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Emergency appeal

Pakistan: Floods 2011

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRPK007 GLIDE n° [FL-2011-000130-PAK](#) 31 January 2012

This Emergency Appeal seeks CHF 5,304,193 in cash, kind, or services to support the Pakistan Red Crescent Society to assist 105,000 people (15,000 families) beneficiaries for 6 months, and will be completed by 31 March 2012. A Final Report will be made available by 30 June 2012 (three months after the end of the operation).

Appeal history:

- A [Preliminary Emergency Appeal](#) was launched on 9 September 2011 for CHF 10.6 million to assist 105,000 people (15,000 families) for four months.
- **Disaster Relief Emergency Fund (DREF):** CHF 500,000 was initially allocated from the International Federation of Red Cross and Red Crescent Societies' Disaster Relief Emergency Fund (DREF) to support the National Society to respond to the floods in Sindh.

Summary: 4.8 million people remain affected by the current floods in Sindh, southern Pakistan, while some 72,000 people remain in relief camps¹. After more than three months of relief interventions, Pakistan Red Crescent Society (PRCS), supported by the International Federation of Red Cross and Red Crescent Societies (IFRC), has reached more than 315,000 people (approximately 45,462 families²) with food and non-food distributions, emergency health services and water and sanitation. Based on persisting relief needs found through detailed assessments conducted jointly by PRCS and IFRC, and responding to the request from PRCS, this Emergency Appeal has been revised to provide appropriate and timely assistance in the sectors of relief, health, and water and sanitation. The budget has been reduced to better reflect the current in-country implementation capacity as well as government restrictions on unconditional food distributions as of January 2012. It also acknowledges donor fatigue experienced by humanitarian organizations across Pakistan, in a year fraught with global disasters.

Due to the lengthened duration required to complete these interventions in an environment recognized to be complex and volatile, this revision also extends the duration of the



Though people are slowly returning to their homes, colder weather will add to their woes, amid prevailing poor health and sanitary conditions. **Photo:** Swedish Red Cross/Tomas Årlemo

¹ National Disaster Management Authority (NDMA) – 16 December 2011.

² Though the IFRC appeal support 15,000 families in relief, IFRC has also supported distribution costs for much of the relief activities conducted through PRCS, including bilateral ones.

operation by two months. Activities are, therefore, expected to conclude by 31 March 2012. A final report will be made available by 30 June 2012 (three months after the end of the operation).

To keep donors informed on the progress of the operation, an operations update report will be issued by mid-February 2012.

[<click here to view the attached emergency appeal budget; or here to view contact details>](#)

The situation

A total of 4.8 million people – half of which are children – remain affected by the current floods in Sindh, southern Pakistan, while some 72,000 people remain in relief camps. By mid-January 2012, it was estimated that 10 per cent of the province still remained inundated, as aid agencies began mapping locations of displaced people from these areas. The UN established a Temporary Settlement Support Unit (TSSU) in the same month to monitor temporary settlements. The Government of Pakistan continues to distribute cash to affected people through its "Pakistan card" programme, providing almost PKR 11 billion (approximately CHF 110 million) as of 30 January 2012.

After more than three months of relief interventions, PRCS, supported by IFRC, has reached more than 315,000 people (approximately 45,462 families) with food and non-food distributions, emergency health services, and water and sanitation. Based on persisting relief needs found by detailed assessments conducted jointly by PRCS and IFRC, and responding to the request from PRCS, this Emergency Appeal has been revised to provide appropriate and timely assistance in the sectors of relief, health, and water and sanitation. The significant reduction in budget reflects the gaps in implementation capacity within a short timeframe, with the local government notifying the end of food relief distributions on 31 December 2011. It also acknowledges donor fatigue experienced by humanitarian organizations across Pakistan, in a year fraught with global disasters.

Coordination and partnerships

The operation is being managed directly at the provincial level, headed by an IFRC operations coordinator, working in close coordination with the Sindh branch of PRCS, and Movement partners based there. The emergency teams are attending local, district and provincial coordination meetings, and attending cluster meetings that have been activated in the different affected areas.

Coordination among the Red Cross Red Crescent Movement partners takes place regularly in Sindh. PRCS Sindh branch continues to hold monthly coordination meetings; the most recent one in Karachi was held on 13 December 2011, and was participated by the IFRC head of office. Partner national society coordination takes place regularly in Karachi as needed to share information on ongoing response efforts as well as to discuss issues affecting all parties concerned. Regular communication exist between most partner national societies, PRCS, ICRC and IFRC teams regarding relief, health and water and sanitation activities. Meanwhile, emergency response units (ERUs) in the field coordinate and share resources regularly.

National-level support is provided as needed from both IFRC and PRCS, particularly in the detailed assessments in October and November, and the implementation of relief distributions still ongoing.

The IFRC zone office in Kuala Lumpur continues to support the IFRC country office through regular teleconferences, facilitating donor responses and information management for external audiences.

Red Cross and Red Crescent action

Overview

PRCS continues to lead the current flood response operation, with the support of IFRC, partner national societies and in-country institutional donors. Well-recognized as an important partner, the provincial branch of PRCS in Sindh continues to coordinate with the provincial disaster management authority, mobilizing in areas where gaps in assistance are present and providing technical resources to refine sectorial assessments.

Following the deployment of a regional disaster response team (RDRT) member in October to lead the emergency response teams and the detailed assessment until the end of October, two more members from Nepal and Afghanistan were deployed in late October and November respectively and another one from Sri Lanka was deployed for a month by 28 December. The detailed assessment was completed in November and

the report was shared with the country and zone offices. The findings and recommendations of this report, along with considerations from the joint UN-government of Pakistan multi-sectorial assessments, helped to inform the operation's plan of action and emergency appeal. The occasion of Muharram in early December posed increased security threats to the field, halting the operations of some teams for several days.

The RDRT members worked very closely with the Sindh provincial branch to support and build capacity. A disaster management manager from PRCS accompanied the RDRT members to visit the targeted districts to support relief distribution planning and reporting in preparation for the increased distributions in December. Working with PRCS's provincial disaster management and planning, monitoring, evaluation and reporting (PMER) staff members, they also reviewed existing procedures, tools and formats, identifying areas where improvements needed to be made and how to establish better reporting and accountability. The recommendations include mainstreaming reporting and establishing clear procedures so the teams in the field can manage information systematically to the provincial branch and from there to the national headquarters.

The IFRC zone and regional offices are also providing communications support to the operation.

Bilateral action

| Red Cross Red Crescent Organization | Bilateral action |
|---|---|
| Canadian Red Cross | 1 mobile health unit 2,000 PRCS standard food packages |
| German Red Cross | Mobile health units (2 in Thatta and 2 in Badin) 5 water treatment plants (3 in Badin and 2 in Sanghar) NFIs for 700 families with support from Belgium Red Cross (350 in Thatta + 350 in Badin) 400 tents with support from Belgium Red Cross |
| German Red Cross and ICRC | 12,000 PRCS standard food packages ³ and 12,000 NFIs |
| Danish Red Cross and Australian Red Cross | 12,000 PRCS standard food packages (3,000 in Thatta and 9,000 in Badin) |
| ICRC | 10,301 tents 5 basic health kits 3 water tankers to distribute water 3 months |
| Iranian Red Crescent | 2,000 tents, 2,300 blankets, 10,000 kg of rice, 1,000 kg of sugar, 1,000 kg of pulses and 1,000 tins of tuna |
| Norwegian Red Cross | 7,200 PRCS standard food packages 6 mobile health units |

Qatar Red Crescent, Turkish Red Crescent, and UAE Red Crescent are also present in the country and have supported PRCS in this emergency response.

The needs

Beneficiary selection

PRCS will lead the selection of beneficiaries with technical support from IFRC based on the key principles of impartiality, neutrality and humanity. Furthermore, beneficiary selection processes will be guided by the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.

Overall the operation will address the needs of flood-affected families based on the following criteria:

- Where flood-related needs are high;
- Where flood-related needs are not being met and there is a probability for future gaps in service

³ PRCS standard food package consist of food rations for a family for 15 days. The items included are: Flour (20Kg), rice Irri (10 kg), dhal channa (6Kg), ghee (4Kg), white sugar (6Kg), tea (1kg), Salt (1,5Kg), dates (1Kg), roasted channa (0.3 kg), biscuits (33 packs).

- provision;
- Where PRCS capacity exists and where PRCS would like to extend its coverage;
- Where partner national societies are working/plan to work; and
- Where PRCS activities complement activities of others, especially the Government of Pakistan.

Based on the known interventions of partner national societies, local and international non-governmental organizations, the United Nations system and the Government of Pakistan, the support to the floods operation through this emergency appeal will focus effort and promote an integrated programming approach in the following seven priority districts: Badin, Mirpur Khas, Khairpur, Benazirabad, Sanghar, Thatta, and Tharparkar.

However, given the scale of needs, this appeal recognizes that PRCS, supported by IFRC, will not be able to satisfy all the unmet needs throughout the affected areas, and have already and may also provide assistance in nearby districts, where assessments have also found severe needs.

Specifically with regard to the selection of beneficiary families and communities, the following guidelines and principles will be used:

- The operational components will endeavour that respective sectoral standards in the SPHERE Humanitarian Charter and Minimum Standards for Disaster Response are met;
- Community participation in beneficiary selection, particularly through active engagement of community leaders, and in identifying their own needs and options to meet these;
- Guided by the global IFRC framework for Community Safety and Resilience;
- Guided by the IFRC Gender Policy and pledge on non-discrimination and respect for diversity, the operation's beneficiary selection process will be sensitive to socially or economically-disadvantaged and excluded groups, and will consider the issues of disability, gender, age, and minority;
- Sensitive to local customs and gender relations, recovery interventions will develop strategies which allow a focus on the more vulnerable. These include:
 - Families headed by women, i.e. widows, divorced or separated women without income.
 - Families which have not been beneficiaries or recipients of any substantial assistance from the government and other organizations.
 - Families with person(s) with disabilities and other socially excluded groups.
 - Families from ethnic minorities, vulnerable occupational groups and marginalized populations.
 - In considering the needs of these families in flood affected areas, the interventions will recognize the complex and interconnected nature of the family and household units, which can number up to 100 persons.
- With programmes being decentralized to the provincial level, community interventions will be designed to meet the specific social context of the area. While programme components will not vary, the prioritization of sector interventions will be adjusted to meet local needs and preferences, ensuring relevance and appropriateness of the assistance provided.

A summary of immediate and longer-term needs based on the PRCS/IFRC assessment key findings and recommendations follow.

SHELTER/NON-FOOD ITEMS (NFIs)

Impact of the disaster: 60 per cent of homes are fully damaged, 28 per cent partially damaged; and 12 per cent without damages. The majority of the fully damaged houses are *kaccha*⁴ houses, highly vulnerable to the flooding and belong to the poorest people in the village. Women face a particularly challenging time as in some areas local customs require the women to stay in the privacy of their homes and most houses are protected by fences. Families share space in tents or makeshift shelter with livestock under very poor health and hygiene conditions. The number of people living in relief camps has been reduced considerably in November as water started receding in many areas and people are returning to their destroyed or damaged homes.

Coping mechanisms: 50 per cent live next to their partially or fully damaged house, 18 per cent continue living on road sides, 19 per cent in camps. They are selling livestock and other productive or non-productive assets to buy tarpaulins, plastic sheeting, blankets or other shelter materials.

⁴ Homes built mainly from mud bricks.

Immediate needs:

Distribution of the priority items for the affected population such as tents, blankets and tarpaulins to enable them able to protect themselves from the decreasing temperatures of winter.

Longer-term needs:

People returning need shelter assistance to reconstruct their homes (in-kind, cash grants, technical assistance).

HEALTH

Impact of the disaster: 46 per cent of the health facilities in the flood-affected areas have suffered damages – particularly the districts in southern⁵ and eastern Sindh, with damages to 61.9 per cent and 53.9 per cent of health facilities respectively. While services are temporarily filled in by mobile health units, standing water and damage to roads and bridges hampered the capacity of these units to reach affected populations. Seventy-one per cent of the assessment sample did not have access to emergency health services, 58 per cent have them 3km or more away. Epidemiological reports jointly issued by the Ministry of Health and the World Health Organisation (WHO) indicate that acute respiratory infections, skin diseases, suspected malaria and acute diarrhoea remain to be the leading causes of infection in the province of Sindh, representing a total of 57.1 per cent. The assessed households reported suffering from malaria (28 per cent), fever (28 per cent), skin disease (19 per cent) and diarrhoea (17 per cent).

The National Institute of Health reported that acute watery diarrhoea (AWD) with other water-borne diseases represent the major health risks in flood-affected areas. Standing water acts as breeding site for mosquitoes and enhances the potential for exposure of the disaster-affected population.

Coping mechanisms: Do not get medical assistance, stop taking medicines, use free emergency health units available in the area, use traditional doctors, sell assets to pay for medical attention, reduce/stop medicine expenditure.

Immediate needs:

Distribution of mosquito nets to protect affected population from malaria and dengue, provision of basic health services, special attention to women and children in terms of mother and child care, and a dire need of basic awareness on communicable and non-communicable diseases. Food distribution to counteract malnutrition and poor infant and child feeding practices, limited food diversity and consumption, high morbidity and worsening food security.

WATER AND SANITATION

Impact of the disaster: Most water sources became damaged or contaminated due to the floods, especially hand pumps that were flooded and urban and rural water schemes. Bad water quality from hand pumps does not normally prevent people from using it if no alternative water source is available nearby. In urban areas the town water supply has been contaminated and/or disrupted as water schemes were affected. In some areas the local governments provided alternative water trucking to some of the urban areas to substitute the town water system. People do not have adequate water containers and funding constrains have limited the provision of water trucking from November onwards. Domestic water treatment/purification has increased to 34 per cent, mainly linked to distributions done by NGOs and other organizations. Unprotected water sources are negatively affected by poor sanitation practices. Animals and people share tents, further using up limited living space.

Sanitation systems are overwhelmed, inadequate or non-existent. The main change is the significant increase of people practicing open defecation (78 per cent). Women are facing difficulties due to lack of privacy. Pre-disaster, poor hygiene practices have become worse due to limited space available, lack of facilities, poor waste management and limited purchasing capacity to buy domestic and personal hygiene items.

Coping mechanisms: People are reducing the water consumed per day by 51 per cent, travelling further to collect safe water (45 per cent spend one hour or more), drinking contaminated water, using water distributed by NGOs or the government. Poor sanitation and hygiene practices at the personal and household level. Open

⁵ Which is strata/zone 4 according to the UN Damage Needs Assessment, which include the districts of Badin, Tando Allahyar, Tando Mohammad Khan and Thatta.

defecation is more common, though there is increased use of emergency latrines. People are using hygiene kits from relief distributions and small containers to collect and carry water.

Immediate needs: Provision of emergency safe drinking water, jerry cans, sanitation facilities, soap and hygiene kits and hygiene promotion. Support to restore or improve pre-disaster water sources.

FOOD SECURITY

Pre-disaster situation: The National Nutrition Survey reported that Sindh has one of the highest rates of malnutrition in Pakistan. Nearly 72 per cent of the population is food insecure and do not have access to enough food. A total of 17.5 per cent of children under five years suffer from acute malnutrition, with nearly 7 per cent being severely malnourished. These results are above WHO's emergency threshold of 15 per cent, which indicates a critical nutrition situation. Some districts were already considered to be borderline food insecure to extremely food insecure (Tharparkar, Thatta, Dadu, Umerkot, Mirpur Khas, Badin) before the disaster.

Impact of the disaster: The current floods resulted in loss of property, food stocks and damage to standing crops. The 2010 Post-Flood Nutrition Survey reported acute malnutrition rates as high as 23 per cent in the affected areas of Sindh. The PRCS/IFRC assessment indicated that 74 per cent of affected families lost food stocks in the disaster. Families have lost not only food stocks but also their income opportunities. Prices in the local markets increased especially for vegetables which previously were locally produced and now are imported. Prices of these items have increased by around 250 per cent. Local and district markets have reported a reduction on the number of clients and loss of benefits of around 75 per cent. Daily labour opportunities in local markets decreased as a further consequence.

Coping mechanism: The main food-related coping mechanisms reported in the assessment are the reduction of number and size of the meals (71 per cent) and reducing the quality of the meals (29 per cent); many relying on food distributions and handouts from relatives, and friends and some only eat when food is available. Migration, selling of productive and non-productive items, minimizing expenditure in other areas, and begging are common also.

Immediate needs:

Food support for the most vulnerable families for the coming months.

Longer-term needs:

Early recovery interventions such as seeds and tools and cash-based programmes.

Constraints: The government has mentioned its intention to impose restrictions on unconditional distribution of food from the 31 December 2011 onwards, (only food for work or specifically targeted food distributions will be allowed from January 2012).

LIVELIHOODS

Pre-disaster situation: The most predominant economic activities in the affected districts are related to agriculture. Most households' sources of income come from crop farming, either being engaged in casual labour (40 per cent) or cultivating their own land (11 per cent). Other casual daily work includes working in markets and loading unloading, labour in the cotton factories, livestock rearing (12 per cent) and to a lesser extent waged employment, small commerce, trading and other income generating activities such as begging. The main crops produced in the flood affected areas are cotton, sugar cane, wheat, chillies and other seasonal vegetables. September to December is one of the peak times of the year for agricultural labour. Women have less earning opportunities than men but often engage in agricultural labour activities. Most small traders are male.

IMPACT OF THE DISASTER:

Agriculture: Out of 6.2 million acres damaged, 2.2 million are of agricultural use. Some 73 per cent of crops and 67 per cent of the food stocks were damaged due to the floods in southern Pakistan's Sindh province⁷. The most affected crops were cotton, sugar cane and chillies. Affected families have lost their homes, livestock and productive assets. Most have also very limited income generating opportunities as the majority of casual workers engaged in seasonal agricultural activities (cotton picking and rabi season planting) which have been disrupted by the floods. According to the UN multi-sectoral needs assessment (MSNA) report, 40 per cent were totally discontinued, 50 per cent were partially disrupted and only 11 per cent of the income earning activities unaffected. The PRCS/IFRC assessment report shows a decrease in agricultural income

generating activities and also an increase in daily labour of non-agricultural activities, such as unloading humanitarian aid trucks providing NFIs in the affected areas. Especially affected is the district of Tharparkar, situated in the arid desert, its population migrates regularly to neighbouring districts looking for casual employment during periods of planting and harvesting. These casual employment opportunities have almost disappeared.

Livestock: An important source of income and food for many of the families, livestock was very affected as 118,667 heads of cattle were lost during the floods and many others are at risk from lack of food and disease. Many vulnerable families are facing big challenges and are unable to buy fodder to feed the animals or to pay for treatments when they are sick. In the most remote areas families are selling their livestock at very cheap prices to middle men as they either cannot afford to feed them or pay for the transport to take the animal to the district markets where they could get a better price. Displaced families often share their tents or makeshift shelter with their animals.

Productive assets: Many productive assets were damaged fully or partially during the floods, as stated during focus group discussions, household surveys and secondary data from different agency assessments in the flood affected districts in Sindh. The MSNA report indicates that 94 per cent of the affected households had their productive assets destroyed.

COPING MECHANISMS: Selling of productive and non-productive assets, migration to look for work and stop engaging in livelihoods activities, as families cannot afford agricultural inputs.

RECOMMENDATIONS: Distribution of seeds, tools, livestock, livestock fodder and veterinary care. To restore damaged livelihoods, people will require short, medium and long term support for their agriculture and livestock. Cash is needed to help restart livelihoods.

The proposed operation and progress towards outcomes

| Relief distributions (food and basic non-food items) | |
|--|--|
| Outcome: The basic food and essential household needs of 105,000 flood affected people (15,000 families) are met within five months in the affected districts, especially in the 7 priority districts (Badin, Mirpur Khas, Khairpur, Benazirabad, Sanghar, Thatta, Tharparkar) of Sindh province. | |
| Outputs (expected results) | Activities planned |
| The immediate needs of flood affected families are met through the distribution of food. | <ul style="list-style-type: none"> • Conduct on-the-ground assessments, selection and verification of 15,000 families with communities' participation in planning and distribution of relief items. • Mobilize required food assistance through international mobilization, international and local procurement following IFRC standards. • Provide assistance to 15,000 families through the procurement, warehousing, transport and distribution of food parcels (including wheat flour, rice, pulses, ghee, sugar, salt, tea, etc.). • Mobilize and train approximately 100 National Society/community volunteers in assessment, distribution, monitoring and evaluation and Sphere minimum standards. • Establish a beneficiary complaints cells and a monitoring system for the continuous improvement of delivery system. |
| The immediate needs of displaced families are met through the distribution of essential household items. | <ul style="list-style-type: none"> • Conduct on-the-ground assessments, selection and verification of 15,000 families with communities' participation in planning and distribution of relief items. • Mobilize required relief items through international mobilization, international and local procurement following IFRC standards. • Provide assistance to 15,000 families through distribution of household items (including tents, tarpaulin sheets, jerry cans, blankets, kitchen sets, hygiene parcels, mosquito nets, as well as other non-standard items such as insect repellent). • Establish a beneficiary complaints cells and a monitoring system for the continuous improvement of delivery system. • Mobilize and train approximately 100 PRCS/community relief |

| | |
|--|--|
| | <p>volunteers in assessment, distribution, monitoring and evaluation, and Sphere minimum standards.</p> <ul style="list-style-type: none"> • Ensure the replenishment of the PRCS strategic stock of the items utilized for the immediate relief. |
|--|--|

Food

While the targets have not changed for this component, the food package has been redesigned to better suit the conditions on the ground, with a lack of cooking fuel and wet conditions meaning that more food items had to be immediately ready to eat. The addition of cereals, dates and biscuits was also culturally acceptable in the target areas.

The PRCS/IFRC standard food package now consists of food rations for a family of seven for 15 days (originally 30 days). The items included are: flour (20 kg), rice (10 kg), *dhal channa*, a type of cereal (6 kg), ghee (4 kg), white sugar (6 kg), tea (1 kg), salt (1.5 kg), dates (1 kg), roasted *channa* (0.3 kg) and biscuits (33 packs).

NFIs

The target for NFI distributions also remains, though the majority of the NFIs on the mobilization table will be used for replenishment of PRCS stocks already distributed. Following on from the same rationale of giving more ready-to-eat food, and the scarcity of cooking fuel, kitchen sets have been removed from the relief budget, (distribution will still continue without intent for replenishment). Additionally, the significant reduction in budget for NFI comes from the revised target of tents from 15,000 to 4,800. The principle reason for this is the gap in capacity of PRCS to distribute this shelter item within the specific timeframe, as well as a shortfall in its funding support.

It is also recognised that the distribution of insect repellent may eventually fall far below the targeted 15,000, despite having been fully covered through the mobilization table. The need for insect repellent has fallen drastically with the onset of the colder weather. Overall, the delays faced within the province from procurement or receipt of in-kind goods to delivery point has affected the ability of PRCS/IFRC to meet targets. Nevertheless, they remain within the plan of action and will be strategically placed to enable complementary distribution to beneficiaries as needed.

The emergency appeal budget now makes extra allowances for the extended deployment of the regional disaster response teams (RDRT) to support PRCS in assessment and distribution. Finally, the budget also includes more realistic costs for monitoring activities to be carried out in the closing weeks of distribution.

Emergency health and care

| Outcome: Immediate health risks of 60,000 flood-affected people are reduced through primary health care services in six districts for seven months. | |
|--|--|
| Outputs (expected results) | Activities planned |
| Target population have improved access to basic preventive, curative and referral health services. | <ul style="list-style-type: none"> • Conduct rapid assessment to determine immediate public health needs of the population as well as gaps in health services. • Deliver basic integrated health services through 12 mobile health units. • Conduct community-based disease prevention, health promotion and psychosocial support activities through 96 volunteers. • Distribute health communication (IEC) materials to general public and specific populations groups. • Procurement of medicines and supplies. |
| PRCS capacity to manage health component of flood response is enhanced. | <ul style="list-style-type: none"> • Hire and induct field and branch health operations staff. • Equip and maintain branch and district health operations office. • Coordinate/collaborate with health authorities and partners through cluster meetings at various levels. • Conduct regular field monitoring visits/activities. • Carry out end-of-operation review of health activities. |

The health programme has not been amended in terms of activities or methodology. However, it reflects an expansion of health services to six districts reflecting needs identified in the PRCS/IFRC assessment. Twelve

mobile health units are now planned with an additional eight units to be mobilized for three months, ending on 31 March 2012. These eight units have already been hired and inducted and will be activated in January 2012 to coincide with the procurement of new medicinal supplies currently in process.

Water and Sanitation.

| Outcome: Improve health and restore dignity by provision of safe water, and hygiene promotion to 53,000 people (7,500 families) in Badin, Sanghar, Mirpur Khas, Khairpur and Benazirabad. | |
|--|--|
| Outputs (expected results) | Activities planned |
| The risks of water and sanitation related disease outbreak is reduced. | <ul style="list-style-type: none"> • Assess water and sanitation needs in flood affected areas, with emphasis on women and children. • Treat and distribute safe drinking water through three water treatment plants. • Distribute water purifying tablets or sachets together with jerry cans using trained volunteers for household water treatment. • Conduct emergency hygiene promotion activities and clean up campaigns in camps. • Coordinate with government and other humanitarian partners. • Design and implementation of exit strategy. • Replenishment of water and sanitation items. |
| Sindh PRCS water and sanitation response capacity strengthened. | <ul style="list-style-type: none"> • On-the-job training to the PRCS staff and volunteers. • Support to the PRCS staff and volunteers on the assessment of the intervention areas. • Support the design and implementation of distribution strategy. • Support the design and implementation of an exit strategy. • Support the monitoring of activities and beneficiary communication. |

Managed by the health programme, the water and sanitation component is virtually unaffected to that detailed in the preliminary appeal with the final activities concluding in January 2012. The only significant change is the exclusion of latrine construction activities, owing to the inadequate capacity within the water and sanitation team to implement coupled with limited funding support.

Logistics

Three logistics staff were deployed to Karachi in support of the further planned distributions in December. A national logistics coordinator and two logistics delegates are supporting the operations to cover warehousing and transportation of commodities. In the first week of December, the logistics coordinator was also in Karachi to plan and coordinate the logistics response to support the increased workload planned in December.

The following is the status of items under procurement:

- 30,000 mosquito repellents: Tender process re-activated with funding confirmed. Expected delivery by early 2012.
- 8,400 jerry cans: International procurement in process by zone regional logistics unit.
- 21,000 tarpaulins: International procurement in process by zone regional logistics unit.
- 32,380 blankets: Funding confirmed and PRCS approval on samples pending.
- 250,000 water purification tabs: All delivered to IFRC warehouse.
- 50,000 chlorine tablets: All delivered to IFRC warehouse .
- 15,000 hygiene kits: All ready for dispatch from supplier IFRC warehouses.

Together with the IFRC grants manager, logistics are finalizing the funding for the tents detailed in the mobilization table. Response for this item has been slow but donor funds are being sourced and an improvement in the overall funding is expected.

The mobilization table will continue to be updated and published on [DMIS](#).

Donors are requested to coordinate with the Kuala Lumpur regional logistics unit (RLU) regarding outstanding needs. Shipping instructions will be provided to donors with a consignment tracking number to be issued before shipping any goods to the operation. Procurement of goods and transport can also be arranged through RLU. The logistics team stress that all Red Cross Red Crescent Movement partners wishing to donate goods to this operation should coordinate via the RLU in Kuala Lumpur.

Communications – Advocacy and Public information

The main communications focus is to ensure that the continuing humanitarian crisis in Pakistan remains in the public eye. Communications priorities include maintaining a steady flow of timely and accurate public information relating to the ongoing relief and recovery operation, targeting key stakeholders that include media, donors and the wider public as well as disaster affected communities. The IFRC website www.ifrc.org will be the primary communications vehicle for channeling information and publicity materials including audio-visual products that position the role and activities of Movement partners. At the same time, emphasis will be placed on building the communications capacity of PRCS for future emergencies.

Communications activities will support humanitarian diplomacy objectives in support of the needs of vulnerable people. Working in close collaboration with the programme sectors and the beneficiary communications programme, people affected by this emergency will be provided with opportunities to make their voices heard and will receive information to support their relief and recovery.

Capacity of the National Society

PRCS has considerable experience learned from previous major disasters including the earthquakes in 2005 and 2008 as well as the 2007 Cyclone Yemyin floods. When the flooding in Sindh happened, it had been barely a year since the massive operation of the 2010 floods. Dubbed a “mega disaster” by governments and aid organizations, affecting a staggering eighth of Pakistan’s 170 million people and touching every province in the country, it was an operation that severely tested the capacities of PRCS, and left behind indelible experience and knowledge.

With support from IFRC, ICRC and Movement partners, this experience and capacity will enable PRCS to conduct the operation through its network of branches and trained volunteers. PRCS mobilized national disaster response teams and 18 mobile health units/basic health units for this operation as well as seven water sanitation units staffed by trained national disaster water and sanitation response teams (NDWRT), building on previous ERU capacity.

Capacity building: One of the objectives of this intervention is to reinforce the capacities of the PRCS in terms of technical, financial and additional human resource to face the rapidly changing context in which they operate. The context of the country is becoming ever more challenging, with increasing military operations affecting thousands of people. This appeal will also enable PRCS to respond quickly and to develop a certain level of flexibility to identify needs and design activities for the emergency phase and the early recovery of those affected. This intervention also reflects the Movement's strong commitment to enhance the coherence and effectiveness of its humanitarian assistance.

Capacity of the IFRC

IFRC has a well established country office in Pakistan, with a head of country office, deputy head of country office, coordinators in disaster management, health, communications and reconstruction as well as finance logistics and security delegates in place. A small team consisting of an operations coordinator, relief coordinator, logistics and security delegates based in Karachi is also directly supporting this operation. This team is supported by nationally recruited staff in various technical and administrative positions including finance, PMER, information technology, communications, disaster management and health care.

Budget summary

See attached budget (Annex 1) for details.

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 - Maija Liisa Fors, Regional programme coordinator; email: majjaliisa.fors@ifrc.org; phone: +91.11.2411.1125; fax: +91.11.2411.1128.
- **IFRC Asia Pacific Zone office, in Malaysia:**
 - Michael Annear, Head of Disaster Management, mobile: +6019 27 44 960; email: michael.annear@ifrc.org.
 - Nigel Ede, Recovery Delegate; phone: +603 9207 5732; mobile: +6012 305 9986; email: nigel.ede@ifrc.org.
 - Al Panico, Head of Operations, phone: + 603 9207 5700, email: al.panico@ifrc.org.
 - Alan Bradbury, Head of Resource Mobilization and Planning, Monitoring, Evaluation and Reporting (PMER), email: alan.bradbury@ifrc.org. phone: +603 9207 5775.
Please send all funding pledges to zonerm.asiapacific@ifrc.org.
 - Jeremy Francis, Regional Logistics Coordinator; mobile: +6012 298 9752; email: jeremy.francis@ifrc.org.



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1. **Emergency Appeal budget [below](#)**
2. **[Return](#) to the title page**

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.



The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
-

REVISED EMERGENCY APPEAL

17-01-12

MDRPK007 PAKISTAN FLOODS 2011

| Budget Group | Multilateral Response | Inter-Agency Shelter Coord. | Bilateral Response | Appeal Budget CHF |
|--|-----------------------|-----------------------------|--------------------|-------------------|
| Shelter - Relief | 2,196,579 | | | 2,196,579 |
| Clothing & Textiles | 347,840 | | | 347,840 |
| Food | 608,050 | | | 608,050 |
| Water, Sanitation & Hygiene | 309,267 | | | 309,267 |
| Medical & First Aid | 211,637 | | | 211,637 |
| Teaching Materials | 5,000 | | | 5,000 |
| Ustensils & Tools | 156,479 | | | 156,479 |
| Other Supplies & Services | 40,792 | | | 40,792 |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | 3,875,644 | 0 | 0 | 3,875,644 |
| Storage, Warehousing | 12,000 | | | 12,000 |
| Dsitribution & Monitoring | 276,713 | | | 276,713 |
| Transport & Vehicle Costs | 258,210 | | | 258,210 |
| Logistics Services | 106,141 | | | 106,141 |
| Total LOGISTICS, TRANSPORT AND STORAGE | 653,063 | 0 | 0 | 653,063 |
| International Staff | 145,387 | | | 145,387 |
| National Staff | 30,995 | | | 30,995 |
| National Society Staff | 111,334 | | | 111,334 |
| Volunteers | 10,000 | | | 10,000 |
| Total PERSONNEL | 297,716 | 0 | 0 | 297,716 |
| Consultants | 20,000 | | | 20,000 |
| Professional Fees | 9,001 | | | 9,001 |
| Total CONSULTANTS & PROFESSIONAL FEES | 29,001 | 0 | 0 | 29,001 |
| Workshops & Training | 2,000 | | | 2,000 |
| Total WORKSHOP & TRAINING | 2,000 | 0 | 0 | 2,000 |
| Travel | 60,094 | | | 60,094 |
| Information & Public Relations | 25,000 | | | 25,000 |
| Office Costs | 20,005 | | | 20,005 |
| Communications | 10,087 | | | 10,087 |
| Financial Charges | 2,997 | | | 2,997 |
| Other General Expenses | 4,855 | | | 4,855 |
| Total GENERAL EXPENDITURES | 123,038 | 0 | 0 | 123,038 |
| Programme and Supplementary Services Recovery | 323,730 | 0 | 0 | 323,730 |
| Total INDIRECT COSTS | 323,730 | 0 | 0 | 323,730 |
| TOTAL BUDGET | 5,304,193 | 0 | 0 | 5,304,193 |