and early recovery health responses within the cluster mechanism and in partnership with local authorities		
Outcomes	Indicator	Activities
Coordination meetings and federal, provincial and district level	# of health cluster meetings held per month at federal/provincial/district level	<ul style="list-style-type: none"> - Continuation of the health cluster at federal, provincial and district levels - Coordination with the Government counter-part for chairing the coordination meeting - Active information sharing and participation from all implementing partners in the meeting for effective coordination
HeRAMS activation and regular updates information	# of health facilities reporting to HeRAMS.	<ul style="list-style-type: none"> - Active updates from health Cluster partners Collection and compilation of 4W

sharing in the form of bulletins and situation reports	# of health Cluster bulletins published/month	matrix and HeRAMs Collation of information and development of the monthly health Cluster bulletin
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Cluster Monitoring Plan

Health Cluster partners will monitor health interventions according to the indicators outlined above disaggregated by sex and age, and conduct evaluations and assessments to measure the impact of the interventions and to facilitate improvement / changes where required. Specific areas of focus such as the DEWS will deploy surveillance officers in the districts affected for close monitoring and supervision of the disease trends and investigate any alerts and outbreaks to provide the timely and appropriate response. The essential drugs team will monitor the rational use, storage and dispensing activities and capacities of the department of health and all the proposing organisations through the deployment of a pharmacist in each district.

After the first 7 Months of the Early Recovery process, an ad hoc real time evaluation will be organised to measure progress made per district over the last 6 months using the same indicators. This RTE should be closely coordinated with the district health authorities. It should look at midterm progress and inform the design of a follow up programme after 9 months.

Health Cluster has established criteria for the assessment of partners' capacities in terms of human resources, financial management and internal controls, past experience in the health cluster especially in emergencies and post emergencies situation, familiarity with the community and national health authorities and active health Cluster participation. WHO has Surveillance Officers on ground that are responsible along with technical support to the partners and for also doing monitoring of partners' activities. WHO Pharmacists look into the rational use of medicines and have proper system for the recording and utilization of medicines by the partners' staff. The Executive District Officer Health (EDO-Health) is also regularly monitoring the partners' activities on regular basis. Monitoring and Evaluation is an integral part of the Health Cluster Response strategy which initiated from the onset of the response. The monitoring of health Cluster activities is more participatory and collective in nature where all the stakeholders are involved in the monitoring process. Joint monitoring visits along with the EDO Health are one of the successful mechanism for the monitoring of Cluster activities. Health Cluster is using IASC standard indicators for communicable and non-communicable diseases including average population coverage, emergency obstetric care, maternal and neonatal care, etc. Health Cluster is using different data collection tools and methods for the assessment of health facilities like HeRAM (Health Resources Availability and Mapping) and IRA (Initial Rapid Assessment). Health Cluster Partners also participated in the Multi Cluster Assessment along with the UN partners. Health Cluster has established different Working Groups/Task Force for different areas like malaria, communicable diseases, Reproductive Health to look and monitor the response effectiveness and efficiency. The task force are established for specific period of time with specific objectives to monitor the implementation mechanism and rate for example the distribution of bed nets for malaria control in malaria prone districts in the flood affected areas.

Information management/HeRAMS

Communication and information Management (C&IM) will provide continuous updates on health cluster interventions by developing Who, What and Where (3W), and health maps using GPS coordinates. Newsletters, Health Bulletins, Situational reports and web sites will be produced to inform partners as well as the general public on health interventions and needs. Communications will be responding to, and lobbying for effective collaboration and sensitisation of media as well as utilising their resources to address the wider audience. Brochures, Information, education and communication messages (IEC material), pictorial coverage of health cluster initiatives, outbreaks, disaster reports, video interviews,

documentaries as well as developing need / human interest, success stories and messages via channels of mass media communication will be used.

HeRAMS (Health Resources & Services Availability Mapping System) is a Standardized Approach supported by a software-based IT Platform that aims at strengthening the collection, collation and analysis of information on the availability of health resources and services in Humanitarian Emergencies. It supports WHO, Ministry of Health, and Health Partners better achieve the provision of equitable, relevant and efficient health services and better allocate resources towards fulfilling humanitarian needs and ensuring their sustainability beyond Humanitarian interventions. HeRAMS aims to support Evidence Based Decision Making and reinforce coordination & accountability within the Health cluster. By monitoring information about the availability of Health Resources and Services, mapping Health Partners activities and clearly identifying gaps, HeRAMS aims at an overall improved and more sustainable Humanitarian Response.

6.3 Shelter Cluster

Cluster lead agency	IOM												
Implementing agencies	19 (1 umbrella project (not counted) can be implemented by multiple partners, coordination project implemented by IOM)												
Number of projects	21 (including 1 umbrella project)												
Cluster objectives	<p>- To provide low cost shelter support to families in the notified districts in Sindh and Balochistan whose house has been become 'unlivable', in a way that is more resilient to future natural disasters before June 2012 and monitor the needs and support related to the provision of durable solutions for the people who had to leave their homes.</p> <p>- To support and increase the capacity of the GOP in the effective and adequate shelter /NFI coordination during the relief and recovery phase parallel to strengthening the shelter response capacity of the GOP, NGO's and civil society involved in the response in the notified areas.</p> <p>- Improve the rights based protection of those living in temporary settlements and effectiveness of the response by monitoring the displacement, needs and support in the settlements</p>												
Beneficiaries	<p>Approximately 1,993 million persons (315,327 families), whose house has been damaged or destroyed.</p> <table border="1"> <thead> <tr> <th></th> <th>Total ER shelters</th> <th>Total population</th> </tr> </thead> <tbody> <tr> <td>Sindh</td> <td>305,827</td> <td>1.926.710</td> </tr> <tr> <td>Balochistan</td> <td>1,000</td> <td>7.000</td> </tr> <tr> <td>Grand Total</td> <td>306.827</td> <td>1.933.710</td> </tr> </tbody> </table>		Total ER shelters	Total population	Sindh	305,827	1.926.710	Balochistan	1,000	7.000	Grand Total	306.827	1.933.710
	Total ER shelters	Total population											
Sindh	305,827	1.926.710											
Balochistan	1,000	7.000											
Grand Total	306.827	1.933.710											
Funds requested	US \$ 154.769.136 (excl. US \$ 32.851.826 for emergency projects)												
Contact information	SCpakistan.coord@gmail.com												

- *project is flexible in implementation in Sindh or Balochistan.*

Category	Affected population			Beneficiaries (if different)		
	Female	Male	Total	Female	Male	Total
Families with house damaged or destroyed, in Sindh , 6,3 persons per family – house 40% of households require support = beneficiaries	2.510.112	2.510.112	5.020.224	1.004.045	1.004.045	2.008.090
Families with house damaged or destroyed, in Balochistan , 7 persons per family – house 40% of household require support = beneficiaries	91.483	91.483	182.966	36.593	36.593	73.186
	2.601.595	2.601.595	5.203.190	1.040.638	1.040.638	2.081.276

Needs analysis

Following the 2011 floods and rains in Pakistan, 796,861 houses in Sindh were damaged (59%) or destroyed (41%). In Balochistan, approximately 26,000 houses were reported damaged (65%) or destroyed (35%) (Source: Shelter Cluster Damage Comparison endorsed by NDMA). It is assumed that 40% of the total number of affected households (equal to 94% of the households whose house has been totally destroyed) require ER Shelter Support to reconstruct or strengthen their homes. Based on the "Rapid Technical Assessment of Damage and Needs for Reconstruction in Housing Sector, October 2010, by UN HABITAT, 46% of the houses in Sindh are made of mud, 34% of adobe and 30% of bricks. In 2011 as much as 70% of the damaged or destroyed houses were made of mud which shows the vulnerability of the housing stock in Sindh.

Although 90%¹⁹ of the houses in Pakistan are built with the involvement of masons, many of the houses have not survived the disaster. DRR specific assessments have been conducted²⁰, and the field observations have shown that DRR reinforced structures have survived considerably better than the ones without. However there remains a knowledge or motivation gap regarding what can be achieved in terms of improved housing construction at low cost.

In Sindh it is common practice that houses are extended with the expansion of the family. Usually a dwelling starts with a one room shelter which will be expanded when resources allow with a veranda and gradually more rooms. The **average** Sindh family, with 6,3 persons, lives in a 2 room house²¹ or a house with a veranda. The houses are often situated in a fenced compound and connected with houses of first line family members. Recently the Government of Pakistan has expressed the ambition to support the affected population in the restoration of their houses and make them more resilient for the future disasters. The houses will adhere to common culture practices by for instance allowing the possibility to compartmentalize the shelter in 2 rooms and accommodate at least preparations for sanitation and cooking facilities. The typical building season in Sindh takes place between January and July, which is in line with the recovery period.

An estimated 1,800,000 people had to move from their homes because of the floods. Many settled in informal and "temporary" settlements (TS) on elevated land and others in formal camps that were established by the government and NGO's ranging in size from individual families to 12,000 individuals. The multi-sector needs assessment completed at the end of October 2011 showed that the number of persons residing in the remaining 5,000 (estimated) settlements in Sindh, has been reduced to approximately 127,000 families. In Balochistan only a few temporary settlements had been reported. In Sindh 59% of the settlements were "spontaneous". According to the MSDNA the needs in the TS were significant. 93% of the households indicated that they required blankets, 66% of the TS reported diarrhea, 72% of the TS have no latrines and 75% of the TS have no official camp management structure.

As waters recede, and the immediately support required for temporary settlements decreases, the urgency for the affected people to find durable solutions increases. A coordinated approach can facilitate this process, speeding up the rate of recovery and thereby saving resources.

Proposed strategy

The shelter cluster recovery strategy is based on a recovery approach with 'early development' elements. In this approach houses will be reconstructed through **self-recovery**. During the 9 months recovery phase till 18th September 2012 the humanitarian

¹⁹ Rapid Technical Assessment of □ Damage and Needs for Reconstruction in Housing Sector, October 2010, by UN HABITAT

²⁰ IOM, DRR assessment of One Room Shelter built in 2010 response, report expected beginning of December 2011.

²¹ Rapid Technical Assessment of □ Damage and Needs for Reconstruction in Housing Sector, October 2010, by UN HABITAT

community primarily aims to support the restoration / reconstruction of approximately 306,827 **low cost shelters** of the size meeting SPHERE standards (**200 – 250 sq ft, depending on family size**). In coordination with the communities and families, **compartmentalization of the house in 2 rooms per houses** will be considered. 50% of the family whose house has been destroyed will receive material support of maximum **US\$375** per shelter, provided in multiple installments. During the 2010 response it has been proven that the US\$ 300 material support is the minimum amount to catalyze a self-recovery process. Beneficiaries contribute through salvaged materials, labor and a limited amount of cash. Special vulnerable people can be provided additional support through cash-for-work and food-for-work interventions.

In 2011, the additional US\$75 material support (compared to 2010) is justified by an **increased focus on DRR elements**, ongoing price inflation, a new brick tax, and **additional cooking and sanitation elements**. It is acknowledged that some of these elements require early involvement of development funding arrangements. The cluster will facilitate this process pro-actively.

The Cluster strategy promotes upgrade through redesign of existing or former structures, maximizing the use of salvaged building materials and materials distributed in the emergency phase. Recommended materials, designs, approaches and experiences of the 2010 and 2011 response will be shared among the cluster partners and on the Shelterpakistan.org website. The quality of the shelter, especially with respect to inclusion of the DRR elements like strengthened roof and wall structures, safe construction techniques and elevated flooring, will be secured by 'on site' training activities coordinated by the shelter cluster. Training with a standardized curriculum will be developed in local languages, available for all shelter agencies and target masons and skilled construction workers, organizations providing shelter support and beneficiaries. Mobile teams in the villages, will conduct construction training, focusing on practical skills. Traditionally, woman are involved in plastering the walls of their homes and will be actively involved in the training.

The Shelter Cluster will be targeting the most vulnerable people whose house has been damaged or destroyed by following a participatory, community based approach. Such an approach will secure targeting independent of ethnicity or political allegiance or location. The cluster will implement according to the following targeting criteria defined by NDMA and the Protection Cluster: the families whose house has been completely destroyed, who have no salvaged materials and no means to provide construction materials and/or labor, who may not return to their place of origin and face extended displacement for at least for 6 months, and, whose lives are endangered by weather conditions – Combined with at least one of the following criteria: female headed households, child headed households, older person headed households, households headed by person with disabilities (physical, intellectual, sensory), households headed by persons with a chronic disease and Pakistani Nationals without Identity Card. The cluster will encourage equal representation of women and men on committees involved in the different components of project activities - targeting criteria identification, beneficiary selection, activity planning, etc.

To provide a minimum and cost effective support to the ones that do not receive direct support otherwise, and to strengthen the capacity of the ones involved in the self-recovery process, the shelter Cluster will work with the Government to spread key messages consistently and coherently through formal and informal communication channels. These messages include technical advice (e.g. practical and affordable DRR construction techniques), basic land and property rights, Pakistan Card Compensation, environment and "aid is free" messages. Where possible messages from other sectors like health and wash will be disseminated though the same channels in an integrated approach. Different communication methodologies will be selected dependent upon the type of message and the most effective means of dissemination. Methods include: radio, newspaper, posters, flyers, booklets and other print media. Information materials will be developed based on target users' involvement and feedback with strong emphasis of visual communication.

To be effective, humanitarian communication programmes must have a feedback component so that messaging can be adapted to meet evolving needs. As a result, Information messages will continue to be developed in response to field issues and frequently asked

questions. All activities of the collective shelter cluster response will be monitored independently to ensure adherence of the humanitarian principles and guiding principles of Internal displacement.

NDMA/PDMAs/shelter cluster shall ensure proper evaluation of shelter/NFI related projects as well as spot inspection to guarantee transparent use of funds for these projects.

Cluster objectives, outcomes, indicators, and activities

Objective 1: To provide low cost shelter support to families in the notified districts in Sindh and Balochistan whose house has been become 'unlivable', in a way that is more resilient to future natural disasters before June 2012 and monitor the needs and support related to the provision of durable solutions for people who had to leave their home.		
Outcomes	Indicator	Activities
Equal low cost shelter support provided to at least 40% of the Female and Male headed households whose house has become unlivable (damaged or destroyed), through a coordinated and targeted shelter response, based on strengthened self recovery capacity and raised awareness on safe construction techniques, DRR elements, and reduction of environmental impact.	<ul style="list-style-type: none"> 90% of the programs have applied the targeting criteria (damage + vulnerability) 50% of the shelters (re)constructed include 3 or more DRR elements (for instance raised flooring, strengthened walls, columns, strong roof etc.) 100% of funded organizations start ER programs before end 2011 (where water has receded) and finish their activities by mid 2012 90% of the supported households are more aware of safe and sustainable construction techniques / materials. 	<ul style="list-style-type: none"> Provision of Basic Shelter support to vulnerable beneficiaries through provision of conditional cash, material and / or technical advise / training. Improve technical skills and knowledge about DRR of masons and beneficiaries through sector coordinated uniform practical 'on site' training and training materials. The content and the locations of the trainings will be actively coordinated at district level Improve the technical capacities of institutions in the effective and adequate shelter / NFO coordination.
Frequent monitoring of 50% of the remaining people who had to leave their home, especially in the 300 prioritized settlements, up to the stage where they have found durable solutions.	<ul style="list-style-type: none"> At least 50% of the settlements are monitored monthly 	<p>By collecting and disseminating quality information about the population in the temporary settlements and area of return:</p> <ul style="list-style-type: none"> Support the development of a returns strategy Accelerate the provision of durable solutions by the involved sectors
Objective 2: To support and increase the capacity of the GOP in the effective and adequate shelter /NFI coordination during the relief and recovery phase parallel to strengthening the shelter response capacity of the GOP, NGO's and civil society involved in the response in the notified areas.		
Improve the rights based protection of those living in temporary settlements and effectiveness of the response by monitoring the displacement, needs and support in the		

settlements		
Outcomes	Indicator	Activities
<ul style="list-style-type: none"> • Effective shelter / NFI coordination, which secures minimum gaps and overlaps • Strengthened shelter / NFI relief and recovery programming capacity with the involved Pakistani Authorities and national humanitarian sector. 	<ul style="list-style-type: none"> • Monthly TSSU / area's of return monitoring reports • 80% of participants of shelter training evaluated those as positive 	<ul style="list-style-type: none"> • Provision of training on shelter technical capacity including DRR, Gender, land and property rights, project management, administration and reporting to National Partners and professionals • Information management (including sex and age disaggregation) services. • Development and provision of training / outreach material for flood beneficiaries
<ul style="list-style-type: none"> • Temporary settlement coordination mechanisms are supported with regular information collection and dissemination 	<ul style="list-style-type: none"> • During the existence of Temporary Settlement, and monthly update of the population, needs and support in the 300 prioritized settlements 	<ul style="list-style-type: none"> • Facilitate partnerships between the humanitarian partners and TSSU coordination mechanisms supporting the Government of Pakistan. • Set-up and maintain assessments, monitoring and information management systems. • Camp Management guidance / documentation is provided through shelterpakistan.org • Development and try out of a practical camp management training

6.4 Water, Sanitation and Hygiene (WASH) Cluster

Cluster lead agency(ies)	UNICEF												
Implementing agencies	Over 20 (including the LG, UNICEF, UN HABITAT, Oxfam GB, ACF, WHO being major IPs)												
Number of projects	28												
Cluster objectives	<p>Water- Ensure access to safe water facilities for the flood affected populations, particularly those still residing in temporary settlements and those without any in returnee areas for improved health and wellbeing;</p> <p>Sanitation- Ensure all equipment and facilities are provided and people who had to leave their home are empowered to maintain the cleanliness HH sanitation as well as settlements /villages in which they reside, in particular areas where WASH services are partially/completely damaged;</p> <p>Hygiene:Ensure that people who had to leave their home are provided with basic hygiene skills and supplies and are properly informed on behavior practices related to water, sanitation and hygiene.</p> <p>Ensure effective coordination of the early recovery response programme within the WASH Cluster/WG in close collaboration with other Clusters and Government aiming at introducing sustainable and enduring outcome to the sector including sector capacity building for DRR and future emergency response.</p>												
Beneficiaries	<p>Over 2,5 million persons, including 700,000 target beneficiaries included in UN HABITATs shelter-WASH program for vulnerable communities as agreed during SAG meeting in Nov 2011</p> <table border="1"> <thead> <tr> <th></th> <th>Beneficiaries</th> <th>Budget</th> </tr> </thead> <tbody> <tr> <td>Sindh</td> <td>2,240,000</td> <td>58,284,745</td> </tr> <tr> <td>Balochistan</td> <td>260,000</td> <td>2,823,710</td> </tr> <tr> <td>Grand Total</td> <td>2,500,000</td> <td>61,108,455</td> </tr> </tbody> </table>		Beneficiaries	Budget	Sindh	2,240,000	58,284,745	Balochistan	260,000	2,823,710	Grand Total	2,500,000	61,108,455
	Beneficiaries	Budget											
Sindh	2,240,000	58,284,745											
Balochistan	260,000	2,823,710											
Grand Total	2,500,000	61,108,455											
Funds requested	US \$ 61,108,455												
Contact information	<p>Begna Edo – National WASH Cluster Coordinator; Email: bedo@unicef.org, phone: +92 (0) 345-500-6491</p> <p>Prem B Chand – Provincial WASH Cluster Coordinator- Sindh; Email:pbchand@unicef.org, Phone: +92 (0)345-500-6509</p>												

Needs analysis:

Out of the overall number of affected people, the WASH Cluster seeks to reach 2.5 million people with life-saving WASH interventions¹ with well established approach within the humanitarian actors in Pakistan as well as the Government. However, in the context of this early recovery, the need for engagement of new national and international actors for effective and efficient response in WASH sector is required for target groups.

Cluster proposed strategy

WASH cluster currently supports coordination at federal, provincial, and district levels (whenever possible due to Human resources constraints), in collaboration with Government line departments and PDMA's. Since the onset of the monsoon floods in Sindh in 2011, there exists a corresponding augmented need for improved and prolonged coordination required due to the disaster that have implicated huge damage to communities who often had fragile livelihoods.

Furthermore the large number of national and local organizations don't have adequate experience of working in such huge disasters within a coordinated framework as most of the areas affected by the flood are spread in over 13 districts often remote and some are hit with natural calamity for the first time.

The existing limited capacity and experience of working in such huge emergencies have raised the need for effective and robust coordination at all levels to strategize and coordinate response among partner organizations. This requires increased district level cluster coordination in addition to the regular provincial and federal level coordination by bringing, implementing partners and Government line departments around one table.

The WASH cluster member agencies strive to support not only reduction in the incidents of water and sanitation related diseases, but envisage the improvement in the existing infrastructure in WASH sector among affected returnee communities of Sindh and Balochistan.

The Cluster mission for the monsoon flood response is to:

- Support coordination and information sharing for residual emergency response and critical early recovery activities,
- Work in partnership with other clusters to reduce, mitigate, control WASH related outbreak of diseases among affected communities by implementing timely information sharing, and effective coordination;
- Promote evidence based actions, coordinate resources and gap identification to define key priority areas with implementing partners
- Enhance accountable, predictable and effective emergency WASH solutions through formal strategic advisory and technical working groups.

Moving beyond the initial rapid response plan of the 2011 floods, these strategic guidelines aim to provide WASH (Cluster/ER) partners with the principles required to adapt work plans based on ER framework.

The last four months have been highlighted with humanitarian response where basic WASH services have been delivered to those in the camps and others who are residing in makeshift settlements along the roads and drier areas. Except sporadic WASH related outbreaks of disease that were contained with partners intervention and WHO monitoring system; in general cluster members have managed to provide services where ever possible throughout coming existing challenges.

With the vast majority of people having returned, some are still living in makeshift shelter as their homes are either destroyed or inundated with stagnant water. In addition these communities have no means or support in WASH, health and infrastructure, as the damage has rendered many buildings un-function or damaged them beyond a quick repair.

WASH Cluster Objectives

Through implementing partners:

a. Strengthen WASH service provision

Flood affected people will gain equitable (children and women in particular) and sustainable access to safe drinking water; sanitation and practice safe hygiene;

b. Minimize the risk of water source contamination

Through implementing environmental protection programs in solid and liquid waste management;

c. Promote community participatory approach in the water and sanitation sector, involving beneficiaries throughout the cycle from designing, implementation, and monitoring use;

d. Include disaster resilient concepts and technologies in designing and construction of water supply and sanitation infrastructures in the flood affected areas and link with development programs;

e. Support inter-sector collaboration and improve coordination among the stakeholders to maximize the water and sanitation interventions including institutions like schools and health centers;

f. Ensure gender mainstreaming and inclusive policies while designing the WASH activities .

WASH Activities

During the early recovery phase, WASH cluster will promote community participatory approach in supporting returnees at place of origin and work with implementing partners and the local government through:

- Construction and rehabilitation of water supply systems;
- Support sanitation provisions through defined and agreed strategies;
- Hygiene promotion training for behavioral changes;
- Distribution of NFI's / HH water treatment and education on use where critically needed.

The above project components will be approached based on sustainable model to ensure response to foster long term development.

Design and implementation of the WASH activities will incorporate the following crosscutting issues during early recovery phase:

- Community participation and program integration;
- Gender equality;
- Environment safeguard;
- Disaster risk reduction.

Water Supply

Equitable and sustainable access to safe water resources used for domestic needs including, drinking, cooking, cleaning, which will remain a priority objective for WASH cluster during the early recovery phase. Keeping in view a current coverage of 70%, ending December 2011 (temporary water provisions through trucking, hand pump installation and HH water treatment in camps and settlements) of the target population, the cluster aims to turning this to a sustainable water supply and management system, in compliance with DRM. It is noted that most of the provisions of WASH services in camps and makeshift shelters no longer exist as most of the people who had to leave their home have returned to their areas.

It is noteworthy that affected people transit to their areas of origin, with the response shifting to more rehabilitation and reconstruction work where the previous investment in provision of safe drinking water, sanitation facilities no longer benefits as people move away from camps and makeshift shelters. By the first week of January 2012, it is reported that most of the water trucking has stopped, including sanitation and hygiene provisions as fewer people are remaining in residual camps.

Hence the WASH cluster members with support from the Government and donor agencies need to add momentum to areas of return and strive to provide basic WASH services as the assessment of October 2011 has shown total/partial damage to WASH infrastructure.

Focus areas:

- Assessment of inventories of water supply systems depicting the pre-flood situation and damage assessment of post-flood situation, devising clear district level targets of water supply coverage in Early Recovery and Re-Construction phases (Multi-sector Needs Assessment, DNA, SitAn, DHS and through sectoral assessments);
- Strategic planning that would envisage the immediate as well as the long term program design that incorporates sustainability;
- Rehabilitation & construction of the rural and peri-urban water supply schemes damaged by the flood;
- Provision of household water treatment options (filters, rain water harvesting etc.)
- Water quality testing, monitoring and surveillance (including local institutions capacity building);
- Participation of communities in planning, implementation, monitoring and O&M of water supply systems;
- Training programs on emergency preparedness and response coordination for line departments, civil society organizations and communities during re-construction phase.

Sustainable Sanitation

Sanitation is a basic necessity, which contributes to human dignity and quality of life. Sanitation intervention during the early recovery phase will aim at achieving community, HHs and personal hygiene, environment friendly management of liquid and solid waste in the affected communities within the returnee areas in Sindh and Balochistan.

As of Dec 2011, 87% of the targeted affected populations (800,000) have access to sanitation in camps and makeshift temporary sites leaving remaining 13% without. However this report is based on the 4Ws have been gathered through cluster partners. There are no definite answers to how many of the affected people are actually covered in regards to sanitation provision as some of the reports, for instance projects implemented by the Government, are not shared. Nevertheless, there is a tremendous need in bringing the gap in sanitation among the returnee areas as the people who had been served under the emergency response have left the settlements, makeshift camps, and fall under the total affected community that are lacking sanitation services. Hence the gap in sanitation similar to WASH will grow higher as people return to un-functional vital services

WASH cluster priorities for sanitation interventions during early recovery phase will include:

- Assessment of pre-flood and post-flood inventory of sanitation facilities to identify gaps and set targets for district level plans;
- Understand, accept and support the role of stakeholders in provision of sanitation services during early recovery and reconstruction phases;
- Support the development and construction of viable, affordable, cost effective and culturally and environmentally sound sanitation facilities in line with the national sanitation policy and the national environmental policy, Pakistan Approach for Total Sanitation (PATS) and others;
- Promotion of some forms of incentive and community mobilization techniques, provision of tools and sanitation equipment's for latrine construction;
- Need of children, women and disable people necessary to be included in all stages from planning, designing, implementing, monitoring and management of sanitation service provision;

- Sector capacity building within the line departments, National partners and community organized groups;
- Integrate environmental protection programs within the sanitation program component.

Hygiene Promotion

WASH Cluster strategy treats hygiene promotion as an important as well as integral part of water and sanitation service provision, without which the water and sanitation infrastructure is not sufficient to improve health and wellbeing among the affected communities.

Although WASH cluster partners have been carrying out hygiene promotion activities through community mobilization, during emergency response and have outreached as many as 76% of the target affected population (2.5 million), the messages were very limited given the huge geographical area to cover hence the effect is yet to be seen with induced and sustained behavioral changes that requires a sustained intervention among target communities through participatory approaches.

- Identify high hygiene risk areas through quick run situation analysis;
- Select best strategies to implement HP among different levels of communities and institutions.
- Build in the previous experience and implement a long lasting Behavioral changes among target communities
- Identify suitable human resource and train them as resident hygiene promoters
- Knowledge management, promote best practices among all the partners through coordination and lesson learning exercise coupled with institutional capacity building.
- Develop audience specific supportive materials (IEC) by identifying specific targets groups in hygiene promotion e.g. men, women, children, disabled, urban and rural population etc.
- Provide of the hygiene kits and other WASH NFIs in the early phase of recovery to ensure that people are able to practice the good hygiene behaviors and demonstrate.

It is encouraging that large numbers of the affected population have been covered by the WASH NFI distribution and dissemination of hygiene education during the emergency phase. However, many of the NFIs and consumables need to be replenished for the returnee communities on a case by case basis (especially consumables like soap water purification tablets).

The actual implementation plan will have to be based on the wide-ranging sectoral Damage and Needs Assessment (Multi-sector Needs Assessment, DNA, SitAn, DHS) which may vary from the above projections. However, running a quickgaps analysis in coverage and resource provides an indication of level of task ahead for the cluster.

Objective 1: Water- Ensure access to safe water for affected populations, in returnee areas for improved health and wellbeing.		
Outcomes	Indicator	Activities
2.5 million flood affected people including 637,000 women and 1,250,000 children) have improved access to safe drinking water, ensuring, in particular, easy and proximal access for women and girls	<ul style="list-style-type: none"> No. and % of target population with access to sufficient quantity of (5 litres) safe drinking water meeting minimum standards until durable & long term solutions are achieved, No. of hours reduced in collecting water No. of HH storing water safely at point of use 	Provision of safe drinking water <i>through</i> : # Water tankering (in residual relief areas where necessary) Distribution and orientation on use of household water treatment options
		# Restoration of damaged or destroyed water supply schemes, treatment units and distribution networks # Installation/rehabilitation of hand pumps, # Distribution of WASH NFIs, # Water quality monitoring & testing of water sources to mitigate disease outbreaks
Objective 2: Sanitation- Ensure necessary equipment and skills are provided for affected returning population, Empower communities to build & maintain HH and community sanitation initiatives with support from partner agencies and Government line departments,		
Outcomes	Indicator	Activities
2.5 million flood affected people (including approximately over 637,500 women and 1,250,000 children) have improved access to adequate and appropriate sanitation facilities ensuring cultural appropriateness	<ul style="list-style-type: none"> No. and % of target population with safe access to appropriate sanitation provisions and effective practice Reduced No. of WASH related disease in returnee areas 	# In areas of return, promotion of Pakistan-led total sanitation at national, provincial/state, district and community levels, # Support activities that stimulate demand for sanitation and actions that strengthen the supply of goods and services, including sanitation marketing # conduct periodic capacity building at desired levels for a sustainable programming # Implement use of C4D, BCC strategies and community mobilization techniques
Objective 3: Hygiene: Ensure that people who had to leave their home are provided with basic hygiene skills & supplies and are properly informed on behavior practices related to water, sanitation and hygiene		
<ul style="list-style-type: none"> 2.5 million flood affected people (including approximately over 637,500 women and 1,250,000 children) reached with appropriate hygiene education to support improved hygiene practice 	No. and % of target population with access to information about essential personal and HH hygiene behavior benefits and practice No. and % of people who practice safe hygiene and hand	# Conduct intensive hygiene education focusing on hand-washing at critical times and latrine usage. # Carry out intensive community mobilization for personal & HH, hygiene improvement through sessions as well as public service

	washing in target areas No. of reported disease reduced in target areas through surveillance system	announcements. # Disseminate (in collaboration with other clusters) HP education and employ multiple communication methods
60,000 children (including 20,000 girls) and 1,800 Government and para-teachers (including 500 females), have access to WASH facilities and practice improved hygiene	No. and % of target children and para-teachers with access to WASH services in their learning places	# Provision of sustainable WASH facilities including latrine units, water tanks and hand washing spaces in schools in coordination with the Education and Community Restoration Clusters and Government line departments.
Objective 4: Ensure effective coordination of the early recovery response program within the WASH Cluster in close collaboration with other Clusters and Government aiming at introducing sustainable and enduring outcome to the sector including sector capacity building for DRR and future emergency response		
<ul style="list-style-type: none"> A coordination mechanism is in place at national, provincial and district level ensuring an effective implementation of the early recovery activities in WASH sector 	<ul style="list-style-type: none"> No. of coordination functioning in WASH sector No. of active stakeholders participating in the national, provincial and district level meetings No. of humanitarian agencies and Government staff received training on WASH, DRR and other humanitarian management topics 	<ul style="list-style-type: none"> Ensure district level focal points are identified, trained and functioning Conduct regular coordination meetings at national, Ensure a central IM system is in place providing timely information to WASH stakeholders for identifying gaps and overlaps Conduct district level planning and monitoring in collaboration with member organizations Provide timely information for the decision making Monitor and report activity progress through the ICCM .

5.5 Community Restoration Cluster

Cluster lead agency	UNDP
Implementing agencies	IOM, Mercy Corps, N-IRM, ILO, RedR, NHSD, Save the Children, Saibaan, SWRDO, IRC, Concern Worldwide, UNDP, SACHET, YWS, IRC, GRHO, KWES, NKF, SDO, UN-Habitat, UNESCO, UNOPS
Number of projects	25
Cluster objectives	<ol style="list-style-type: none"> 1. Safe and resilient recovery of livelihoods of the affected population through restoration of community basic infrastructure 2. Revival of livelihoods of flood-affected communities through access to income generation and decent employment opportunities 3. Improved access to the restored governance functions affected by floods ensuring DRR and CDRM measures mainstreamed at the community level through local community based organizations linked with volunteers. PDMA and DDMA.
Beneficiaries	1.2 million individuals
Funds requested	\$42.5 million
Contact information	hidayat.khan@undp.org

Location	Affected Population				Beneficiaries			
	Women	men	children	total	women	men	children	Total
Sindh	1,200,000	1,220,000	2,400,000	4,820,000	248,628	284,639	522,733	1,056,000
Balochistan	81,800	85,200	165,000	332,000	64,171	54,559	32,174	164,242
Total	1,281,800	1,305,200	2,565,000	5,152,000	312,799	339,198	554,907	1,220,242

Needs Analysis

The vast majority of the people who had to leave their homes because of the floods have returned to their place of origin, and since the assessment, more people have been returning to their communities. During the rains, many people fled the floodwaters and sought refuge in schools and camps. Others found safety on high ground, along main roads and canal embankments, but they were living in the open and vulnerable to the elements.

For many of those returning to their communities there has been difficulties when trying to resume normal life. Many of the communities affected in the 2010 floods were struck again in 2011. Flooding of towns and villages, inundation of shops and farms, complete destruction of cotton crop, closure of cotton ginning factories, and significant impacts on operations of rice mills have rendered many people including women, jobless and with no alternate source of income.

Heavy damage to basic community infrastructure has virtually paralyzed economic and social activities, which need to be restored to help communities to re-establish normality as soon as possible.

The Complimentary-Early Recovery Needs Assessment (C-ERNA) conducted by the Community Restoration Cluster, indicated a high proportion of men are unemployed. Approximately 160,000 men of the affected population in Sindh have lost their income source and require support to restore their livelihoods. In Balochistan, the assessment showed less of an impact on employment with approximately 24,000 people out of work due to the floods.

The affected communities in both Sindh and Balochistan have emphasized on the need to rebuild basic community infrastructure to restore access to their homes and places of work. Vulnerable people are particularly suffering difficulties to access public facilities like health centers and schools. The restoration of access/link roads, along with structures like small bridges and culverts, is key to restoring links to the various day-to-day social and economic activities. Assessments showed 34% of respondents in Sindh and 27% in Balochistan emphasized the need to restore link/access roads. The repair and restoration of link roads will not only assist communities by providing access to public services, farms, schools, other villages, and markets, it also supports the early recovery process in general by facilitating access to communities in order to help them recover.

C-ERNA findings also provide insight to flood affected communities' sentiments regarding the conditions of flood protection infrastructure. The assessment showed 47% of the respondent considers flooding as a serious threat to their communities. Also, 44% of those assessed emphasized the need to have properly managed flood protection structures and drainage systems.

The affected communities have suggested early recovery activities to repair canal embankments, the restoration of flood protection structures like spurs and dikes, de-silting of drains. Support to the district level Government departments with dedicated human resources, finances and working relationship with the civil society organizations has also been suggested. While improving and strengthening the flood related infrastructure, the local irrigation department and other related Government departments will be consulted to ensure that the interventions are in line with Government policy and plans.

Taking action to repair and restore protection infrastructures would increase the resilience of the affected community and mitigate risks from future disasters. This resilience will be particularly enhanced if the rebuilding of protection infrastructures addresses the success of previous structures and ensures restored structures are rebuilt according to the risks to the community.

As rains and floods have also impacted Government functions it is important that local institutions capacity to recovery and support communities is addressed. In Sindh, the Government has reported damage to 130 buildings, stating they are in need urgent repair for immediate functioning.

The impact of the floods is not uniform across the districts, as some of them have specific geophysical layouts and specific livelihood conditions. In areas like Kila Abdulla and Kalat in Balochistan, flash flooding eroded agriculture land. In Mirpurkhas and Badin in Sindh, the augmentation of water due to continuous rains submerged many of the towns and large swaths of agriculture land, which to a great extent, remained under stagnant water for a long period, restraining the population to resume their livelihoods.

Proposed strategy

Pakistan ranks 145 on the Human Development Index and is among low HDI countries (HDR-2011). The country is susceptible to natural disasters which have negative impact on its economic and human development growth. However, promising avenues are also emerging to reduce the adverse impacts of disasters through equitable and adaptive disaster responses and innovative social protection schemes. The focus of the Community Restoration Cluster will remain on facilitating the flood-affected communities to restart their lives and re-establish their livelihoods towards self-sustainability and with increased disaster resilience.

The response will include community-based risk mapping and progressive distribution of re-constructed assets. The implementation of activities will be very participatory, empowering local communities, particularly women, by emphasizing inclusion and active participation in the design of activities and decision-making processes, so that communities can rebuild in ways that address existing inequalities.

The primary concern relating to drainage of stagnant water has been resolved to a great extent, but other serious problems still exist. The damage to access routes is a major hindrance in restoration of houses, and resumption of farming and other business activities in the affected areas. Access to markets and public services are affected due to heavy damage to link roads, small bridges and other structures.

In order to re-establish access link roads, small bridges, culverts and other structures will be restored, with communities being directly involved in construction of basic infrastructure through cash-for-work projects, which will also support them by providing a much needed income in addition to the improved access to public facilities and workplace.

Skills/vocational training will also be provided to support people to enhance their employment opportunities and re-establish incomes, also helping families diversify their sources of income so to make them more resilient to disasters. In addition, worker tool kits and tools such as sewing machines will also be provided to the most vulnerable populations, particularly women supporting their recovery and local economies.

The Cluster will also focus on integration of environmental concerns, addressing some of the environmental damage endured from the floods, while also working to support local institutions in being able to support communities to recover.

Given the varied impact of the floods, both geographically and thematically, the Cluster is addressing the needs caused by the floods in a multi-dimensional manner, and proposes an area-based, multi-sector, integrated approach in the affected districts, aimed at restoring capacities of local authorities, civil society and the private sector to lead the recovery process of communities, building on the relief efforts, and laying the foundations for longer-term reconstruction and recovery.

The Cluster will pursue a community-based, participatory approach by restoring/developing strong partnerships between the affected communities, community based organizations/NGO's, private sector, and Government institutions in all aspects of community restoration. To the extent possible, interventions in the sub-sectors will take place simultaneously in target areas/communities in order to exploit linkages between the sub-sectors and ensure an integrated and holistic response to community restoration, focusing particularly on the needs of the most vulnerable.

The Cluster underlines the principle of "Build Back Safer". Guidelines were developed to address DRR and environmental issues in early recovery response. The Cluster will ensure integration of these aspects especially in the area of restoration of community basic infrastructure and raising awareness among the target beneficiaries and other stakeholders through CBDRM and trainings for Government officials and staff of NGOs.

The cluster will apply a gender mainstreaming approach including promoting the collection of information and data to be disaggregated by gender in relation to community restoration activities.

Cluster objectives, outcomes, indicators and activities

Objective 1: Safe and resilient recovery of livelihoods of the affected population through restoration of basic community infrastructure		
Outcomes	Indicator	Activities
Access to essential services (health, education, employment, markets etc) restored, and environmental hazards and disaster risk mitigated through rehabilitation of basic/critical infrastructure of flood affected communities and households at risk;	<ul style="list-style-type: none"> ▪ percentage of male and female HH provided with access to services / facilities through restoring basic infrastructure including link roads, culverts, drains, and flood protection structures like, dikes and spurs ▪ Number of vulnerable people benefited through cash for work (CFW) and the creation of temporary employment opportunities as % of total vulnerable population • Number and % of villages, settlements, public offices / places, markets cleared of standing water. 	• Repair of access link roads and culverts
		• De-silting and restoring community drains
		• Repair and construction of protection walls, and dykes
		• Identification of most vulnerable households for CFW support
		• Provision for CFW for infrastructure restoration
Objective 2: Revival of livelihoods of flood-affected communities through access to income generation and decent employment opportunities		
Outcomes	Indicator	Activities
Livelihoods opportunities for flood affected men and women restored through imparting targeted market oriented skills and training, replacement of tools and grant support for revival of small business;	<ul style="list-style-type: none"> • Number and % of HH/ families provided with productive tools/ assets • Number and % of HH/families received skills for new / improved source of livelihoods • Number and % of small business restored 	• Provision of employable skills and training to men and women
		• Provision of necessary tools and kits for starting small businesses
		• Provision of small grants for restoring small businesses
		• Linkages of male and female beneficiaries to the local employment markets through employment information centers
4. Objective 3: Improved access to the restored governance functions affected by floods ensuring DRR and CBDRM measures mainstreamed at the community level through local community based organizations linked with volunteers. PDMA and DDMA.		
Outcomes	Indicator	Activities
Community ownership ensured and public administration capacities and functions restored.	<ul style="list-style-type: none"> • Number and % of public administration offices functional after repairing and re-equipment • Number of CBOs 	• Identification of Government / community basic infrastructure, which supports basic social service provision, damaged by the floods

	organized around CBDRM	• Repair, retrofitting of these buildings and replacement of equipment damaged by the floods
	• Number of Government officials and volunteers who received DRR training	• Facilitate HH in reissuance of their lost identification and property documents
		• Conduct CBDRM activities for male and female members of affected population
		• Arrange DRR trainings and orientation workshops for Government officials and volunteers

Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Sindh	IOM, Mercy Corps, N-IRM, ILO, RedR, NHSD, Save the Children, Saibaan, SWRDO, IRC, Concern Worldwide, UNDP, SACHET, YWS, IRC, GRHO, KWES, NKF, SDO, UN-Habitat, UNESCO, UNOPS
Balochistan	UNDP, GRHO

6.6 Education Cluster

Cluster lead agency(ies)	UNICEF and SAVE THE CHILDREN
Implementing agencies	WVP, SCF, KWES, DevCon, PAIMAN, HIN, IRC, PFF, PEACE, UNOPS, IDO, UNESCO, HANDS, CGN-P, SEHER, BEEJ, BBSA, BEFARe, SCSPEB
Number of projects	24
Cluster objectives	<ol style="list-style-type: none"> 1. Ensure all vulnerable children (girls and boys) and adolescents affected by the floods have access to safe learning opportunities that are life-saving and life-sustaining and are supported by resuming education services in formal and non-formal education in coordinated manner through participatory community based approach in line with existing priorities of the Education Department and the INEE Minimum Standards for Education in Emergencies. 2. Provide opportunities for teachers, PTA/SMCs and other education personnel to gain required skills including DRR, Contingency Planning and psychosocial support to address emergency issues and recovery situations and to support quality teaching and learning.
Beneficiaries	388,509
Funds requested	US\$ 21,581,765
Contact information	<ol style="list-style-type: none"> 1. Amson Simbolon, Cluster Coordinator, UNICEF Mobile: +92 345 500 6561 Email: asimbolon@unicef.org 2. Erum Burki, Cluster Coordinator, Save the Children Mobile: +92 345 854 0768 Email: erum.burki@savethechildren.org

Category	Affected Population			Beneficiaries (if different)		
	Females/ Girls	Males/ Boys	Total	Females/Girls	Males/Boys	Total
School age children 3 to 17 years*	487,269	527,875	1,015,144	143,824	215,735	359,559
Capacity building of teachers **	6,690	28,050	34,740	6,080	11,291	17,370
Capacity building of PTC members				4,632	6,948	11,580
Total ***				154,535	233,974	388,509

*Multi-sector Needs Assessment, **Secondary data, ***Cluster targets

Provinces	Partially Damaged School			Fully Damaged School			School Use by IDPs			Total		
	Boy	Girls	Total Schools	Boy	Girls	Total Schools	Boy	Girls	Total Schools	Boy	Girls	Total Schools
Sindh	1,782	586	2,368	980	362	1,342	803	297	1,100	3,565	1,245	4,810
Balochistan	321	101	422	95	14	109		0	0	416	115	531
Total	2,103	687	2,790	1,075	376	1,451	803	297	1,100	3,981	1,360	5,341

Source: secondary data

Needs analysis

The late monsoon in Sindh and Balochistan severely affected the education sector as the new academic year had just started after the long summer break. Because of the floods, children are likely to lose one year from the academic calendar, with some facing the risk of dropping out from school permanently due to lack of schooling activities and learning materials.

The large-scale destruction of school facilities has put more than 1,015,144 children's (Sindh: 947,140/ Balochistan: 68,004) education at risk because teaching facilities are unavailable due to either schools being damaged or used as temporary shelters by the people who had to leave their homes. According to pre-flood enrolment ratio, around 39% girls were enrolled in schools compared to 61% boys and the floods have exacerbated the situation further.

According to the AssessmentHousehold (HH) Survey, 60% of families stated that children are out of school due to unavailability of schools and/or teachers due to recent flooding. The survey also showed 70% of children have no learning materials.

Approximately 4,241 schools are reported as damaged, 3710 in Sindh and 531 in Balochistan. In the district of Sanghar, in Sindh, 47% of schools have been reportedly damaged by the floods (1,575 schools out of 3,345 total schools). In the district of Mirpurkhas, in Sindh, 24% have been reportedly damaged (1539 schools out of 2,251 total schools).

In the district of Jaffarabad, in Balochistan province, the floods of both 2010 and 2011 impacted communities, with the 2011 floods compounding the challenges faced by many people across the district. The Assessment shows 44% schools are reported damaged (392 schools out of 901 total schools). Some 1,100 schools used as IDP camps in Sindh require renovations. This situation is made all the more alarming as pre-flood enrolment ratio is already very low, with this emergency has exacerbated the already poor educational status and attendance rates in affected areas.

Provision of Temporary Learning Centers during the humanitarian relief has helped bring back normalcy to affected children and their teachers. As of 6th January 2012 a total number of 114,240 children and adults including 49,791 girls/females have accessed to safe learning environment through the establishment of 2122 TLCs in 11 districts since the response was rolled out in September 2011 in Sindh. The figures above include 110,892 children including 48,816% girls and 3,348 teachers (975 females) supported by Cluster members i.e. 2070 TLCs by UNICEF 42 by Save the Children and 10 by HANDS.

Proposed strategy

To prevent children, especially girls, from dropping out of school, the education Cluster, together with other stakeholders, will support the Education Department to ensure that children continue to have access to safe and protected learning environment during their displacement period, as well as when they return to their homes. This is critical to support the resumption of the formal education system, and to minimize dropout rates. The education response will contribute to the continuity and resumption of both formal and non-formal education and learning by providing temporary learning centres, refurbishment of schools and provision of Temporary School Structures (TSS) in affected districts. The strategy proposes to focus on the most vulnerable children and adolescents in the notified flood affected districts of Sindh and Balochistan.

Several cross-cutting and guiding principles, as captured in the INEE Minimum Standards for Education in Emergencies, will underpin the education ER strategy and activities and the specific objectives. These include: gender mainstreaming; sustainability; capacity building initiatives; participatory community-based approaches; and monitoring and evaluation. Making use of 'Education in Emergency' for building back better by focusing on life skills and behavioural change including DRR and Contingency Planning will be implemented considering Pakistan has been hit by multi-disasters. The Education Cluster will work in close collaboration and coordination with other clusters, including shelter, water and sanitation,

protection, health and nutrition supporting integrated outcomes that will lead to a positive difference in the lives of flood-affected populations. The focus will be on raising awareness on importance of female child education and post primary transition of girls.

Accountability and transparency of education responses will be ensured through community based participative approach including Government and non-government counterparts. It is vital that education relief and ER responses are linked to development to sustain existing good practices; the Education Cluster will focus its handover strategy on building capacity of cluster's partners, alignment of programs within Government systems, partnership and supporting a sustained knowledge management.

Cluster objectives, outcomes, indicators and activities

Objective 1: Ensure all most vulnerable children and adolescents affected by the floods have access to safe learning opportunities that are life-saving and life-sustaining and are supported by resuming education services in formal and non-formal education in coordinated manner through participatory community based approach in line with existing priorities of the Education Department and INEE Minimum Standards for Education in Emergency.		
Outcomes	Indicator	Activities
<ul style="list-style-type: none"> School-age children/adolescents have access to safe, protective and quality learning environments Renovation of partially damaged schools is undertaken and where school structures are completely damaged, transitional structures are in place to allow teaching and learning to continue Dropout rate is minimized and there is smooth resumption of formal education system Children including adolescents educational, health and protection needs are addressed by the integrated approach Schools used as shelters are vacated, renovated and resume formal education 	<ul style="list-style-type: none"> # of children (girls, boys) benefitting from temporary learning centers # of out of school children (girls/boys) and adolescents benefitting from learning opportunities # of partially damaged schools occupied by IDPs renovated # of children accessing transitional school structures 	<ul style="list-style-type: none"> Establishment of temporary learning centers that are safe and child-friendly Quick renovation of schools affected by the floods or as a result of school buildings being used for IDP shelter Provision of transitional school structures for completely damaged schools to ensure continuation of education during the transition period from temporary learning centers to permanent buildings²² Provision of safe drinking water and gender sensitive sanitation to functioning schools²³ in consultation and with WASH cluster so as to avoid duplication.
Objective 2: Provide opportunities for teachers, PTA/SMCs and other education personnel to gain required skills including DRR and Contingency Planning and psychosocial support to address emergency issues and recovery situations and to support quality teaching and learning.		
Outcomes	Indicator	Activities
<ul style="list-style-type: none"> Teachers, PTA/SMCs and other education personnel gain skills to address emergency issues including DRR and Contingency 	<ul style="list-style-type: none"> # of teachers (female, male) oriented on DRR, Contingency Planning psychosocial and teaching methodology # of capacity building courses 	<ul style="list-style-type: none"> Reactivation and strengthening of Parent Teacher Committees (PTC's)/School Management Committees

²² To promote access for girls, boundary walls where appropriate, will be included in structures.

²³ This includes separate latrines for girls and boys.

<p>Planning and to support quality post emergency teaching and learning</p>	<p>organized for teachers and PTAs/SMCs on DRR, disaster management, psychosocial support, learner-centered classroom management and pedagogy, protection, and health education etc.</p>	<p>(SMCs) in the affected schools and capacity building in disaster management with a focus on (i) increased enrolment and retention of learners, (ii) post-emergency education and health needs, (iii) monitoring of educational activities (quantitative and qualitative), and (iv) safety and maintenance of school structures</p> <ul style="list-style-type: none"> • Building the capacity of partners by rolling out series of capacity building initiatives, covering <i>INEE Minimum Standards for Education: Preparedness, Response, Recovery</i>, DRR, preparedness, contingency planning, psychosocial support, project management and coordination.
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Table of proposed coverage per site

Site / Area	Organizations
Naseerabad (Balochistan)	SEHER, UNICEF
Jaffarabad (Balochistan)	IDO, BBSA, SCSPED, HANDS.
Kallat (Balochistan)	BEEJ, UNICEF
Killa Abdullah (Balochistan)	BEFARe
Lassbela	UNICEF
Badin	UNICEF, Devcon, SC, CGN, PFF, UNESCO
Mirpurkhas	UNICEF, SC, IRC, PEACE, SCF, UNOPS, UNESCO
Tando Muhammad Khan	UNICEF, UNESCO, HANDS, HIN
Sanghar	UNICEF, DevCon, HIN, KWES, UNOPS, UNESCO, SC, PAIMAN
Tando Allahyar	UNICEF, UNESCO
Umerkot	UNICEF, UNESCO, UNOPS
Khairpur	WVP
Hyderabad	HANDS
Shaheed Benazirabad and Tharparkar	UNESCO, UNICEF
Thatta	UNESCO
Matiari	HANDS
Tharpatkar	UNICEF, UNESCO

6.7 Nutrition Cluster

Cluster lead agency	UNICEF
Implementing agencies	Department of Health, Save the Children, MERLIN, GPP, TRDP, IR, SALBWS, NRSP, Shifa Foundation, PAO (BK) WFP, WHO, UNICEF
Number of projects	12 Projects (8 for Sindh, 01 for Balochistan and 03 from UN agencies assisting the departments of health and other relevant line departments)
Cluster objectives	<ol style="list-style-type: none"> 1. To ensure the provision for lifesaving nutrition services for acutely malnourished children (boys and girls) and pregnant and lactating women 2. To control and prevent micronutrient deficiencies among children aged 6-24 months and pregnant and lactating women; To promote appropriate infant and young child feeding practices through strengthening caring capacity of family members, health care providers both at community and facility levels; To prevent and control the donation and distribution of breast milk substitutes in emergency affected areas 3. To strengthen capacity for effective implementation of nutrition interventions; ensure effective and timely implementation of nutrition interventions through enhanced coordination and information gathering; monitoring of trends and status of malnutrition in the target population
Beneficiaries	<p>The total target population is 5.1 million¹. The cluster is aiming at achieving 60% coverage and as a consequence, the estimated beneficiary for nutrition intervention is 680,000. This includes 432,768 under five children*, and 247,296 pregnant and lactating women. The detailed breakdown of beneficiaries is as follows:</p> <ul style="list-style-type: none"> • Total children (6-59 months) to be screened- 432,768 (Sindh 404,880 Balochistan-27,888) • Severely acute malnourished children – 50,180 (Sindh- 46,764 , Balochistan – 3,416) • Moderately acute malnourished children - 81,672 (Sindh – 77,231, Balochistan- 4,441) • Total pregnant and lactating women to be screened – 247,296 (Sindh- 231,360 Balochistan – 15,936) • Pregnant and lactating women at risk to be supported through SFP – 75,344 (Sindh – 70,854, Balochistan – 4,490) • Children (6-36 months) provided with micro nutrient supplements - 170,016 (Sindh – 159,060, Balochistan- 10,956) <p>Pregnant and lactating women to receive micro nutrient supplements-247,296 (Sindh- 231,360 Balochistan – 15,936)</p> <p>*target includes 49% Girls and 51% boys</p>
Funds requested	USD 24.73 Million
Contact information	Dr Shahid Mahbub Awan National Cluster Coordinator Cell#03005054546, smawan@unicef.org

Category	Affected population			Beneficiaries (if different)		
	Female	Male	Total	Female	Male	Total
Children (6-59 Months)	352,055	366,424	718,480	212056	220711	432768
SAM children	35,853	36,275	72,128	24588	25591	50180
MAM Children	57,561	59,909	117,471	400192	41652	81672
Pregnant & lactating Women at risk				75344		75344

Needs analysis

Pakistan has high rates of malnutrition and the nutrition situation is still worse in Sindh and Balochistan. The nutrition survey conducted in 2010 (after the massive flood of last year) in the flood affected areas in Sindh reported very high acute malnutrition rates. In North Sindh, the Global Acute Malnutrition (GAM) rate was 23.1%, and Severe Acute Malnutrition (SAM) was 6.1%. In South Sindh, the GAM rate was 21.2% and SAM 2.6%. The National Nutrition survey conducted in 2011 documented GAM of 17.5% and SAM of 6.6% in Sindh Province. The GAM figures reported are higher than the international Emergency Threshold, which is 15% (GAM rate).

Moreover, caring practices and breast feeding frequency has reduced on average from 5 to 4 times and on the average, young children were only fed once per day (young children are supposed to be fed 3-5 times/day).

These children have already very low immune system. Frequent interruptions in the infant feeding practices due to displacement, poor hygienic/ sanitation environment, and limited access to health facilities further increased the vulnerability of survival of acutely malnourished children. Thus, the lifesaving nutrition interventions, including management of acute malnutrition and micro-nutrients supplementation, are critical to reduce morbidity and mortality in the flood affected areas.

Proposed strategy

The priorities for nutrition interventions are to ensure the provision of lifesaving nutrition services for acutely malnourished children (boys and girls), pregnant and lactating women; micronutrient supplementation; appropriate infant and young child feeding practices; expansion of the response information system; establishment of a strong surveillance system, and capacity development of health care providers for all these service areas.

- Establish Outpatient Therapeutic Feeding Programmes (OTP) and Stabilization centers (SCs) for the treatment children aged 6-59 months suffering from severe acute malnutrition as per CMAM protocols;
- Support supplementary feeding Programme (SFP) in coordination with food cluster for the moderately malnourished children, pregnant and lactating women;
- Provide multi-micronutrient powders for all children aged 6-24 months, as well as pregnant and lactating women;
- Protect and promote appropriate infant feeding practices by strengthening skills/knowledge of health workers, creating breastfeeding corners/safe heavens in the affected areas, and conduct regular nutrition and hygiene education sessions for mothers and caretakers of children under five years of age;
- Strengthen partners (NGOs/Department of Health) capacity to implement nutrition interventions, including community and facility based management of acute malnutrition (CMAM);
- Conduct nutrition assessment of children (6-59 months) and pregnant and lactating women;
- Establish Nutrition Information System in the affected areas;
- Continue coordination role for nutrition working group, including strategy and plan, capacity development of members through orientations/training and monitoring trends

and address critical nutritional gaps, and contingency strategy with supplies and distribution plan for emergency nutrition interventions.

- Regular monitoring and follow-up

The proposed nutrition interventions will be co-ordinated with the NDMA, PDMA, and will be implemented by NGOs and Departments of Health with support of UNICEF, WFP and WHO. Close collaboration will be continued with Health, Food, WASH, Camps and Child Protection Clusters in order to ensure that all cross cutting issues are well addressed. The locations of nutrition project interventions will be adjusted as per the movement of the affected population to ensure the continuity of services.

Cluster objectives, outcomes, indicators and activities

Objective: To ensure the provision for lifesaving nutrition services for acutely malnourished children (boys and girls) and pregnant and lactating women		
Outcomes	Indicator	Activities
<ul style="list-style-type: none"> • 50,180 severely acutely malnourished children (boys and girls) are treated through community/facilities based management of acute malnutrition • 81,672 moderately malnourished children (boys and girls), are treated through community/facilities based management of acute malnutrition • 75,344 pregnant and lactating women at risk of malnutrition are provided with Supplementary Food 	<ul style="list-style-type: none"> • Number of children (boys & girls) treated at OTPs/SC • Number of Children (boys and girls), enrolled at SFP • Performance indicators (cure rate, default, death rates) of the feeding centres meet minimum SPHERE standards • Number of pregnant and lactating women enrolled at SFP 	<ul style="list-style-type: none"> • Conduct screening, social mobilization, and referral of malnutrition cases to OTP or SFP • Establish Outpatient Therapeutic Feeding Program (OTP) and Stabilization centers (SCs) for the treatment children aged 6-59 months suffering from severe acute malnutrition as per CMAM protocols • Support supplementary feeding Programme (SFP) for the moderately malnourished children, pregnant and lactating women.
Objective 2: To control and prevent micronutrient deficiencies among children aged 6-24 months and pregnant and lactating women; To promote appropriate infant and young child feeding practices through strengthening caring capacity of family members, health care providers both at community and facility levels; To prevent and control the donation and distribution of breastmilk substitutes in emergency affected areas		
Outcomes	Indicator	Activities

<ul style="list-style-type: none"> • 170,016 (boys and girls aged 6- 24 months), 247,296 pregnant and lactating women are provided with multi-micronutrient supplementation • About 250 baby friendly spaces/safe havens are created and functional Promotion and protection of Infant feeding practices in emergencies • About 680,000 mothers and caregivers will be targeted for IYCF, Health and Hygiene promotion 	<ul style="list-style-type: none"> • Number of children (boys and girls) and pregnant and lactating women received multi-micronutrients supplementation • Number of baby friendly spaces/safe havens established & operational • Number of sites/facilities monitored for Breastmilk substitute distribution • Number of mothers and caregivers reached with IYCF, Health and Hygiene promotion messages 	<ul style="list-style-type: none"> • Provide multi-micronutrient powders for all children aged 6-24 months as well as pregnant and lactating women • Establish and conduct Baby friendly spaces/Breast feeding corners • Conduct orientation/sensitization at community and facility levels
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Objective 3: : To strengthen capacity for effective implementation of nutrition interventions; ensure effective and timely implementation of nutrition interventions through enhanced coordination and information gathering; monitoring of trends and status of malnutrition in the target population

Outcomes	Indicator	Activities
<ul style="list-style-type: none"> • Surveillance and NIS system established and functional; • Nutrition working group at federal and provincial levels operational and functional. 	<ul style="list-style-type: none"> • Weekly & Monthly gender desegregated Data Reporting on NIS • Number of coordination meetings held and actions note circulated by the Nutrition Working Group 	<ul style="list-style-type: none"> • Conduct training, provide supply/equipment and technical assistance to establish/strengthen , NIS and surveillance system • Continue coordination role for nutrition cluster, including updating strategy and plan, monitoring trends and address critical nutritional gap • Strengthen partners (NGOs/Department of Health) capacity to implement nutrition interventions, including community and facility based management of acute malnutrition (CMAM),IYCF& NIS, NIE)

Table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Districts	Sindh
MirpurKhas	Islamic Relief, NRSP, Save the Children, GPP,
Tharparkar	TRDP
Umerkot	Shifa Foundation
Sanghar	Save The Children
Khairpur	UNICEF/WFP/WHO
Dadu	UNICEF/WFP/WHO
Jamshoro	UNICEF/WFP/WHO
Matiari	UNICEF/WFP/WHO
ShaheedBenazirabad	SHIFA Foundation, SALBWS
Badin	MERLIN, Islamic Relief, GPP, Save The Children
TandoAllahyar	GPP
Tando Mohammad Khan	SALBWS
Thatta	MERLIN
	Balochistan
Jaffarabad	PAO(BK)
Kallat	UNICEF/WFP
Killa Abdullah	PAO (BK)
Nasirabad	PAO (BK)
Lasbela	UNICEF/WFP

6.8 Protection Cluster

Cluster lead agency	UNHCR
Implementing agencies	ABCD, AHSAS-PK, ARC, ARTS, DANESH, IRC, Save the Children, SDND, SDPD, SEHER, SSD, TWO, UNFPA, UNHABITAT, UNHCR, UNICEF, World Vision Pakistan, , Indus Resource Centre, NRSP, TRDP, PODA, Roshni, WISES, Sukkar
Number of projects	17
Cluster objectives	<ol style="list-style-type: none"> 1. Equitable and dignified access for vulnerable to protection services and early recovery assistance following the humanitarian principles 2. Improved safety and security of the affected population, particularly children, women and persons with disabilities; 3. Realization of safe, voluntary, fully informed and dignified durable settlement for the most vulnerable, and; 4. Ensure a coordinated response to protection concerns through capacity building of Government and humanitarian response mechanisms.
Beneficiaries	<p>Total: 1,459,000 individuals</p> <ul style="list-style-type: none"> - 490,000 are women - 564,000 are children - 405,000 are unspecified and include men, local authorities, NGO staff and civil society <p>133,000 of the total are persons with disabilities -</p> <p>Further to this, the whole affected population of 5 million will be targeted by mass communications on protection related issues.</p>
Funds requested	11,647,545 USD (=10,926,052 USD for Sindh + 721,493 USD for Balochistan)
Contact information	Yukiko KOYAMA, koyama@unhcr.org

Category	Location	Beneficiaries				
		women	girls	boys	unspecified	total
Total affected population	Sindh	432000	235000	235000	385000	1287000
	Balochistan	58000	47000	47000	20000	172,000
	total	490000	282000	282000	405000	1,459,000
Persons with disabilities	subset of above					133,000

Needs analysis²⁴

There were a large number of households affected by the 2011 floods which were identified as having specific vulnerabilities such as female headed households (over 5% of households), children, persons with disabilities (13% of households), older persons (28 % of households included someone over 65 years old), families looking after the chronically ill (20 % of households), illiterate persons, people living in remote locations and ethnic/religious or other minorities (at least 24% of households are from religious minority communities). Those already vulnerable are put in a position of heightened risk, and are frequently less able to access aid and support, therefore leading to the following three priority protection concerns:

1. Restricted access to assistance and services for women and female-headed households, persons with disabilities, ethnic/religious and other minority groups, older persons and persons without civil documentation, including child-headed households.

48% of households surveyed reported women face problems in accessing water sources for reasons such as; long distances, difficulty maintaining privacy, feelings of insecurity, and/or disability. Long distances to water sources and lack of latrines (only 20% of the affected population has access to latrines) also put children, women, older persons and persons with disabilities at increased risk or in positions of dependency. Civil documentation, in particular Computerized National Identity Cards (CNICs), and birth certificates are frequently relied upon to identify beneficiaries, and manage distributions as well as facilitating access to certain services. It is envisaged that this issue will continue to be relevant throughout the early recovery phase. It is therefore important that household and individuals possess accurate and valid civil and land documents. According to the Assessment household survey, only 33% of households had their civil documents prior to the floods and over half of these households reported having lost them as a result of the flood. 16% of the households participating in the Assessment reported having problems accessing the Pakistani Card due to a number of reasons including feelings of discrimination, lack of information, restricted physical access, and lack of CNIC.

2. Reduced safety and security of the affected populations

Women's privacy, sense of security, and gender related issues, were impacted by the floods and exacerbated as only 7% of communities reported having separate bathing facilities for women. Open defecation has increased women's risk. Children's wellbeing has suffered from the disruption of their regular environment. Protective environments must be rebuilt, including through family awareness, support, and community mobilization. For example, from the 1,914 households surveyed, 24% of households reported boys working, while 15% reported girls working. Specific protection concerns identified for persons in temporary settlement sites include higher than average numbers of female headed households (8% compared with the average of 6), combined with reports of high numbers of de facto female headed households, as their male heads have left the camp to pursue economic activities. Absence of a male family member increases vulnerability and can in some cases reduce the families' access to early recovery services.

3. Limited security of land tenure, property and housing and concerns over access to a fully informed, safe, voluntary, dignified and durable settlement

There remains a need to ensure affected communities have access to information needed to take the decision to return, and the ability to make that choice based entirely on their needs and welfare. A focus also needs to remain on those families who are unable or unwilling to return for reasons related to destroyed land, landlessness, insecure tenancy etc. A settlement solution needs to be identified for them. Those who return to damaged or destroyed

²⁴This analysis highlights some of the statistical data identified in the Multi-sector Needs Assessment and TSSU, however it is not a reflection of the full range of data available regarding issues of concern that need to be verified and addressed.

communities, and those who did not leave their homes but were impacted, will also require significant support in identifying and recovering lost land and property.

Response to date and gap

The protection cluster will build on initiatives already taken, including through projects linked with the health and shelter cluster, which have begun by establishing protective spaces, building awareness and capacity on issues such as child protection and gender related issues. There are limited social welfare services to respond to identified needs, currently. The fluid context and scattered small settlements require high mobility of services, combined with systematic monitoring which needs to be met through trained personnel deployed on the ground.

Priority Protection Needs

- Information and communications on early recovery services; community mobilization, advocacy and technical support to improve access for the most vulnerable.
- Integrated protection, health, food, nutrition, education and WASH services ensuring the most vulnerable get improved, safe and dignified access to early recovery services.
- Access and recovery of civil documentation, particularly CNICs, land or tenancy registration and birth registration through information counseling, advice and assistance in understanding and benefiting from available Government services.
- Mobility aids and assistive devices as well as adapted health, nutrition, WASH, shelter and education services to meet the needs of persons with disabilities and older persons.
- Safety and security of the most vulnerable population, through capacity building of community members on prevention and response to protection concerns and dedicated protective spaces for children and for women in the areas of return;
- Response to cross-sectoral gender related issues (medical, psychosocial, legal, security) and sensitization of communities, service providers and other stakeholders.
- Protection of children from abuse and future disasters (child-based disaster risk reduction) and provision of psychosocial support including non-formal education, life skills and recreation.
- Supporting to identify and realize appropriate, fully informed, voluntary, safe and dignified durable settlement for families who had to leave their homes facing difficulties with their return.
- Training and technical support to Government personnel in monitoring, identification, prevention and response to protection, child protection and GBV cases.

Requirements for managing, coordinating and improving the quality of the response include:

- Trained protection staff on the ground;
- Capacity building of local and national response mechanisms, staff and service providers, and;
- Establish protection coordination mechanism, including referral directories, case management protocols and information management.

Proposed strategy

The Protection Cluster will support the mobilization and coordination of skilled and trained UN, NGO and Government staff to respond to the protection needs of the most vulnerable.²⁵ The Protection Cluster will use the NDMA Guiding Principles and the HCT/Protection Cluster Beneficiary Selection and Targeting Guidelines to identify beneficiaries and ensure that those with specific needs are being actively facilitated to obtain assistance. The strategy targets 18% of affected persons to provide life dignity through a focus on their physical and psycho-social well-being and legal security in order to increase their independence and resilience for **full and safe recovery**. The Protection Cluster will work closely with other clusters to ensure an integrated approach to early recovery assistance and will continue to mainstream protection activities and responses within other cluster responses.

Responses to identified protection issues, and steps to prevent future risks, will be planned and implemented in partnership with Government authorities at the provincial and district level, notably the Social Welfare Department (including the Child Protection Units), PDMA and coordinated with NDMA (especially the Gender and Child Cell). Capacity building of the Social Welfare Department and other relevant Government staff, including on protection related monitoring, coordination, case management, referrals, information dissemination, and information management will be carried out concurrently with project implementation to ensure sustainability and strengthening of Government systems.

All protection activities need to be prioritized during the early recovery period, especially to support children, women and other vulnerable groups at risk of abuse, violence, neglect and subsequent death or injury

Latter phases also require increased emphasis on Government and community protection mechanisms.

Cluster Objectives, outcomes, indicators and activities

Objective 1: Equitable and dignified access for vulnerable groups (male and female) to early recovery assistance following the humanitarian principles		
Outcomes	Indicator	Activities
1.1 Improved access to assistance and services for marginalized or vulnerable groups, disaggregated by age, gender, disability and religion	% of eligible beneficiaries of early recovery assistance reporting restricted access, disaggregated by age, sex, disability and religion	1.1.1 Coordination with Government authorities and humanitarian assistance providers to respond to issues of inequity of assistance, including access to the Pakistani card.
		1.1.2 Mass communication and information outreach to inform the most vulnerable communities on available assistance and to manage people's queries and concerns.
		1.1.3 Sensitization, technical advice and support to other clusters and Government authorities on how to ensure inclusion of persons with specific needs.
1.2 Children, women, older persons and persons with disabilities have improved access to services such as WASH, health, livelihoods, education and nutrition integrated within protective environments	%of protective spaces which have integrated service provision disaggregated by children, women persons with disabilities and/or older persons	1.2.1 Coordinate across clusters to integrate health, education and GBV related services within protective spaces for children and for women.
		1.2.2 Provision of assistive devices and adapted WASH facilities, shelters etc. to reduce dependency and increase the dignity and safety of persons with disabilities and older persons.
1.3 Persons affected by the floods have assisted	% of the affected population with lost or	1.3.1 Assistance for accessing civil documentation provided through legal aid centers and other

²⁵The definition of vulnerability follows that of the NDMA guiding principles and the Beneficiary Selection and Targeting Guidelines

access to essential civil and land documents.	with no documentation successfully receiving new civil documents.	protection centers and mobile services in coordination with NADRA and DCOs. 1.3.2 Mass communications and sensitization on the importance of civil documentation and procedures for obtaining documents.
Objective 2: Improved safety and security of the affected population, particularly children, women and persons with disabilities		
Outcomes	Indicator	Activities
2.1 People experiencing abuse, neglect or other protection concerns including GBV are identified and assisted	No. child protection cases being reported to Social Welfare Department No. of GBV cases reported using the standardized tool	2.1.1 Strengthening of response and referral mechanisms, in coordination with Social Welfare Department, district authorities and communities to identify and respond to protection related cases, including child protection and GBV through provision of specialized services, case management and information management.
2.2 Communities are enabled to protect themselves from violence, harassment and abuse	No of community members receive training in protection, child protection and GBV prevention and response	2.1.2 Mass communications and sensitization among affected populations, Government officials and service providers on prevention and response to child protection, GBV and other protection concerns.
	No. of protection committees (male and female) established per 10,000 affected persons	2.2.2 Community mobilization through the establishment and training of protection committees through the social welfare department to extend outreach for monitoring, referrals and community support.
2.3. Vulnerable people are provided appropriate protective services in a safe environment	% of affected children (disaggregated by sex and disability) accessing protective spaces / services	2.3.1 Provision of static and mobile community-based safe spaces for women, children and other vulnerable community members in areas of displacement and return, which facilitate identification assistance and/or referral of protection cases and provision of multi-sectoral services.
	%of affected women (disaggregated by disability) accessing spaces / services	2.3.2 Psychosocial support and self recovery services for women and children in affected areas, including non-formal education, life skills, recreation, and peer support.
Objective 3: Realization of safe, voluntary, fully informed and dignified settlement for the most vulnerable		
Outcomes	Indicator	Activities
3.1 Alternative durable settlement solutions are identified for families that are unable to return to their places of origin	No. of families who face problems facilitated in obtaining durable settlement	3.1.1 Support local authorities, in consultation with communities, to identify appropriate settlement solutions and disseminate relevant information in close coordination with relevant clusters and appropriate stakeholders.
3.2 Improved knowledge among stakeholders on land, tenancy and property rights	%of affected population reached by information on land and property rights	3.2.1 Production and dissemination of land guides, training tools and information to sensitize communities who had to leave their homes, Government officials, landlords, NGOs and UN staff on land, tenancy and property rights.
Objective 4: Ensure a coordinated response to protection concerns through capacity building of Government and humanitarian response mechanisms.		
Outcomes	Indicator	Activities
4.1. Enhanced capacity of Government and humanitarian actors to coordinate a response to	No. of trained Government and NGO staff	4.1.1 Strengthening of district-level Protection Working Groups, co-chaired by the Social Welfare Department and local NGOs, including training and capacity building on case management,

protection concerns	No. of active district level protection working groups	humanitarian protection, and joint protection monitoring with local authorities.
		4.1.2 Capacity building, training and support to case workers on referral and case management for the provision of comprehensive case management services, information management, monitoring and follow-up
		4.1.3 Creation of protection centers, citizen advice bureaus and other 'one-stop-shops' to identify protection issues, provide information and advice, manage and refer protection cases related to issues such as access to assistance, land and property rights, cases of GBV and at risk children

Protection Concerns by Strata*					
Protection Concerns	Strata 1	Strata 2	Strata 3	Strata 4	Strata 5
Restricted access to assistance	4	1	3	2	5
Without civil documents before the floods	4	3	2	1	5
Women facing problems accessing water sources	1	4	2	2	3
Lack of female privacy and sense of security	3	4	5	1	2
Community concern expressed over violence against children	3	-	2	1	1
Community concern expressed over violence against women	-	-	2	1	3
Children separated by the floods	2	3	1	3	2

*1 means that this strata had the highest reported prevalence from among the stratas, 2 is second highest, 3 is third highest and so on.

Prioritization of Projects

The projects chosen to support the protection strategy are those which: 1) demonstrated a commitment to meeting the needs of the most vulnerable **and** 2) addressed protection concerns that a) put people at most risk of severe physical, psycho-social or legal harm **or** b) affected the largest number of vulnerable persons. Consideration has been taken to promote equitable coverage of activities and based on need and projects offer similar standards of assistance.

Proposed Project Coverage

Province	STR ATA	DISTRICT	ORGANIZATIONS
SINDH	1	Mirpurkhas	UNHCR, IRC, SDND, UN Habitat, Save the Children, World Vision Pakistan, UNICEF, UNFPA, ARTS Foundation
		Tharparkar	UNHCR, IRC, SDND, UNICEF
		Umerkot	UNHCR, IRC, SDND, UN Habitat, UNICEF, UNFPA
		Sanghar	UNHCR, IRC, SDND, UN Habitat, Save the Children, World Vision Pakistan, UNICEF, SSD, UNFPA
	2	Khairpur	UNHCR, World Vision Pakistan, UNICEF, UNFPA
	3	ShaheedBenazirabad	UNHCR, IRC, SDND, UNICEF, SDPD, UNFPA
		Jamshoro	UNHCR, IRC
	4	Tando Allah Yar	UNHCR, IRC, SDND, UN Habitat, UNICEF, ABCD, UNFPA
		Tando Mohammad Khan	UNHCR, IRC, SDND, UNICEF, UNFPA
		Badin	UNHCR, IRC, SDND, UNICEF, Save the Children
		Thata	UNHCR
	Newly Notified	Dadu	UNHCR, IRC
		Hyderabad	UNHCR, IRC, UNFPA
		Ghotki	
NausheroFeroz			
BALOCHISTAN	5	Kalat	UNHCR, AHSAS-PK, ARC
		Killa Abdullah	UNHCR, AHSAS-PK
		Nasirabad	UNHCR, ARC, TWO
		Jaffarabad	UNHCR, DANESH, ARC, SEHER
		Las Bela	UNHCR, SEHER

Monitoring Plan

The Protection Cluster, in coordination with the Ministry of Social Welfare, PDMA and NDMA, will monitor the progress of the protection strategy, its activities, outputs and outcomes through the following mechanisms.

- Individual organizations will be responsible for internal monitoring and evaluation related to their project implementation to ensure that it supports the attainment of the cluster strategic objectives.
- Inter-cluster monitoring mechanisms facilitated by UNDP, UNOCHA and NDMA, including fortnightly reporting by Protection Cluster members using the 4Ws. The provincial Protection clusters will share consolidated reporting with the national Protection Cluster and regular information sharing will be ensured at the Cluster level to review performance and analyze progress against the response plan
- Physical verification and quality assurance, including checking that standard tools are being used and that staff are following the correct case management protocols will be carried out by Cluster Coordinators through field visits to each of the members who have received funding through the appeal, Government counterparts and where possible to other members supporting the implementation of the protection strategy.
- Training, workshops and capacity building will be provided to Protection Cluster members to improve implementation of protection projects and responses to identified concerns in order to support the cluster in reviewing and meeting its strategic objectives
- Mid-term review will take place in March 2012 to review the progress of the ongoing projects and the implementation of the strategy against the indicators. This will involve relevant Government representatives, donors, Cluster members and implementing agencies and cluster lead agencies.

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COMMUNITY RESTORATION/EARLY RECOVERY					
PAK-12/CSS/48867	UNDP	Community Restoration Cluster Coordination & Monitoring Support--Flood 2011	360,550	0	0
PAK-12/ER/47656	RedR UK	Capacity Building for Local and National Organisations in Sindh	263,837	0	0
PAK-12/ER/47677	UN-HABITAT	Facilitating community recovery and return through repair and restoration of community infrastructure and cash for work activities through integrated service approach	3,139,851	0	0
PAK-12/ER/47694	GRHO	Improving Livelihoods and Social cohesion among flood affected communities of Jaffarabad District of Balochistan	174,900	0	0
PAK-12/ER/47712	UNESCO	Restoring Livelihoods through promotion of cultural industries in Sindh	203,467	0	0
PAK-12/ER/47718	ILO	Emergency employment and income generation for community recovery	6,702,605	0	0
PAK-12/ER/47724	CW	Restoration of basic community infrastructure and non-farm livelihoods in the flood affected districts of Sindh, Pakistan.	336,115	0	0
PAK-12/ER/47729	IRC	Restoring Livelihoods and Infrastructure, and Reduce the Risks of Disasters through Human and Institutional Development (HID) in 15 villages of Tehsil Kot Ghulam Mohammad of Mirpurkhas Districts	203,000	0	0
PAK-12/ER/47749	Mercy Corps	Community Infrastructure Rehabilitation in districts Badin and Mirpur Khas	1,808,300	0	0
PAK-12/ER/47754	SC	Economic relief and livelihood support for the extremely vulnerable flood affected households; focusing on women and women headed households in Badin, Mirpurkhas and Sanghar districts of Sindh province.	6,297,223	0	0
PAK-12/ER/47766	YWS	Initiative for Disaster Risk Reduction (DRR) & Restoration of Rain Affectees in Union Council Khair Shah District Shaheed Benazirabad.	277,612	0	0

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COMMUNITY RESTORATION/EARLY RECOVERY					
PAK-12/ER/47783	KWES	Community Livelihood Rehabilitation Project(CLRP) for District Shaheed Benazirabad Sindh .	295,000	0	0
PAK-12/ER/47789	UNOPS	Improving Access to Essential Services and Sustainable Livelihoods through Cash-for-Work Community Infrastructure Restoration and Skills Enhancement in Sanghar, Umerkot and Mirpur Khas	3,479,200	0	0
PAK-12/ER/47790	SACHET	Sindh Livelihood Rehabilitation Project (SLRP)	92,000	0	0
PAK-12/ER/48087	NHSD	Proposal for Skill and DRR Training; Replacing Productive Tools & Assets; Providing Cash for Work	71,177	0	0
PAK-12/ER/48090	IRM	Livelihood Rehabilitation Initiatives (LRI) Project for the flood affectees 2011 residing in district Khairpur, Jamshoro, Matiani and Shaheed Benazirabad	616,600	0	0
PAK-12/ER/48092	NKF	Revitalizing Community Infrastructure and Livelihoods of flood affected communities in 3 UCs of district Badin	205,906	0	0
PAK-12/ER/48098	UNDP	Enhanced capacity of Local Institutions including communities (male and female) on Disaster Risk Reduction (DRR) and improved community access to basic social services (particularly vulnerable groups) through rehabilitation of Community infrastructure and targeted income generation for male and female affected population - Sindh	8,702,377	0	0
PAK-12/ER/48534	IOM	Community Restoration Support for Flood Affected Population of Sindh	3,000,000	0	0
PAK-12/ER/48537	IOM	Support to National and Provincial Disaster Management Authorities through Capacity Building and Development of Strategic Stockpiles	1,500,000	0	0

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COMMUNITY RESTORATION/EARLY RECOVERY					
PAK-12/ER/48540	IOM	Community Based Disaster Risk Management and Early Warning Systems for Flood Affected Districts of Sindh	550,018	0	0
PAK-12/ER/48553	SWRDO	Restoration of off farm Irrigation water Channels and culverts	69,764	0	0
PAK-12/ER/48625	UNDP	Enhanced capacity of Local Institutions including communities (male and female) on Disaster Risk Reduction (DRR) and improved community access to basic social services (particularly vulnerable groups) through rehabilitation of Community infrastructure and targeted income generation for male and female affected population -Balochistan	2,553,483	0	0
PAK-12/ER/48699	SDO	Early Recovery and Restoration of Flood Affected people in 3 UCs of district Badin	149,719	0	0
PAK-12/ER/48850	UNDP	Risk Transfer Mechanism for newly created assets during recovery phase	1,447,296	0	0
Sub total for COMMUNITY RESTORATION/EARLY RECOVERY			42,500,000	0	0
COORDINATION					
PAK-12/CSS/48660	IOM	Practical Security Awareness Training for Humanitarian Relief Workers	554,505	0	0
PAK-12/CSS/48664	IOM	Linking Corporate and Private Philanthropy to Identified Needs of the Vulnerable Population	75,000	0	0
PAK-12/CSS/49239	UNDP	Coordination and Advocacy for Pakistan Floods Early Recovery Framework	750,000	0	0
PAK-12/CSS/49421	IOM	Humanitarian Communications – Information outreach to flood affectees of 2011 in Sindh and Balochistan	300,000	0	0
PAK-12/S/49420	UNDSS	Enhancement of safety and security of humanitarians and IDPs & field safety collaboration	225,504	0	0
Sub total for COORDINATION			1,905,009	0	0

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EDUCATION					
PAK-12/CSS/48805	UNICEF##SC	Education Cluster Coordination	232,990	0	0
PAK-12/E/47430	KWES	Restoration of Educational structure in rain/flood affected schools in District Sangher of Sindh Province	166,175	0	0
PAK-12/E/47614	HANDS	Rehabilitation and Renovation of Government Education Facilities in Balochistan and Sindh provinces	196,500	0	0
PAK-12/E/47668	UNICEF	Welcome to School (W2S) Initiative Sindh	7,361,780	0	0
PAK-12/E/47687	PAIMAN	Provision of renovated school structure and educational facilities for flood affected children of District Sanghar, Sindh	217,000	0	0
PAK-12/E/47760	WVP	Rehabilitation of Education Facilities in flood-affected areas of Sindh	223,972	0	0
PAK-12/E/47765	SC	Revitalization of the Education Services for Affected Children in Districts Badin, Mirpurkhas and Sanghar, Sindh Province.	3,359,666	0	0
PAK-12/E/47855	DevCon	Restoration of educational activities in rain/flood affected government schools through Renovation and Community Mobilization in Badin (UCs 1, 2, 3) and Sanghar (UCs Kumbdano and Peeru Fakir Shoro) Districts of Sindh Province.	190,828	0	0
PAK-12/E/47879	IRC	Mainstreaming of 6000 children in safe and Child Friendly formal education system in three talukas – Dighree, Mirpurkhas, and Kot Ghulam Mohammad of District Mirpurkhas	217,880	0	0
PAK-12/E/47886	SCF	Resuming Educational Activities in Flood Affected Areas Through Temporary Learning Spaces and Restoration of Damaged Infrastructure of schools in District Mirpurkhas-Sindh	19,500	0	0

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EDUCATION					
PAK-12/E/47907	HIN	Provision of educational facilities by establishment of Temporary Learning spaces in 180 flood effected Govt. schools at District Tando Muhammad Khan and Sangar, Sindh	192,500	0	0
PAK-12/E/47939	PFF	Realization of the Education Services for Affected Children in District Badin (RESAC)	243,207	0	0
PAK-12/E/47956	CGN-P	Creating Learning and Recreational Spaces for Children	208,670	0	0
PAK-12/E/47989	UNESCO	Reactivation and Early Recovery of the Education System in Flood Affected Areas	1,605,000	0	0
PAK-12/E/47994	UNOPS	Repair/Rehabilitation of Schools Directly Affected by Floods and the Associated Population Movements in Sindh Province: Districts of Mirpur Khas, Sanghar and Umerkot.	3,290,000	0	0
PAK-12/E/48025	SEHER	Rehabilitation of Flood Affected schools in District Naseerabad	71,290	0	0
PAK-12/E/48139	BEEJ	Restoration of School Activities to improve students attendance in the flood affected areas of Balochistan Province	71,960	0	0
PAK-12/E/48142	BBSA	Revival of flood affected primary schools at district Jaffarabad	119,611	0	0
PAK-12/E/48155	SCSPEB	To improve the Learning Environment and heath & hygiene conditions through school repair and maintenance at flood affected Schools in District Jaffarabad	74,288	0	0
PAK-12/E/48157	IDO	School Re-activation Project	91,207	0	0
PAK-12/E/48528	BEFARe	Rehabilitation of schools and strengthening of education services for students through community oriented approaches in Balochistan, District Killa Abdullah, Tahsil, Chamen sub Tehsil Dobandi	72,767	0	0

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EDUCATION					
PAK-12/E/48641	Peace SW&E	Renovation Of 65 Partially Damaged Schools For Restoration Of Education in (Taluka MirpurKhas) District MirpurKhas	134,426	0	0
PAK-12/E/49483	HANDS	Rehabilitation and Renovation of Government Education Facilities in Balochistan province	65,500	0	0
PAK-12/E/49484	UNICEF	Welcome to School (W2S) Initiative Balochistan	3,155,048	0	0
Sub total for EDUCATION			21,581,765	0	0

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FOOD SECURITY					
PAK-12/A/48060	YWS	Supporting sustainable agricultural initiatives for vulnerable farmers to counter the effect of the Rain in UC Ghanter District Shaheed Banaizabad	299,814	0	0
PAK-12/A/48673	TWO	Initiative to ensure emergency food security and Sustainable Economic Empowerment of Women in UC Chambarr 1, 2 of Tendo Allahyar, Sindh	124,068	0	0
PAK-12/A/48709	WVO	Rebuilding Community livestock through assets and capacity Building of 2000 Flood/Rain affected households of Union Council Baba Kot, District Naseerabad	141,488	0	0
PAK-12/A/48712	NRC	Integrated Food Security project in two Union councils (Mangocher and Mahmood Gohram)of District Kalat	860,573	0	0
PAK-12/A/48714	WHEELS	Early Recovery and Livelihoods for 2011 Flood Affected Population of Tehsil Dobandi, Killa Abdullah, Balochistan	162,046	0	0
PAK-12/A/48716	NRC	Strengthening agricultural based livelihoods and food security of vulnerable food insecure farming families through an early recovery response provision of animal feed and agricultural input for the 2011/12 feeding/farming seasons	1,723,555	0	0
PAK-12/A/48720	TWO	Initiative to Ensure Food Security for Economic Empowerment in Naseerabad, Balochistan	280,791	0	0
PAK-12/A/48728	ACTED	Food Security and livelihood early recovery support to vulnerable flood-affected rural populations of southern Sindh	750,419	0	0
PAK-12/A/48729	ActionAid	"To Address short & medium term food & livelihood needs of flood affected families in Badin through the provision of essential Kharif Season agriculture inputs with services & provision of Poultry"	129,143	0	0

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FOOD SECURITY					
PAK-12/A/48731	AMRDF	Restoration of Livelihoods Opportunities in the Flood affected area of Sanghar District	142,958	0	0
PAK-12/A/48736	GPP	To assist in recovery of the flood victims by provision of critical agricultural inputs for affected farmers in the affected villages covering 14 UCs of District Mirpur Khas and Badin- Sindh Province.	699,592	0	0
PAK-12/A/48743	PIPHRO	Emergency support by provision of livestock fodder, dewormer, and shelter for animals of vulnerable flood affected families in flood affected area.	245,500	0	0
PAK-12/A/48750	FAO	Livelihood rehabilitation through early recovery interventions supporting vulnerable flood-affected riverine/estuarine fishing communities in Sindh.	4,127,751	0	0
PAK-12/A/48751	Plan	Cash For Work (CFW) intervention to reduce the impact of the 2011 floods on 20 targeted flood affected communities of Badin and Sanghar districts of Sindh Province, Pakistan.	528,117	0	0
PAK-12/A/49325	FAO	Early recovery assistance to support agriculture based livelihoods of vulnerable flood affected food insecure households in Sindh province.	7,832,140	0	0
PAK-12/A/49326	FAO	Early recovery assistance to support agriculture based livelihoods of vulnerable flood affected food insecure households in Balochistan province.	5,643,669	0	0
PAK-12/A/49327	FAO	Early recovery assistance to support livestock-based livelihoods of food insecure and vulnerable flood-affected households in Sindh.	9,598,913	0	0
PAK-12/A/49328	FAO	Early recovery assistance to support livestock-based livelihoods of food insecure and vulnerable flood-affected households in Balochistan.	531,867	0	0

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FOOD SECURITY					
PAK-12/A/49428	CWS	Food Security Project to Assist Vulnerable Groups in Flood Affected Sindh Towards Early Recovery.	827,874	0	0
PAK-12/A/49431	CW	Restoration of agriculture based livelihoods in the flood affected districts of Sindh	1,538,787	0	0
PAK-12/A/49438	Mercy Corps	Early recovery of flood affected population through provision of critical veterinary and animal management services in Districts Badin and Mirpur Khas.	672,370	0	0
PAK-12/A/49462	SSP	Restoration of Livelihoods Opportunities in the Flood affected area of Umar Kot District of SINDH province (RLP)	399,982	0	0
PAK-12/A/49466	SC	Protection and recovery of households' food security and livelihoods for flood affected vulnerable women, children and their families in Badin, Mirpurkhas and Sanghar districts of Sindh Province.	5,987,147	0	0
PAK-12/A/49468	SSSF	An emergency response to ensure livelihood protection of the flood affected farmer's community at Benazirabad	302,176	0	0
PAK-12/CSS/48748	FAO	Coordination of early recovery food security assistance and enhancement of food security analysis capacity.	447,500	0	0
PAK-12/ER/49446	OXFAM GB	Early Recovery Assistance to support food security and livelihoods recovery for flood affected households in Sindh	4,373,256	0	0
PAK-12/F/48722	Tameer-e-Khalaq Foundation	FOOD FOR WORK in Flood Affected Union Council of Naseerabad & Bandmanik, District Jafarabad	295,288	0	0
PAK-12/F/49316	WFP	Early Recovery Support to Families Affected by Monsoon Floods in Balochistan, Pakistan	3,026,615	0	0
PAK-12/F/49426	CARE International	Emergency Food Provision and livelihood support to targeted beneficiaries in two union councils (UCs) of district Umerkot, Sindh.	2,076,181	0	0

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FOOD SECURITY					
PAK-12/F/49461	WFP	Early Recovery Support to Families Affected by Monsoon Floods in Sindh, Pakistan	15,705,238	0	0
Sub total for FOOD SECURITY			69,474,818	0	0

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HEALTH					
PAK-12/CSS/47981	UN Women	Gender Coordination in floods 2011	200,000	0	0
PAK-12/CSS/49439	WHO	Health cluster coordination and umbrella fund for NGOs not covered in the response plan focusing on filling gaps and unmet needs.	4,141,400	0	0
PAK-12/ER/48953	ILO	Emergency Livelihoods Restoration through Cash for Work Programme-Vector Control	600,000	0	0
PAK-12/H/47213	SSD	To Prevent neonatal, maternal morbidity and mortality through increasing access to quality MNCH services	101,580	0	0
PAK-12/H/47329	KWES	Emergency Health, Child Protection and GBV Response for Children and Women in Flood Affected Districts of Sindh	133,594	0	0
PAK-12/H/47528	HANDS	Provide adequate health care services to Monsoon Rain Affected People	200,000	0	0
PAK-12/H/47554	FF	Women access to safe health services by enhancing the awareness and service delivery in Tando Allah Yar Sindh	170,000	0	0
PAK-12/H/47659	NAGE-Pakistan	NAGE Integrated Emergency Health Response program-Sindh Chapter	200,000	0	0
PAK-12/H/47667	CCHD	Primary Health Care Outreach Program (PHCOP)	105,789	0	0
PAK-12/H/47742	SBDDS	Provision of Comprehensive Primary Health Care for Internally Displaced and Host Communities in three (S. Benazirabad, Mirpurkhas & Tando Allahyar) rain / flood affected districts of Province Sindh	132,239	0	0
PAK-12/H/47745	WVP	Emergency Nutrition and Primary Health Care to disaster affected population in Sindh	508,825	0	0
PAK-12/H/47801	CARE International	Improved access to humanitarian health assistance of flood-affected communities in targeted areas of district Umarkot Lower Sindh, Pakistan	194,340	0	0

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HEALTH					
PAK-12/H/48003	Mercy Corps	Emergency Healthcare Services for Flood Affected Population in District Badin and Mirpur Khas in Sindh	405,660	0	0
PAK-12/H/48057	YWS	Health Initiative for Rain Affectees through Free Medical Camps in District Shaheed Benazirabad & District Khairpur	164,295	0	0
PAK-12/H/48543	ARTS Foundation	Sending Help to Women and Children to Access Health Services in Flood Effected Areas (SHARE) Project	96,862	0	0
PAK-12/H/48556	SDDO	Provide Basic Health Facilities and Family planning assistance for Flood Affected vulnerable groups of High risk District Umerkot	102,233	0	0
PAK-12/H/48578	Sindhica	Launch the integrated community awareness programme to control epidemic and vector-borne diseases in Shaheed Benazirabad	114,583	0	0
PAK-12/H/48607	ICMHD	Clinical equipment strengthening program for Sindh (TB)	254,800	0	0
PAK-12/H/48636	WHO	Provision of essential package of Primary Health Care includes capacity building, referral services (ambulances) and rehabilitation/reconstruction of damaged/destroyed health infrastructure (warehouses/health facilities) focusing on restoration of health facilities. (Early Recovery/Restoration of Health Services)	7,211,000	0	0
PAK-12/H/48637	WHO	Procurement and Supply of Emergency Essential Medicines and supplies for all health cluster partners and gap filling	3,900,000	0	0
PAK-12/H/48647	YWS	Save Pregnant Women & Newborn (SPWN) of Rain affected Families at District Mirpur Khas	145,844	0	0
PAK-12/H/48657	IOM	IOM Pakistan Mental Health and Psychosocial Support Program for flood affected communities in Southern Sindh	250,000	0	0

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HEALTH					
PAK-12/H/48666	SWRDO	Malaria Control Project in Flood Affected Area of District Tando Muhammad Khan & Badin (Sindh)	117,572	0	0
PAK-12/H/48725	BARAN	Restoration of Health services through reconstruction and rehabilitation of Health Facilities in affected districts of Sindh	266,000	0	0
PAK-12/H/48772	ARC	Provision of Primary and Reproductive Health Services to flood affected populations in 2RHCs of District Mirpurkhas in Sindh Province	217,195	0	0
PAK-12/H/48775	NRSP	Rehabilitation of 8 rural health centres in Badin & Mirpurkhas	200,000	0	0
PAK-12/H/48844	BRDS	Reducing Mortality due to ARI Disease in District Naseerabad	320,422	0	0
PAK-12/H/48845	NCBP	Promoting Comprehensive Reproductive Health Care in Jaffarabad and Naseerabad, Balochistan	272,416	0	0
PAK-12/H/48855	NVWS	Health Promotion through Mobile and fixed Health Camps to provide basic reproductive health services for community in three union councils of district Kalat, & 5-union council of district Lasbella.	297,238	0	0
PAK-12/H/48862	BSDP	Provision of Medical care to the flood affected communities by establishing mobile treatment centers in two union councils of District Kalat & Two UC's of Killa Abdullah	321,254	0	0
PAK-12/H/48864	SDS	Provision of Primary Health Services in Flood Affected Areas of Naseerabad &	295,856	0	0
PAK-12/H/49189	NRC	Providing malaria treatment and prevention to the community especially pregnant and under 5-Years children	239,421	0	0
PAK-12/H/49191	IWASHEE	Provision of Primary Health Care and Reproductive Health Services to Flood Affected Populations in 2-BHUs, 1-RHC of District Kalat and 3-BHUs of District Lasbela of Balochistan Province	354,966	0	0

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HEALTH					
PAK-12/H/49192	CDWS	Reproductive Health Services specially improvement of maternal health facilities	285,700	0	0
PAK-12/H/49427	SC	Relief and recovery assistance for flood affected populations in 3 districts Badin, Mirpurkhas, Sanghar of Sindh Province	3,250,000	0	0
PAK-12/H/49430	UNICEF	Emergency Assistance to HIV positive families in flood affected districts of Sindh, Pakistan	60,701	0	0
PAK-12/H/49433	WHO	Disaster Preparedness Mitigation and Response in Health Sector	298,668	0	0
PAK-12/H/49435	WHO	Surveillance and response to epidemics and other public health events of national concern; prevention, control and treatment of vaccine preventable and endemic diseases in the flood affected areas of Sindh	4,638,450	0	0
PAK-12/H/49442	WHO	Scale-up health community-based interventions to increase access to health care and reduce vulnerability of the floods affected communities in 22 districts in Sindh.	205,975	0	0
PAK-12/H/49445	UNICEF	Access to Health, Child Protection and GBV Response for Children and Women in Flood-Affected Districts of Sindh	500,000	0	0
PAK-12/H/49447	WHO	Provision of essential emergency package of Primary Health care including MNCH/RH/FP, psychosocial support and HIV treatment and care for the population living in flood affected districts.	1,795,514	0	0
PAK-12/H/49448	UNICEF	Emergency Assistance to Flood Affected Mothers, Newborns and Children in Pakistan	8,500,000	0	0
PAK-12/H/49450	WHO	Maternal, Newborn & Child Health (MNCH) for mothers and children in flood affected districts through promotion of family and community practices	1,491,697	0	0

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Project Code	Appealing Organisation	Project Title	Total Original (US\$)	Total Approved Requests (US\$)	Total Running Requests (US\$)
HEALTH					
PAK-12/H/49453	UNFPA	Restoration and rehabilitation of basic and comprehensive reproductive health services	3,806,000	0	0
PAK-12/H/49455	WVI	Comprehensive Primary Health Care Response for Flood affected population of Sindh	380,000	0	0
PAK-12/H/49457	Muslim Aid	Health Support Initiatives for All especially Women in Pakistan Rain Emergency 2011	350,523	0	0
PAK-12/H/49458	IMC	Emergency Comprehensive Healthcare, Nutrition and Mental Health Services for the Flood Affected Population in Sindh	800,000	0	0
PAK-12/H/49459	MERLIN	Provision of emergency health services to flood affected population in Sindh	1,100,000	0	0
PAK-12/H/49460	CWS	Emergency Health Assistance for Women, Men, Girls, Boys and the most Vulnerable Flood Affected Families in district Thatta, Mirpurkhas, Umar Kot, & Badin, Pakistan	212,910	0	0
PAK-12/H/49463	IOM	IOM Pakistan Primary Health Care Strengthening Program for flood affected communities in Southern Sindh	756,766	0	0
PAK-12/H/49465	Shifa Foundation	Provision of Integrated Primary Healthcare and Nutrition services to the most vulnerable population in four districts of Sindh affected by Monsoon Rains Flood 2011	1,124,700	0	0
PAK-12/H/49467	HHRD	Provision of Comprehensive Primary Health Care (PHC) Services in Flood Affected Districts of Sindh	276,705	0	0
Sub total for HEALTH			52,069,693	0	0

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Project Code	Appealing Organisation	Project Title	Total Original (US\$)	Total Approved Requests (US\$)	Total Running Requests (US\$)
NUTRITION					
PAK-12/H/47851	WFP	Targeted Supplementary Feeding Programme for Children aged 6-59 months and Pregnant and Lactating Women	8,128,012	0	0
PAK-12/H/48559	UNICEF	Emergency Nutrition Services for Flood Affected Population	10,040,773	0	0
PAK-12/H/48686	IR Pakistan	Provision of Essential Nutrition Services to flood affected population of Sindh (ENSFS)Please urgently add the districts where this project will take place, Annette OCHA	116,000	0	0
PAK-12/H/48690	GPP	Provision of Emergency Nutrition Services to the Flood Affected Communities of Badin, Mirpur Khas and Tando Allah Yar Districts - Sindh Province Pakistan with a special focus on pregnant and lactating women and children under 5 years of age through static, mobile units and referral services.	690,000	0	0
PAK-12/H/48691	Shifa Foundation	Provision of emergency life saving nutrition services for the treatment of acutely malnourished children (6-59months) and pregnant & lactating women in Sindh	262,651	0	0
PAK-12/H/48692	TRDP	Provision of emergency life saving nutrition services for the treatment of acutely malnourished children (6-59months) and pregnant & lactating women in the flood affected population of Sindh.	299,642	0	0
PAK-12/H/48694	NRSP	Provision of emergency lifesaving nutrition services for the treatment of acutely malnourished children (6-59months) and pregnant & lactating women in the flood affected population of Sindh.	447,151	0	0
PAK-12/H/48696	PAO	Emergency Nutrition Support to flood affected populations through CMAM	183,918	0	0

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Project Code	Appealing Organisation	Project Title	Total Original (US\$)	Total Approved Requests (US\$)	Total Running Requests (US\$)
NUTRITION					
PAK-12/H/48697	MERLIN	Provision of life saving nutrition services for acutely malnourished children (6-59months) and pregnant & lactating women in the flood affected areas of Sindh Province	807,782	0	0
PAK-12/H/48724	SALBWS	Provision of emergency life saving nutrition services for the treatment of acutely malnourished children (6-59months) and pregnant & lactating women in the flood affected population of Sindh.	298,995	0	0
PAK-12/H/49434	WHO	Life saving interventions for reducing excess morbidity and mortality among the highly vulnerable population groups due to recent floods (Nutrition)	1,881,714	0	0
PAK-12/H/49456	SC	Emergency Nutrition Assistance for flood-affected children and pregnant and lactating women in Sindh Province	1,600,000	0	0
Sub total for NUTRITION			24,756,638	0	0

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Project Code	Appealing Organisation	Project Title	Total Original (US\$)	Total Approved Requests (US\$)	Total Running Requests (US\$)
PROTECTION					
PAK-12/P-HR-RL/47682	UN-HABITAT	Solutions for land related issues and capacity building of revenue department in the four least served flood affected districts of Sindh	883,032	0	0
PAK-12/P-HR-RL/47732	WVP	Establishment of Child Friendly Spaces in flood-affected areas of Sindh	220,021	0	0
PAK-12/P-HR-RL/47761	SC	Protecting Children and Carers through Psychosocial Support, and referrals to education, health and nutrition	751,609	0	0
PAK-12/P-HR-RL/47867	SDND	Safe and dignified sustainable access for vulnerable disabled persons by early recovery services in 08 flood hit districts of Sindh.	1,288,668	0	0
PAK-12/P-HR-RL/47979	ARC	Addressing Gender-based Violence and Protection Issues in Flood Affected Areas	361,213	0	0
PAK-12/P-HR-RL/47982	DANESH	Supportive mechanisms through protective services for flood affected women and children.	91,547	0	0
PAK-12/P-HR-RL/48020	ABCD	Provision of social protection to flood affected people of 10 Union Councils of District Tando Allahyar	121,955	0	0
PAK-12/P-HR-RL/48068	SSD	Reducing economic vulnerability of women created as result of floods	224,940	0	0
PAK-12/P-HR-RL/48069	UNHCR	Social welfare/legal aid centres in Sindh; Pakistan card protection monitoring in Sindh and Balochistan; protection coordination in Sindh and Balochistan	1,245,000	0	0
PAK-12/P-HR-RL/48078	AHSAS-Pk	Child Protection and GBV response mechanisms through participatory approach	112,182	0	0
PAK-12/P-HR-RL/48080	SEHER	Protective services to flood affected children and women in early recovery phase	124,321	0	0
PAK-12/P-HR-RL/48091	ARTS Foundation	Sending Help to Women to Access Health and Protection Services in Flood Affected Areas (SHAFAA) Project	142,219	0	0

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PROTECTION					
PAK-12/P-HR-RL/48104	SDPD##ISM	Ensuring Protection, Services and Violence Free Environment in Temporary & Returnee Settlements for Women and Children	172,810	0	0
PAK-12/P-HR-RL/48143	UNFPA	Prevention and Response to gender based violence in 8 flood affected districts in Sindh through provision of comprehensive case management services.	2,333,774	0	0
PAK-12/P-HR-RL/48533	IRC	Support to flood-affected populations in Dadu, Jamshoro, Umerkot and Tharparkar districts of Sindh province through protection activities and facilitated access to early recovery assistance and services	542,024	0	0
PAK-12/P-HR-RL/48545	UNICEF	PLACES (Protective, Learning and Community Emergency Services) for Children and Women in Flood Affected Districts of Sindh, Pakistan	3,000,000	0	0
PAK-12/P-HR-RL/48605	TWO	Prevention and response to Gender Based Violence and child protection risks in flood affected areas of Naseerabad	32,230	0	0
Sub total for PROTECTION			11,647,545	0	0

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Project Code	Appealing Organisation	Project Title	Total Original (US\$)	Total Approved Requests (US\$)	Total Running Requests (US\$)
SHELTER/NFIs					
PAK-12/CSS/48787	CCHD	Monitoring and Evaluation of Cluster Member activities in 4 Flood affected districts in Sindh (ER)	84,543	0	0
PAK-12/CSS/48819	PEACE	Monitoring and evaluation of Shelter Cluster project in District Mirpurkash, Tando Allayar, tando Muhammad Khan, Thatta and Badin, Sindh (ER)	134,351	0	0
PAK-12/S-NF/47644	ACTED	Provision of adapted shelter solutions to vulnerable flood-affected Populations of southern Sindh (ER)	1,320,368	0	0
PAK-12/S-NF/47657	EA	Enhancement of the vernacular architecture through practical trainings (ER)	389,067	0	0
PAK-12/S-NF/47674	UN-HABITAT	Low cost shelter assistance for vulnerable families with integrated services approach through community participation in four least served districts (ER)	15,821,433	0	0
PAK-12/S-NF/47746	UNOPS	Shelter Rehabilitation and Disaster Risk Reduction Capacity Development Support for 6,600 Vulnerable Flood Affected Families in the Districts of Dadu, Mirpur Khas, Sanghar and Umerkot (ER)	3,851,615	0	0
PAK-12/S-NF/47948	LAMP	LOW COST SHELTER with Durable shelter for 1000 families in UC Dai Jharkus & Pangerio, Tando Bago Badin through capacity building techniques within 6 months (ER)	586,941	0	0
PAK-12/S-NF/48149	JSWO	Provision of Low Cost Shelter (LCS) support to 1500 flood affected families of District Tharparkar (ER)	812,212	0	0
PAK-12/S-NF/48164	SWRDO	Support for the low Cost Shelter construction and distribution of Winterization item for vulnerable flood affected community.(ER)	993,764	0	0
PAK-12/S-NF/48561	AHD	Low cost housing for 1500 families in Badin & Tando M. Khan District (ER)	630,700	0	0
PAK-12/S-NF/48595	HDF	Shelter - House repair, rebuilding and skills training in TMK (ER)	254,895	0	0

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Project Code	Appealing Organisation	Project Title	Total Original (US\$)	Total Approved Requests (US\$)	Total Running Requests (US\$)
SHELTER/NFIs					
PAK-12/S-NF/48613	SC	Provision of basic shelter support to flood affected communities in lower Sindh. (ER)	2,675,000	0	0
PAK-12/S-NF/48644	IOM	Shelter support for Flood Affected population of Sindh province (ER)	21,346,752	0	0
PAK-12/S-NF/48662	BASIC	Shelter Homes for Severely Flood Affected Communities of Sindh (ER)	375,965	0	0
PAK-12/S-NF/48767	AMRDO	Low cost Shelter support for flood affected families of District Mirpurkhas and Umerkot Sindh Pakistan (ER)	1,097,128	0	0
PAK-12/S-NF/48900	LHDP	Provision of Low Cost Shelter support to Flood Affected People in Sindh (ER)	468,000	0	0
PAK-12/S-NF/48932	IOM	UMBRELLA PROJECT: 200,000 low costs shelters in notified districts Sindh (ER)	100,000,000	0	0
PAK-12/S-NF/49206	NRC	Providing Shelter Assistance through Shelter Rehabilitation and Permanent One Room Shelter to the Flood Affected Population in Balochistan (ER)	1,013,200	0	0
PAK-12/S-NF/49429	CW	Restoration of shelter for flood affected population in Sindh, Pakistan (ER)	854,789	0	0
PAK-12/S-NF/49437	IOM	Support to the Shelter and Non Food Item Cluster, Temporary Settlements Support Unit and District Focal Points (ER)	823,725	0	0
PAK-12/S-NF/49443	Muslim Aid	Provision of 2500 low cost shelter support to rain affected families of Sanghar (ER)	1,234,688	0	0
Sub total for SHELTER/NFIs			154,769,136	0	0

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Project Code	Appealing Organisation	Project Title	Total Original (US\$)	Total Approved Requests (US\$)	Total Running Requests (US\$)
WATER, SANITATION, HYGIENE					
PAK-12/CSS/49425	UNICEF	Water, Sanitation and Hygiene Cluster Coordination	350,000	0	0
PAK-12/WS/47491	ACF - USA	Critical and life sustaining Early Recovery Water, Sanitation and Hygiene (WaSH) Response for Vulnerable Flood Affected Populations in Sindh Province, Pakistan	628,994	0	0
PAK-12/WS/47508	NCA	WASH services to Flood Affected Communities in District Tando Allah yar Sindh 2011	504,828	0	0
PAK-12/WS/47545	UN-HABITAT	Integrated Hygiene and Sanitation (HyS) assistance to 114,000 extremely vulnerable families prioritized by Shelter Cluster in flood affected districts of Sindh	19,970,223	0	0
PAK-12/WS/47642	ACTED	Integrated early recovery Water, Sanitation and Hygiene Support to severely flood affected families in Sindh Province, Pakistan	490,113	0	0
PAK-12/WS/47660	Sindhica	Reducing the incidents of WASH related ailments in District Shaheed Benazirabad	154,000	0	0
PAK-12/WS/47669	WHO	Water quality surveillance, prevention and control of water borne diseases and WASH services improvement in health care facilities	1,955,690	0	0
PAK-12/WS/47680	WVP	WASH Early Recovery Support and Assistance to Pakistan's Flood Affected People in Sindh.	507,512	0	0
PAK-12/WS/47697	JPI	Immediate WASH Response to Flood Affected Population of UC Began Jarwar, Taluka Chambar, District Tando Allahyar, Sindh Province, Pakistan	118,899	0	0
PAK-12/WS/47775	BEST	Provision of potable water, sanitation and Hygiene promotion in All union councils of Taluka Jhuddo of District Mirpurkhas.	312,415	0	0
PAK-12/WS/47780	NRC	Provision of Early Recovery Response WASH Services in the Flood Affected Areas in Balochistan	1,115,999	0	0

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WATER, SANITATION, HYGIENE					
PAK-12/WS/48127	UN-HABITAT	WASH assistance in the least served Union Councils of two flood-affected districts of Balochistan	315,730	0	0
PAK-12/WS/48131	DANESH	Provision of Water & sanitation facilities & hygiene promotion for flood affected peoples of District Jaffarabad.(Revised Flash Appeal 2011)	188,256	0	0
PAK-12/WS/48147	BBSA	WASH Project for the affected communities of Lasbella and Jaffarabad	274,397	0	0
PAK-12/WS/48527	BRDS	WASH Assistance to Flood Affected People of Balochistan	190,000	0	0
PAK-12/WS/48532	PIDS	Early Recovery Humanitarian WASH Response for vulnerable Flood Affected Population in Balochistan	323,000	0	0
PAK-12/WS/48536	PAO	WASH Early Recovery Assistance in Kalat District Balochistan	227,990	0	0
PAK-12/WS/48582	PEACE	WASH Response (Critical early recovery needs) for flood affected Population of District Naseerabad Balochistan	188,338	0	0
PAK-12/WS/48598	QC	WASH Early Recovery Program to the Flood Affected Population in District Badin and Tando Muhammad Khan, Sindh	840,536	0	0
PAK-12/WS/48624	ADO	In Early Recovery Phase Provision of Safe Drinking Water, infrastructure of sanitation and Hygiene Promotion Activities in Flood Affected Areas of Sindh.	1,710,000	0	0
PAK-12/WS/49414	Mercy Corps	Early Recovery WASH Interventions in Flood Affected Areas in District Badin and Mirpur Khas, Sindh	784,879	0	0
PAK-12/WS/49422	UN-HABITAT	Integrated WASH assistance in the least served union councils of four flood affected districts of Sindh	4,181,128	0	0
PAK-12/WS/49423	UNICEF	Early Recovery WASH Interventions for the flood affected population in Sindh & Balochistan	16,500,000	0	0

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WATER, SANITATION, HYGIENE					
PAK-12/WS/49432	CW	Restoration of WASH Facilities for Flood Affected Population in Sindh, Pakistan	374,235	0	0
PAK-12/WS/49436	IRC	Early Recovery WASH Interventions for flood-affected populations in Sindh province	400,000	0	0
PAK-12/WS/49440	Muslim Aid	Water, sanitation and Hygiene promotion (WASH) project in flood affected districts of Sindh through PATS/ CLTS.	3,860,000	0	0
PAK-12/WS/49441	OXFAM GB	Pakistan Flood Emergency WASH Response in Sindh Province	2,495,740	0	0
PAK-12/WS/49449	OXFAM Netherlands (NOVIB)	Contribute to WASH early recovery in flood affected villages in district Umer Kot	680,232	0	0
PAK-12/WS/49464	SC	Integrated ER water, sanitation & hygiene promotion programme for flood-affected children and their families in Sindh	1,465,321	0	0
Sub total for WATER, SANITATION, HYGIENE			61,108,455	0	0
Grand Total			439,813,059	0	0

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S. No.	Province	PDMA/Revenue Department Notified Districts
1	Balochistan	Jaffarabad
2	Balochistan	Kalat
3	Balochistan	Killa Abdullah
4	Balochistan	Lasbela
5	Balochistan	Naseerabad
6	Balochistan	Zhob
7	Balochistan	Loralai
8	Sindh	Badin
9	Sindh	Dadu
10	Sindh	Ghotki
11	Sindh	Hyderabad
12	Sindh	Jamshoro
13	Sindh	Khairpur
14	Sindh	Matiali
15	Sindh	MirpurKhas
16	Sindh	NausheroFeroze
17	Sindh	Sanghar
18	Sindh	ShaheedBenazirabad
29	Sindh	T. M. Khan
20	Sindh	Tando Allah Yar
21	Sindh	Tharparkar
22	Sindh	Thatta
23	Sindh	Umerkot

ANNEX III. Acronyms and abbreviations

ACF	Action Contre la Faim (ACF International)
ACTED	Agency for Technical Cooperation and Development
AGDM	age and gender diversity mainstreaming
APSD	Action for Peace and Sustainable Development
AWD	acute watery diarrhea
CBI	community based infrastructures
CDO□	Community Development Organization
CFS	child friendly space
CMAM	community management of acute malnutrition
CNIC	computerized national identity cards
CORDAID	Catholic Organization for Relief & Development Aid
CRS	Catholic Relief Services
CWS	Church World Service
DAD	Development Assistance Database
DCO	District Coordination Officer
DDMA	District Disaster Management Authorities
DEWS	Disease Early Warning System
DLA	Detailed Livelihood Assessment
DoH	Department of Health
DRR	Disaster Risk Reduction
EAD	Economic Affairs Division
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
ETC	emergency telecommunications
FANS	Food-Affected Nutrition Survey
FAO	Food and Agriculture Organization of the United Nations

FCS	Food Consumption Score
FRD	Foundation for Rural Development
FTS	Financial Tracking Service
GAM	global acute malnutrition
GHI	Global Hunger Index
GIS	geographic information system
GPP	Global Peace Pioneers
GRHO	Gender and Reproductive Health Organization
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDF	Human Development Foundation
HH	household
HHRD	Helping Hand for Relief & Development
HI	Handicap International
IASC□	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFPRI	International Food Policy Research Institute
IFRC□	International Federation of Red Cross and Red Crescent Societies
ILO□	International Labour Organization
IMC	International Medical Corps
INTERSOS	Intersos
IOM	International Organization for Migration
IR Pakistan	Islamic Relief Pakistan
IRC□	International Rescue Committee
ISM	The Institute for Social Movements
JPI	Just Peace International
KWES	Kohsar Welfare and Educational Society
LBOD	Left Bank Outfall Drain

MAM	moderate acute malnutrition
McRAM	Multi-cluster Rapid Assessment Mechanism
MERLIN	Medical Emergency Relief International
MHI	Muslim Hands International
MISP	minimum initial service package
MNCH	maternal, newborn and child health
MoH	Ministry of Health
MOSS	Minimum Operating Security Standards
MoSW	Ministry of Social Welfare
MTs	metric tons
MUAC	mid-upper arm circumference
NDMA	National Disaster Management Authority
NFIs	non-food items
NGO	non-governmental organization
NHEPR	National Health Emergency Preparedness and Response
NIH	National Institute of Health
NRC	Norwegian Refugee Council
NRSP	National Rural Support Programme
OCHA	Office for the Coordination of Humanitarian Affairs
OTP	outpatient therapeutic feeding programme
OXFAM GB	OXFAM GB
PAIMAN	Pakistan Initiative for Mothers and Newborns
PDMA	Provincial Disaster Management Authority
PHC	primary health care
PHED	Public Health Engineering Department
PI	Plan International
QC	Qatar Charity
RC/HC	Resident Coordinator/ Humanitarian Coordinator

SAG	Strategic Advisory Group
SAM	severe acute malnutrition
SC	stabilization centre
SCI	Save the Children International
SDF	Salik Development Foundation
SEAM	Shelter Ensuring Actions for the Most Vulnerable
SGBV	sexual and gender-based violence
SHIFA	Shifa Foundation
SPDO	Sustainable Peace and Development Organization
SPHERE	Humanitarian Charter and Minimum Standards in Humanitarian Response
SPO	Strengthening Participatory Organization
SRH	sexual and reproductive health
SRO	Self Regulatory Organization
SSP	Social Services Program
STC	Save the Children
TMAAs	Taluka Municipal Administrations
TSSU	Temporary Settlements Support Unit
TWG	technical working group
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for

Refugees

UNICEF

United Nations Children's Fund

UNWOMEN

United Nations Entity for Gender Equality and Women's Empowerment

WASH

water, sanitation and hygiene

WFP

United Nations World Food Programme

WHO

World Health Organization

WVI

World Vision International
