

BALUCHISTAN EARTHQUAKE 2013: FINDINGS AND STRATEGIES



Two powerful earthquakes in Balochistan Province in south-western Pakistan, on 24 and 28 September 2013, have damaged or destroyed nearly 20,000 houses. Awaran and Kech districts are the hardest hit.

Photo: Awaran Facebook page

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1. EXECUTIVE SUMMARY

The humanitarian community continues to complement the relief response of the Government of Pakistan in Balochistan Province following two powerful earthquakes on 24 and 28 September 2013.

The first earthquake, measuring 7.7 on the Richter scale, struck on 24 September. Its epicentre was 120 kilometres south-west of Khuzdar District, at a depth of 10 kilometres. The earthquake was so powerful that it caused the seabed to rise and create a small, mountain-like island about 600 metres off Pakistan's Gwadar coastline in the Arabian Sea. The second, 6.8-magnitude earthquake occurred on 28 September. Although the U.S. Geological Survey said it was an aftershock, the National Seismic Centre of Pakistan classified it as a new earthquake.

The Government has not requested international support. Humanitarian partners are informally providing localized assistance to complement Government's response and to bridge gaps in assistance.

This document provides findings of a rapid assessment based on interviews with key informants (KIs) conducted by 11 non-governmental organizations,¹ from 30 September to 4 October 2013, across 296 villages in Awaran and Kech districts. It also provides a summary of humanitarian response as of mid-October, and planned humanitarian strategies to address outstanding needs in the affected areas.

Findings of the rapid assessment indicate the earthquakes have affected at least 27,400 households or 138,372 people, and damaged or destroyed 19,688 houses in assessed areas. The coordinated assessment by humanitarian partners collected data through 296 key informant interviews.

Due to a complex working environment, the assessment team could not engage any female enumerators. As a result, only male respondents were interviewed by the male enumerators and only partial data was gathered regarding the specific needs and concerns of women and girls.

As of 11 October, the Balochistan Provincial Disaster Management Authority (PDMA) estimates at least 30,000 families (200,000 people) have been affected² in Awaran, Kech, Kharan, Panjgur, Washuk and Gwadar districts. Awaran and Kech districts have been hit the hardest and are therefore prioritized for humanitarian response. The PDMA has identified the following areas as calamity-hit.³

S.#	DISTRICT	TEHSIL/SUB TEHSIL	UNION COUNCIL
1	Awaran	Awaran	Awaran
			Teertaj
			Giskore
		Mashkai	Gajjar
			Nokjo
			Parwar
2	Kech	Hoshap	Dandar
			Hoshap
TOTAL	2	3	8

Source: Balochistan PDMA

¹ Assessment conducted by BRDS, HANDS, NDC, HOPE, SEHAR, WDCO, NCBP, TWO, PEWS, TKF and YOUTH.

² Balochistan PDMA Daily Earthquake Situation Bulletin #20: <http://www.pdma.gob.pk/wp-content/publication/Earthquake2013/SituationReport20.pdf>

³ Calamity-hit areas are recognized (or notified) by the Government as being disaster-affected in accordance with the *the [Punjab] National Calamities (Prevention and Relief) Act, 1958*. The Government acknowledges the humanitarian needs of the notified areas, and therefore that humanitarian response is required. It also entitles the notified areas to compensation.

Humanitarian impact and needs

Findings of the rapid assessment indicate 13% of the 10,227 households that depend on agriculture in the earthquake-hit areas have been affected and require assistance to restore their livelihoods.

Further, 20% of the 6,634 households that depend on livestock production need support, as 11,497 head of livestock were reportedly lost following the earthquakes. Some 58% percent of the communities reported that they have no fodder for their livestock, and another 25% reported available fodder sufficient for one week or less. A further 48% of the 7,100 households that depend on daily labour as their primary source of income have lost their livelihood and need immediate assistance.

Only 7% (1,918) of affected households have adequate resources to buy food, while 41% of key informants (KIs) indicate their local markets are either destroyed or non-functioning. The data on livelihood, livestock and market access does not reflect losses to women engaged in agricultural labour, livestock and poultry rearing or any other home-based work for supplemental or primary income.

The findings show that among the 296 villages visited in Awaran and Kech during the assessment, 80% of houses were damaged, including 65% estimated to be destroyed. Houses that were not destroyed may have suffered non-visible but substantial damage that could compromise the safety of the structures, which remain dangerous and at risk of sudden collapse.

While no significant displacement has been reported from areas hit by the earthquakes, informants indicated that affected families are living in precarious conditions, endangering their lives and are in acute need of assistance, including shelter and non-food items, with over 80% of the affected families lacking essential items.

Access roads in 24% (or 72) of the assessed sites are damaged, as are culverts in 8% (24) and bridges in 2% (6) of the sites.

According to the Health Department, Awaran District has 26 health facilities - 15 civil dispensaries (CDs), 8 basic health units (BHUs), 2 rural health centres (RHCs), and 1 district headquarter hospital (DHQ) - of which 14 (54%) are destroyed and 12 (46%) are partially damaged. In Kech District, BHU Dhandar and BHU Hoshabare partially damaged. Only 22% of the affected population has access to functioning health facilities within 5 kilometres.

The main health problems reported by key informants in the quake-hit areas are malaria (34%), followed by cough and respiratory tract infections (27%), then diarrhoea (24%) and lastly by skin diseases (15%). Assessment findings also indicate hepatitis cases, mental health concerns and the need for psychosocial support. As more injuries have been reported among women and girls, it can be assumed that given their heightened vulnerability, they will require specific attention and specialized care.

Water and sanitation issues were of concern prior to the earthquakes thus the risk of the spread of waterborne diseases is high: 60% of respondents have indicated water from main sources does not appear clean and more than 99% of the households do not treat drinking water. As reported by 244 key informants, some 8% of households have latrines in their houses, more than 78% practice open defecation and 14% use shared/communal latrines. Only 10% of the villages have water sources within their communities, with 79% having to walk for up to 3 kilometres to access water.

During the assessment, 36% of the male key informants reported that there had been reports of women who had stopped or reduced breastfeeding after the earthquake, an indicator strongly associated with an increased risk of malnutrition in infants and young children. In addition, 12% of respondents reported that there has been distribution of milk powder/liquid milk/feeding bottles/teats in the community since the emergency, which increases the likelihood of reduced breastfeeding, infection and malnutrition in infants and young children.

Key informants indicated 34% (85 schools) of the 249 schools in eight union councils (UCs) of Awaran District have been partially damaged and 30% (76 schools) have been destroyed by the earthquakes. In one UC of Kech, 42% of schools (or 5 schools) have been destroyed, while 33% (or 4 schools) have been partially damaged. Therefore 75% of schools in this UC are non-functioning damaged schools.

Only 19% (50 schools) have water sources and 5% (13 schools) are being used as temporary shelters, indicating a likely further disruption to learning. Overall, 71% of school-going girls and 75% of boys stopped going to school after the earthquakes.

At the time of the assessment, 47.4% of the KIs reported problems in receiving assistance and of those, 62% stated that the assistance was not sufficient, 21% stated that assistance was received with some difficulty, with 15% citing problems of exclusion⁴. Further, 6.2% of the KIs in assessed villages reported children separation from their families as a result of the earthquake (225 out of 296 KIs responded), while 5% of the KIs reported missing children (215 out of 296 KIs responded).

Only 28% of the KIs identified problems in the situation of women and girls, and of those, 70% highlighted lack of space and privacy, 54% reported lack of hygiene facilities, 36% reported exclusion/lack of access to assistance, and 11% reported acts of violence and harassment. This suggests that the (male) key informants consulted may have had marginal knowledge about the specific vulnerabilities of women and girls. This is a major limitation to the findings of this rapid assessment. These findings will need to be supported by additional monitoring and consultations with the affected populations, to counter the lack of female KIs and respondents which may have significantly altered the findings.

Constraints to ongoing response

Humanitarian partners are faced with logistical challenges in the remote, rugged and sparsely populated affected areas. The geographical spread of Awaran and Kech districts combined is more than 43,000 square kilometres. Owing to access difficulties, many affected communities in the remotest locations are still waiting for humanitarian support.

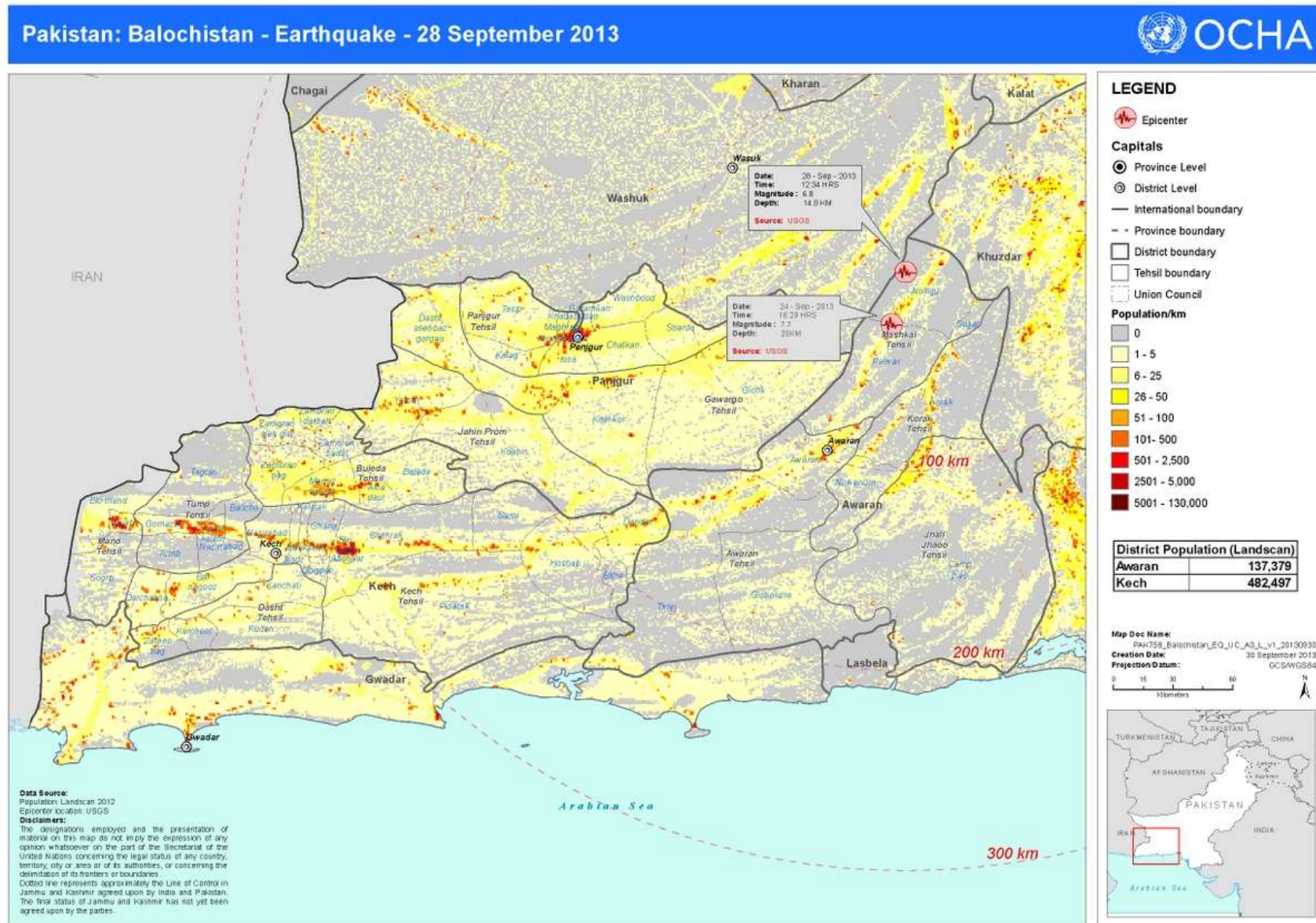
In addition, bureaucratic impediments and insecurity are abiding concerns in the earthquake-affected areas, as humanitarian partners have reported difficulties in obtaining required permits, while armed groups have attacked teams conducting relief activities in the area, hampering the ongoing response. In this context, the humanitarian principles of humanity, neutrality, impartiality and independence should be adhered to in the implementation of humanitarian activities.

Women and girls are difficult to access in rural Balochistan, therefore all efforts should be made – including by the authorities – to ensure the presence of female staff among relief teams, including through supporting local NGOs that have a presence and capacity to respond in the affected areas.

The humanitarian community continues to advocate to all parties to respond to the outstanding needs and facilitate humanitarian access to people in need and ensure the safety of aid workers providing life-saving assistance in the earthquake-affected areas.

⁴ It needs to be considered that the assessment took place less than a week after the first earthquake and only after two days from the second earthquake, during a period when assistance was still on the way, both from the Government and local actors.

2. MAP OF THE EARTHQUAKE-AFFECTED AREAS



3. HUMANITARIAN ASSESSMENT

The rapid assessment conducted from 30 September to 4 October 2013 in Awaran and Kech districts indicates at least 138,372 people have been affected and 19,688 houses damaged or destroyed by the two powerful earthquakes that hit Balochistan on 24 and 28 September 2013.

During the assessment, humanitarian partners collected information from 296 key informants (KIs) in 296 villages. Primary data collection was undertaken using representative sampling. The total sampling frame consisted of affected and notified districts of Balochistan.

The sample comprised 245 villages of Awaran and Kech districts (220 in Awaran and 25 in Kech) to achieve results within acceptable reliability limits (5% margin of error and 95% confidence interval). The assessment ended up covering 296 villages, which increased the confidence level for generalizing the results. Moreover, pre- and post-disaster district/union council level checklists were used to collect data from the authorities, which supported the triangulation of the information.

The KIs were identified through consultations with local community representatives. Assessment teams were made up of three enumerators and one supervisor. However, only male enumerators participated in the data collection and were only able to interview male key informants, potentially leading to an underestimation of the needs of women and girls. Factoring in disaggregation of data by sex, age and specific needs was a major challenge.

The table below illustrates the UCs where the assessment was conducted and demographic information:

District and UCs	Assessed villages	Demographic information	
Awaran	259		
Awaran	20	Surveyed villages	296
Camp Jhao	20	Average household size	5
Gishkore	39	Male: female ratio	51 male: 49 female (a)
Gujjar	18	Female-headed households	1.49% (b)
Korak	20	Child-headed households	0.42%
Nokjo	34	People with disabilities	0.24% (c)
Parwar	42	Elderly people	7.5%(d)
Tirtej	66		
Kech	37		
Dandar	37		
Grand total	296		

(a) Slightly above than provincial average (46.6), Population Bureau of Statistics 2009.

(b) In line with 2009 Gender Statistics (population Bureau of Statistics).

(c) Lower than national statistics, signaling the difficult detection.

(d) Higher than provincial average (MICS 2012, 4.3%).

The table below illustrates key findings from the assessment:

Indicator	Statistics	
Affected population	138,372 people ⁵ 51% male; 49% female 27,400 households	
Damaged houses	4,222	19,688 houses ⁶
Destroyed houses	15,466	
Families that left their villages	234 families ⁷	

3.1 FINDINGS BY CLUSTER

SHELTER

- 19,688 houses were reported damaged by KIs in villages visited during the assessment. 80% of houses in Awaran and 90% of houses in Kech have been damaged or destroyed, with the majority being destroyed (64% in Awaran; 81% in Kech).
- The majority of affected people remained in their villages and are living in precarious conditions, lacking shelter and basic non-food items. Specific arrangements are needed to ensure adequate privacy for women and girls (purdah).
- KIs indicated that 80% to 100% of affected families in villages visited are in acute need of assistance, including shelter and non-food items (kitchen sets, bedding and mats, lighting, blankets).

Areas with the greatest needs

- Assessment results show that the level of destruction and number of affected populations are particularly high in Awaran, Thesil Mashkai (UC Gujjar, Nokjo, Parwar), Thesil Awaran (UC Tirtej, Gishkore, Awaran). In district Kech, 16 villages of UC Dandar in Teshil Hoshab have been visited where key informants indicated that 90% of houses have been damaged or destroyed, highlighting significant impact and needs for assistance in Kech.
- At the time of the assessment, areas with the highest number of affected populations were also areas where relief efforts have been the most limited, showing significant gaps in the provision emergency shelter and NFIs assistance.

FOOD SECURITY

- 13% of the 10,227 households that depend on agriculture in the earthquake-hit areas have been affected and require assistance to restore their livelihoods.
- 20% of the 6,634 households that depend on livestock production also need support, as 11,497 head of livestock were reportedly lost following the earthquakes.
- In addition, 58% percent of the communities reported that they have no fodder for their livestock, while another 25% reported available fodder sufficient for one week or less.
- 48% of the 7,100 households that depend on daily labour as their primary source of income have lost their livelihood and need immediate assistance.

⁵ Extrapolated from actual data of 126,404 affected people (25,529 households), based on based on the available district-level information.

⁶ Extrapolated from actual data of 14,410 destroyed and 3,934 damaged houses.

⁷ Actual reported figures; the number of families that left their villages could be higher.

- Only 7% of the affected households have adequate resources to buy food, while 41% of key informants indicate their local markets are either destroyed or non-functional.

Areas with the greatest needs

- In some villages of Tertij UC, 50% of agriculture-based livelihoods have been lost while in Gujjar and Nokjo UCs, some villages reported more than 70% loss of livestock-based livelihoods.
- Due to widespread poverty across villages in all the affected UCs, key informants indicated they do not have adequate resources to buy food after the earthquakes.

HEALTH

- According to the Health Department, Awaran District has 26 health facilities (15 CDs, 8BHUs, 2 RHCs, and 1 DHQ), of which 14 (54%) are destroyed while 12 (46%) are partially damaged. In Kech District, BHU Dhandar and BHU Hoshabare partially damaged.

Description of health facility in Awaran	Total	Destroyed	Partially Damaged
DHQ	1	-	1
TB Clinic	1	-	1 (Details to follow)
RHC	2	1	1
BHU	7	5	2
CD	15	8	7
TOTAL	26	14 (54%)	12 (46%)

- Only 32% of the affected population from district Awaran has access to functioning health facilities within 5 kilometres while 14% from district Kech.
- In addition to damage of health facilities, disruption of health services is exacerbated due to unavailability of health staff as reported by 6% of KIs. This includes absence of LHVs and LHWs for female health services.
- The main health problems reported by key informants in the quake-hit areas are malaria (34%), followed by cough and respiratory tract infections (27%), then diarrhoea (24%) and lastly by skin diseases (15%).
- Assessment findings also indicate hepatitis cases, mental health concerns and the need for psychosocial support.
- As more injuries have been reported among women and girls, it can be assumed that given their heightened vulnerability, they will require specific attention and specialized care.

Areas with the greatest needs

- More than 82% of villages in Nokjo UC in Awaran do not have access to health facilities within 5 kilometres. The same applies to 65% and 72% of villages in Camp Jhao and Gishkore UCs respectively in Kech District.
- In tehsil Mashakhel, 82% of KIs indicated health facilities are inaccessible due to lack of staff including LHVs/LHWs, therefore provision of services and human resources is important to meet women and girl specific basic health, RH and GBV needs.

- 47% of villages reported damage to health facilities. In Nokjo and Tertij UCs more than 40% of villages reported their health facilities are damaged.
- In Kech, 2 BHUs situated in Dandar and Hoshab are partially damaged.
- In Tehsil Mashkay in Awaran, RHC Gajjar is destroyed but was non-functioning prior to the earthquake due to security reasons, while 2 BHUs in Parwar and Nokjoh UCs are also destroyed.
- More than 40% of villages in Dandar, Gishkore, Parwar and Tertij UCs and more than 90% of villages in Awaran, Korak and Nokjo UCs reported diarrhoea and malaria cases.

WASH

- The risk of the spread of waterborne diseases is high: 60% of respondents have indicated water from main sources does not appear clean and more than 99% of the households do not treat drinking water.
- Of 296 KIs interviewed, 244 reported that only 8% of households have latrines in their houses, 14% have shared latrines and about 78% practice open defecation.
- Only 10% of the villages have water sources within their communities, with 79% having to walk for up to 3 kilometres to access water. Due to the prevalence of male key informants more consultations with women and girls will be needed to ascertain whether the increased distance for water collection can be a concern.

Areas with the greatest needs

- 100% of assessed villages in Gujjar UC and more than 90% in Parwar, Gishkore, and Nokjo UCs reported that drinking water from their main sources is not clean.
- More than 70% of households in 21 villages from Dandar, Gishkore and Tirtej UCs rely on water tankers.
- KIs in 51 villages from various UCs do not have water sources following the earthquakes, the hardest-hit UCs being Tirtej, which lost 21 water sources, and Gishkore, which lost 17.
- More than 98% of the people in villages across Awaran, Gujjar and Parwar UCs practice open defecation.

NUTRITION

- 36% of the male KIs (64 of 180 who were asked and responded to this question) noted that there had been reports or indications that breastfeeding had reduced or stopped, 44% (81) reported no change and 20% (35) did not know.
- 12% of the male KIs (18 of 148 who were asked and responded to this question) reported that there has been distribution of milk powder/liquid milk/feeding bottles/ teats in the community since the emergency.

EDUCATION

- KIs indicated 34% (85 schools) of the 249 schools in eight UCs of Awaran District have been partially damaged and 30% (76 schools) have been destroyed by the earthquakes. In one UC of Kech, 42% of schools (or 5 schools) have been destroyed and 33% (or 4 schools) have been partially damaged school. Therefore 75% of schools in this UC are non-functioning damaged schools.

- Only 19% (50 schools) have water sources and 5% (13 schools) are being used as temporary shelters, further disrupting learning. Overall, 71% of school-going girls and 75% of boys stopped going to school after the earthquakes.

Areas with the greatest needs

- KIs indicated 100% of the children in Gishkore, Gujjar and NokjoUCs and more than 90% of children in Dandar and Parwar UCs, stopped going to school after the earthquakes.

PROTECTION

- At the time of the assessment, 47.4% of the KIs reported problems in receiving assistance and of those, 62% stated that the assistance was not sufficient, 21% stated that assistance was received with some difficulty, and 15% cited problems of exclusion.
- 6.2% of the KIs in assessed villages reported separation of children from their families as a result of the earthquake (225 out of 296 KIs responded), while 5% of the KIs reported the problem of missing children (215 out of 296 KIs responded).
- 18% of the KIs (268 out of 296 responded) highlighted the existence of security concerns. The prevailing ones (77% of positive answers) were identified in possible criminal acts (looting, thefts, robberies).
- 28% of the KIs identified problems in the situation of women and girls, and of those, 70% highlighted lack of space and privacy, 54% reported lack of hygiene facilities, 36% reported exclusion/lack of access to assistance, and 11% reported acts of violence and harassment. These findings however need to be supported by additional monitoring and consultations with the affected population, as the lack of female KIs and respondents may have significantly skewed the results.

COMMUNITY RESTORATION

- Awaran is the least developed district of the province, with very poor infrastructure - 53% of the 296 sites surveyed do not have any access roads, and can be only accessed through camel tracks. Due to lack of roads and other associated structures the assessment has reported damage to bridges at 4 locations only.
- Access roads in 24% (or 72) of the assessed sites are damaged, as are culverts in 8% (24) of the sites.
- 34 % of assessed villages (101) are reported with some kind of damage to their means of non-farm livelihoods. 14% (43) have reported complete damage to their businesses. Overall an average of 44% of shops, trades and businesses have been damaged.
- At the time of assessment key informants in 98 villages reported 44% damage to the home-based work. The earthquakes have rendered 49% of the farm and non-farm labor force jobless.

Mobile phone communication

- At the time of the assessment, no mobile phone network was operational in Camp Jhao, Dandar, Gishkore, and Korak UCs in Awaran.

4. HUMANITARIAN RESPONSE

In the absence of a Government request for international assistance, humanitarian partners are informally providing localized critical life-saving assistance comprising food, non-food items, emergency shelter items, health care, water, sanitation and hygiene services in support of the government's response.

Medical supplies for more than 100,000 people and 50 metric tons of high-energy biscuits for emergency rations for 78,000 people have been provided. Partners continue to distribute food packs, emergency shelter items and non-food items such as cooking stoves, blankets, kitchen sets, mosquito nets and jerry cans.

The UN, its partners, and other humanitarian organizations also continue immunization activities, mobile health clinic services, and the provision of water, sanitation and hygiene services. More assistance is needed to help the affected people recover from the earthquakes.

The table below summarizes relief assistance provided by the Government and humanitarian partners as of mid-October, in accordance with available data:

Sector/Cluster	Humanitarian Response
Food Security	108,000 food ration/packs; 50 metric tons of high-energy biscuits; 2,000 bags of wheat flour.
Health	Emergency health kits for 100,000 people; mobile health clinics; 5,000 medical consultations; 14 tons of medicine; 450 delivery kits; 2,000 newborn baby kits; immunization services for 5,000 children.
Nutrition	Vitamin A supplementation for 24,000 children, complementary to measles vaccination and deworming tablets for 14,000 children. Guidelines on appropriate infant feeding in emergencies and the ban on blanket distribution of milk powder have been issued by the Department of Health and the Ministry of Health Services, Regulation and Coordination.
Water, Sanitation and Hygiene	47,000 water bottles; 75,000 litres of water delivered via tankers; 900 water storage tanks; 140 water supply schemes restored; 7,500 hygiene kits; 30 new hand pumps; 1,800 pit latrines; 1,800 bathing places; 6,000 jerry cans; 1,500 buckets; 1,500 water coolers.
Shelter	51,000 tents, 18,000 blankets, 17,000 plastic mats and 25,000 mosquito nets, 7,000 NFI kits, 1,300 roofing kits, 6,000 winterization blankets, 1,000 kitchen sets, 1,000 solar lamps and 400 buckets.

Sources: NDMA, PDMA, humanitarian partners

In addition, the Protection Cluster is providing technical support and capacity-building to Government institutions in the context of existing partnerships. The Cluster, through traditional cooperation with the PDMA/ Gender and Child Cell and the Social Welfare Department, has already shared tools and best practices (e.g. on child protection in emergencies, integration of protection principles in the humanitarian response, gender mainstreaming) and stands ready, as part of its strategy, to increase this support to actors on the ground as soon as such intervention is requested⁸. The Gender Task Force is carrying out its strategic and advisory role on gender mainstreaming to both PDMA⁹/ GCC and other clusters.

The Education Cluster intends to cater to the emergency education needs of 15,000 children (6,000 girls and 9,000 boys) through establishment of 150 temporary learning centres (TLCs) in the earthquake-affected areas.

⁸ Few actors who have been traditionally operating in the area have independently started some limited response.

Through the limited female staff available, one local actor in Awaran has conducted consultations with women heading households and other persons with specific needs to better target relief distribution and is conducting psychosocial counselling sessions with members of the affected communities, including women.

⁹ Gender Task Force is assisting in a sex and age disaggregated GCC PDMA Balochistan MIS and development of strategic plan of GCC PDMA to guide Gender Marker application in the upcoming early recovery in Ketch and Awaran./ GCC and other clusters.

5. HUMANITARIAN ASSISTANCE STRATEGIES

5.1 SHELTER / NON-FOOD ITEMS

Needs Analysis

The earthquakes and strong aftershocks destroyed a vast number of houses, leaving thousands of people homeless. According to PDMA's estimations, approximately 30,000 families have been affected. Results from the first assessment of 296 villages in Awaran and Kech indicate that more than 80% of houses have been destroyed (65%) or damaged (18%). The following table presents results from the villages covered¹⁰:

District	Total houses	Destroyed houses		Damaged houses	
Awaran	21,971	13,999	64%	4,045	18%
Kech	1,812	1,467	81%	177	10%
Grand Total	23,783	15,466	65%	4,222	18%

According to field observations from organizations present in the affected areas, the majority of families were living in mud, mud and stone, or brick houses that were damaged by the earthquakes. Houses that were not completely destroyed may have suffered non-visible but substantial damages that compromise the safety of the structures, which remain dangerous and at risk of sudden collapse. All affected families are in acute need of emergency assistance, including shelter and non-food items (NFIs).¹¹

Assessment results indicate almost all affected communities remained in their villages following the earthquakes. The majority of families whose houses were destroyed are now living without shelter or under makeshift shelters, and are trying to retrieve their belongings from the rubble. Preliminary results of the assessment reveal that most families in the villages visited lack basic NFIs, as reflected in the table below:

District	Total Households (HH)	HH without Blankets		HH without Mats		HH without Kitchen Items		HH without Fuel/Firewood		HH without Lights	
Awaran	25,030	19,023	76%	21,090	84%	19,611	78%	20,206	81%	21,184	85%
Kech	2,370	2,369	100%	2,370	100%	2,259	95%	2,370	100%	2,370	100%
Total	27,400	21,392	78%	23,460	86%	21,870	80%	22,576	82%	23,554	86%

Access challenges and difficult working conditions in eastern Balochistan indicate that a large and prolonged humanitarian operation is unlikely. Stocks currently dispatched to the affected areas may cover most emergency shelter needs, but a significant gap remains in basic NFIs, including necessary items for the approaching winter season. It is also important to note that access-related challenges might result in significant gaps in emergency shelter assistance, particularly since some of the most inaccessible areas are the worst affected.

The following table illustrates estimated coverage and gaps based on information available as of October 9, 2013:

¹⁰ Total number of houses is based on estimations provided by key informants during the interview in villages covered only. A house-by-house assessment would be required to acquire detailed information on post-earthquake damages in affected areas.

¹¹ A strong beneficiary selection criteria is required to ensure maximum coverage with limited resources. The Shelter Cluster will share recommended criteria in coordination with its Strategic Advisory Group and the Protection Cluster.

District	Affected HH ¹²	E Shelter (Gov)	E Shelter (NGOs)	E Shelter Gap	Blankets (Gov)	Blankets (NGOs)	Blankets Gap
Awaran	25,000	36,543	2,821	0	15,425	7,500	102,075
Kech	5,000	1,400	200	3,400	0	0	25,000
Total	30,000	37,943	3,021	0	15,425	7,500	127,075

Cluster Strategy

The Shelter Cluster's strategy aims to capitalize upon relief efforts by providing assistance that will meet immediate needs while also offering maximum utility during the recovery process. Assistance packages will support affected families in their first step toward reconstruction, improving their resilience for future disasters, with specific attention being paid to the needs of most vulnerable populations¹³.

Reports from partners indicate that affected families have started the cleaning process. However, families lack the tools and means to purchase essential building materials for reconstruction. As such and in line with previous disaster responses, the Shelter Cluster recommends the implementation of **One-Room Shelter packages** adapted to the needs of the affected families. This recommendation aims to support early recovery self-help efforts in order to capitalize upon the limited resources and humanitarian access to the affected areas. The distribution of **roofing kits (plastic sheet + rope + poles)** will cover immediate post-disaster shelter needs and can be re-used in house reconstruction; **toolkits** will enable families to remove debris and erect shelters or repair houses, as well as support the resumption of their livelihoods.¹⁴

In order to promote safer shelter construction, all shelter activities should include the **transfer of technical knowledge**¹⁵ so that beneficiaries can effectively and safely use the shelter items distributed. For the most vulnerable families, the Shelter Cluster recommends **additional building support (material or labour) and/or cash grants** that will enable the purchase of construction materials, transport and labour required to build a safe One Room Shelter. The Shelter Cluster also recommends the **dissemination of house safety warning messages, to caution affected communities about dangers of living under damaged structures.**

The table below indicates the Shelter Cluster's recommendations for assistance to households with various shelter conditions. Additional guidelines will be developed in coordination by the cluster's Technical Working Group.

House partially destroyed with roofing material that can be re-used	House partially destroyed with roofing material that cannot be re-used	House completely destroyed with roofing material that cannot be re-used
	ROOFING KIT	ROOFING KIT
	2 Plastic Sheets Grade 1; 4x5m minimum	2 Plastic Sheets Grade 1; 4x5m minimum
	4 Bamboo 2.5" diameter top end X 20'	4 Bamboo 2.5" diameter top end X 20'
	12 Bamboo 4" or 3" diameter top end X 20'	12 Bamboo 4" or 3" diameter top end X 20'
	Rope 6mmx30m (PP / Nylon)	Rope 6mmx30m (PP / Nylon)

¹² Based on latest estimations from PDMA Balochistan as of October 9, 2013.

¹³ Strong beneficiary selection criteria are required to ensure maximum coverage with limited resources. The Shelter Cluster will share recommended criteria developed in coordination with the Protection Cluster.

¹⁴ The Shelter Cluster will strongly encourage member organizations to disaggregate data by sex and age, and to highlight vulnerable groups such as female- and elderly-headed households, when reporting on shelter/NFI assistance and beneficiaries.

¹⁵ The Technical Working Group of the Shelter/NFI Cluster has initiated discussions on earthquake-resistant construction practices to support the adaptation of the One-Room Shelter Construction Guidelines. Specific recommendations will be issued to cluster members.

CASH GRANT/Material (water, mud, etc)	CASH GRANT/Material (water, mud)	CASH GRANT/Material (water, mud, door, window, transport)
TOOLS	TOOLS	TOOLS
Technical Guidance	Technical Guidance	Technical Guidance

Winterized support must be a priority as winter temperatures in the affected areas will soon drop to extreme lows. The tents and shelter kits which have been distributed may not provide sufficient protection for affected families during the cold months. The Shelter Cluster recommends the distribution of winterized NFI packages, with the following items considered as high priority: **winter blankets/quilts, warm shawls, plastic mats/floor sheets, jerry cans, solar light and kitchen sets.**¹⁶

Contents	HIGH PRIORITY	(WINTER) Blankets/ quilts	5 singles or 2 doubles
		(WINTER) Warm shawls	2 adult, 4 children
		Plastic Mats/Floor sheet	2 mats / 1 sheet
		Kitchen Set	1
		Jerry Can (20L)	1
		Solar Lamp	1
	LOW PRIORITY	Clothes* (fabric and sewing kit preferable to clothes) and shoes	1
		Food container (for rice, flour, etc.)	

The Shelter Cluster also advocates for **an integrated response and strongly recommends inter-sector coordination in order to provide complementary assistance** to the affected population. Agencies are encouraged to seek complementary activities either internally or externally with other partners working in other sectors such as WASH, Health, Livelihoods, Food security and Education.

Houses repair/recovery activities implemented by humanitarian organizations **under various sectors** (Food Security, Community Restoration, etc) **must incorporate safe construction techniques and Disaster Risk Reduction (DRR) measures** to avoid the construction of unsafe structures. **Organizations planning house repair/recovery activities, including through cash/food for work schemes, are strongly recommended to liaise with the Shelter/NFIs Cluster to obtain essential technical guidance and recommendations on safe rebuilding practices.**

¹⁶ Recommendations will be adapted according to reported coverage of emergency needs on the ground; Shelter/NFIs cluster agencies are invited to regularly inquire on the situation.

5.2 FOOD SECURITY

Needs Analysis

Various earlier studies suggest that populations in these areas are highly vulnerable to food insecurity even during normal times, and the analysis indicates that with the impact of shocks, the food security situation of the affected households is now very precarious.

About 46% of the households in the earthquake-affected areas, covered by the rapid assessment reportedly do not have any food stock at all, whereas another 45% have food stocks lasting no more than a week. This implies that more than 90% of the population is in need of immediate food assistance. However, as the survey only had male respondents and male enumerators, it is likely the true state of women's food vulnerability is unreported whereby a contingency is needed for a gender specific response.

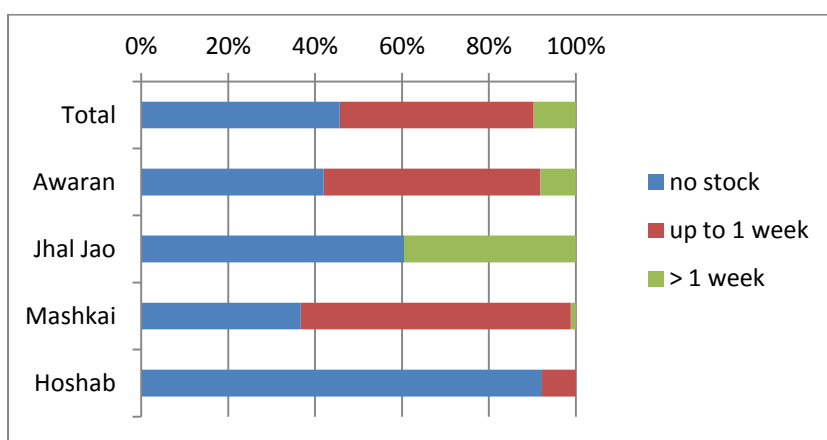


Figure: Status of food stock available at the households (numbers embedded in the chart represent percentage of households with food stock available for different durations)

Although the majority (67%) of key informants reported that less than 10% of the households have enough money to buy food, only 6% reported that adequate food was available in the nearest usual markets. Additionally, more than 85% of the key informants termed markets as inaccessible or non-functional/destroyed with greater challenges for women-headed and vulnerable households. Agriculture (39% of the households), daily labour (26%) and livestock (22%) were the three most important sources of livelihood in the area. Among these, daily labour was the most affected with a reported loss of income by 48%, followed by livestock (20%) and agriculture (13%). Women's home based work is also a source of household income, however in the absence of this data necessary steps need to be taken to revive women's lost livelihoods. The need to strategize overall cluster response to reflect an emphasis on livelihood support is essential.

As for the livestock, most households own small ruminants with an average of 3.8 animals per household, whereas average ownership of large ruminants is 0.5 per household. The reported loss of small and large ruminants is 15% and 17% respectively. Additional information gathered shows that a large proportion of animals have died, though this has to be further assessed. 58% of the communities reported that they have no fodder for their livestock, while another 25% reported available fodder sufficient for one week or less. Losses for women-headed households and vulnerable groups may be more. In the agriculture sector, Government sources report losses of seed stocks (mainly wheat) for the coming Rabi season, and extensive damage in irrigation

related infrastructure (Karez, tube and dug wells, canals and water storage facilities), which will have serious impact on food production. If not repaired on time the next main harvest will be early 2015.

As per the integrated food security phase classification (IPC) conducted in March 2013 with the participation of Government officials, UN agencies and other organizations related to food security, the districts of Awaran and Kech were classified Phase 3 (crisis or highly food insecure). With the impact of this earthquake, it can thus be estimated that the affected areas are now in Phase 4 (emergency) as per the IPC classification criteria, which makes a case for immediate need of humanitarian assistance.

Cluster Strategy

The Food Security Cluster (FSC) response strategy aims to improve the food security and livelihoods of earthquake-affected population keeping in view the above outlined needs analysis. The strategy of the Food Security Cluster covers the following areas in immediate response:

- a) Rehabilitation of damaged household and community infrastructure through FFW/CFW modalities; and
- b) Support agriculture and livelihoods recovery.

The FSC strategy aims to address prioritized food security and livelihoods needs of vulnerable populations in districts worst affected by the earthquakes in Balochistan province: District Awaran - Tehsil Mashkai (UCs Nokjo, Gajjar and Mashkai), Tehsil Awaraan (UCs Awaran, Gishekore and Tiretej) and District Kech - Tehsil Kech (UCs Dandar and Hoshab). These Tehsils and UCs have been selected on the intensity of the damages reported from these areas.

Rehabilitation activities with a specific emphasis on vulnerable households will be prioritized, e.g., debris removal from homes and public/community spaces, repair and rehabilitation of houses, construction of latrines, repair of damaged link roads and paths, rehabilitation of water storage facilities and irrigation infrastructure, and construction of shelters for livestock. Whenever possible the infrastructure rehabilitated will be more resilient than the one destroyed, i.e., *build back better*.

The support to agriculture and livelihoods will be focused on 1) provision of fodder for livestock, and 2) supply of good quality seeds for cultivation of cereals, vegetables, and other crops to enable farming households to resume agriculture-based activities along with provision of essential tools and implements where necessary.

The aforementioned rehabilitation activities may be implemented through the FFW/CFW modalities where local NGO partners' support may be enlisted to ensure effective targeting and implementation through gender-balanced teams. Where possible, agricultural packages may be accompanied with home-stead gardening kits for women (kitchen gardening) and coupled with relevant trainings so as to ensure nutrition sensitivity as a key factor of food security activities.

5.3 HEALTH

Needs Analysis

Most of the health facilities are damaged and non-functional in Mashkai and Awaran tehsils of District Awaran. DHQ Awaran is providing health care services. According to the Health Department, Awaran District has 26 health facilities (15 CDs, 8 BHUs, 2 RHCs and 1 DHQ), of which 14 (54%) have been destroyed while 12 (46%) have been partially damaged. There are 7 BHUs in district Awaran, of which two are partially damaged and are functional. Five have been destroyed, but service provision continues. Eight civil dispensaries in Tehsil Awaran are damaged and no proper health-care services are available. WHO provided one trauma kit and five emergency health kits to serve more than 100,000 people.

In Tehsil Mashkay in Awaran, RHC Gajjar is destroyed but was non-functioning prior to the earthquake due to security reasons, while 2 BHUs in Parwar and Nokjoh UCs are also destroyed.

According to the rapid assessment, 68% of the Awaran population has no access to a health facility within 5 kilometres and/or one hour walking distance, in Hoshab tehsil of Kech, 86% of the population has no access to a health facility within 5 kilometres and/or one hour walking distance.

The assessment indicated that 31% of the population interviewed from district Awaran, indicated that the nearest health facility which they visit is a DHQ, meanwhile 27% pointed out that a BHU is the nearest from their settlement/village. 12% interviewed KIs had an RHC as their nearest health facility from treatment, 6% population interviewed showed that they visit a dispensary for check-ups, 8% KIs indicated that they visit private clinicians in the area while only 2% pointed out that they are receiving medical treatment through a mobile unit visiting their village.

During the assessment, in district Awaran, 35% of the population interviewed indicated malaria as the main communicable disease followed by diarrhoea which was reported by 31% interviewed people. 23% KIs pointed out that cough and respiratory tract infections were the main cause of morbidity while 11% indicated skin infections as their primary disease. While in district Kech, tehsil Hashab, it was indicated that 32% of the interviewed population identified malaria as the main disease suffered by their community followed by cough and respiratory tract infections, reported by 31% KIs. 19% of the interviewed population indicated they suffered from skin diseases while 18% pointed out water borne diseases (diarrhoea) as the main disease in their locality.

During the assessment, in district Awaran, 42% of the population identified that inaccessibility to the nearest health facility was due to the damage caused by the earthquake; while 24% pointed out that there was lack of medicine. 18% indicated that they did not visit their nearest health facility because of lack of essential health staff while the remaining 16% population interviewed pointed out that they did not visit the health facility because it lacked safe delivery services.

In district Kech, tehsil Hashab, 68% of the population indicated the nearest health facility was damaged, while 13% of the people interviewed indicated that there is lack of health staff, including LHVs/LHWs, while 19% further showed the concern that there is lack of safe delivery services in their nearest health facility. None of the population indicated lack of essential medicines in their nearest health facility.

Cluster Strategy

Cluster response activities:

1. **Emergency provision of essential PHC services, including essential life saving medicines and other medical supplies, RH/MNCH and immunization campaigns in all affected areas for filling gaps and unmet needs in the health response.**

Essential medicines and supplies will be provided as funding permits on regular basis to avoid any lapse in the delivery of essential healthcare. Geographic stockpiling will be planned to allow immediate response to outbreak alerts. Continuation of provision of essential primary health care (PHC) services including activities within the Minimum Initial Service Package (MISP) for reproductive health will be supported. Mass vaccinations/immunization campaigns and awareness campaigns of healthy practices for the masses would be launched for the community. Emergency restoration of assessment identified partially damaged and full destroyed health facilities including water supply and storage and/or setting up of ad-hoc temporary health facilities to revitalize the disrupted primary health care services will be supported by the cluster partners.

2. **Establishment of communicable disease surveillance and response to mitigate morbidity and mortality among affected population.**

Noting the threats of water-borne diseases such as Cholera and Dysentery and the vaccine-preventable diseases such as Measles, Pertussis and Dysentery, support to the Disease Early Warning System (DEWS) through gender-balanced teams for early detection and response to epidemics is crucial to reduce morbidity and mortality from communicable disease in the communities living in the earthquake affected areas. DEWS teams will continue efforts to mitigate morbidity and mortality caused by epidemic-prone diseases through sex- and age-disaggregated alert and outbreak detection and timely and effective response. Routine vaccination would be accelerated by increasing the number of vaccination sites with specific emphasis to Polio, Measles vaccination, Maternal TT and vitamin A supplementation. Moreover, mass communication and social mobilization activities emphasized with teams of men and women would also be undertaken. The immediate environmental health activities will include comprehensive measures for the improvement of water quantity and quality of the healthcare facilities serving affected population.

3. **Health Promotion and Protection, including RH/MNCH, Non Communicable Diseases, Mental Health, immunization, vaccination and Nutrition.**

Under the Health Promotion and Protection, the dissemination of key health messages, including risk awareness, mental health counselling, disaster management and first aid support among the affected communities will be ensured to prevent major health risks among the affected population. The response will address major health risks including Hygiene Promotion; Malnutrition; Malaria and Dengue Fever; Mother and Child Health; women and adolescent girls' specific health needs; vaccine preventable diseases and snake bites among the affected population.

UNICEF will support activities to ensure affected communities have access to 24/7 basic & comprehensive emergency obstetric care and newborn care services; strengthening of routine EPI; children 6-59 months receive measles immunization and vitamin A supplementation; under-five children and their mothers provided a standard package of maternal, child health and newborn care services, NFIs, and information through Mother and Child Days/Weeks; community based health programs (LHW and MNCH programs) will be revitalized through provision of supplies and incentives along capacity building; strengthening of MCH services in selected public sector health facilities through filling of HR, supplies and equipment gaps; and strengthening of specialized paediatric services and new-born care services in DHQ Hospitals in Ketch and Awaran.

UNFPA along with partners and DoH will focus on implementing Minimum Initial Services Package (MISP) through equipping and strengthening of selected service delivery points, including RHCs, THQs and DHQ hospitals to facilitate the provision of 24/7 Basic and Comprehensive EmOC services; establishing referral pathway to strengthen the community-based referral system by supporting the LHVs and LHWs; provision of essential RH medicines, kits (RH/hygiene and new-born) and equipment; conducting awareness-raising sessions on RH; enhancing capacity of the relevant staff in MISP and other life-saving competency based trainings to support provision quality RH services; and conducting RH/GBV information sessions, provision of services and referral for women, men and youth.

4. Coordination and streamlining of health response within the cluster mechanism and in partnership with local authorities and other actors

In support to the Balochistan Provincial Health department, WHO as the Health Cluster lead, along with cluster partners, will ensure:

- A coordinated response is put in place to ensure delivery of health services to the most vulnerable, through mobile health units with female medical staff.
- The communicable disease surveillance and outbreak response system is effective and is robust for timely detection of disease, and prevention of outbreaks.
- Stocks of necessary medicines and supplies are delivered to warehouses, as requested by the health authorities.
- Water and sanitation condition is improved in the targeted areas.

Annex-1:

Target Population

Demographic Estimation of Health in Emergencies

	Context Population	Programming Groups		%
Total Population	185,000			
Male (52%)	96,200			52%
Female (48%)	88,800	45,466		48%
child bearing age (48.8% of female)		43,334	48.8%	
	185,000			100%
Population below 15 years	80,290	39,128		43.4%
Newborns 7% of total Pop under 15years		13,783	7.45%	
Children (Below 5 years excluding newborns)		27,380	14.8%	
Population 15 - 64 years	98,235	91,390		53.1%
Pregnant Women 3.7 % of 15 - 64 population		6,845	3.7%	
Elderly (Above 65 years)	6,475			3.5%
	185,000			100%

5.4 WATER, SANITATION AND HYGIENE (WASH)

Needs Analysis

Although a detailed needs assessment has not been carried out, civil society members, local government officials and WASH cluster partners have indicated that there is an urgent need for clean drinking water and sanitation services in the affected areas. According to Balochistan MICS 2009/10, only 47.2% (compared to 74.5 for the provincial average) of the households have access to improved sources of drinking water and only 46% of the HH are using sanitary means of the excreta disposal (69.9% for provincial average for Balochistan). This shows that the people in Awaran district had limited access to water and sanitation services even before the earthquake 2013. Initial reports suggest that 6 out of 18 water supply schemes in the district were damaged by the earthquake.

According to the rapid assessment conducted by NGOs from 30 Sept to 4 October in Awaran and Kech districts, approximately 60% of 277 key informants reported water as 'unclean,' citing foul odour, bad taste and the presence of suspended solids as the main reasons for poor quality water. 99% of the respondent reported that they do not do any water treatment before drinking. Out of 235 responders, only 10% have access to the water within their community while others have to walk up to 3 kilometers to fetch water. Of 296 key informants interviewed 244 reported that less than 8% have latrines at their household, 14% share the latrines and about 78% of the population is defecating in the open, which drastically increases the affected population's vulnerability to diarrhea and other hygiene related disease. As per the DEWS report by WHO, 15% of the total 17,318 consultations in the affected areas reported diarrhoea marking a prominent rise from 26 September to 5 October 2013.

Although specific needs of the women and girls were not highlighted due to the limited involvement of female interviewers and interviewees, it is an understood fact that women and children are normally among the worst affected population in such disasters.

The Government estimates 200,000 people (men, women, boys and girls) have been affected in Awaran and Kech and most of the infrastructure, including water and sanitation facilities partially or completely damaged as per PDMA and cluster partner (NRSP) reports. Keeping in view the information from different sources, it is assumed that 70% of affected people need humanitarian assistance in WASH sector. Thus approximately 140,000 men, women, boys and girls (122,000 in Awaran and 18,000 in Kech) are estimated as a caseload for the WASH response.

From the initial information received from PDMA and WASH cluster member organizations present in the affected areas, provincial WASH cluster in Balochistan has estimated that approximately 70% of the total affected people will need humanitarian relief and recovery support in the WASH sector.

Cluster Strategy

WASH Cluster's strategy for the earthquake affected people in Balochistan is built on lessons learned from previous disasters and it is guided by a strategic objective of strengthening the national resilience to reduce the suffering and the vulnerability to future crises while also providing life-saving assistance to the people affected by the disaster.

Overall Objective:

Protect 140,000 men, women, boys and girls by preventing the outbreak of water and sanitation related diseases with an efficient and effective Water, Sanitation & Hygiene response through addressing critical needs/gaps followed by recovery activities in earthquake affected people in Balochistan.

Specific Objectives:

1. **Coordination:** Ensure effective coordination of the relief and early recovery program within the WASH Cluster at all levels and collaborate with other clusters/ sectors and relevant government counterparts aiming at introducing sustainable and enduring outcome to the sector.

The provincial WASH cluster coordination mechanism led by UNICEF is already in place and active. WASH cluster member organization NRSP, is nominated to act as a focal point for the district level coordination in Awaran to ensure effective WASH response by timely identification of critical needs/gaps and avoid duplication.

2. **Water:** Ensure that population especially women and children (including those who remain displaced) in the earthquake affected areas have **access to sufficient quantity of safe and sustainable water** for drinking, cooking and maintaining personal hygiene and wellbeing.

Rehabilitation of damaged community based water supply schemes, installation of water treatment units, promotion of household water treatment options will be given priority for an early recovery while also addressing critical water needs by tankering as necessary.

3. **Sanitation:** Ensure that population especially children and women in the earthquake affected areas have **access to sustainable sanitation services and facilities** that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate and populations are empowered to maintain the cleanliness in/ around settlements /villages in which they reside.

Community led approaches such as CLTS, SLTS, PATS need to be introduced in order to address the chronic sanitation issues that existed even before the earthquake while also addressing the immediate sanitation needs of the affected population through the provision of culturally appropriate and gender sensitive latrine facilities.

4. **Hygiene:** Ensure affected populations especially children and women in the earthquake affected areas are **provided with appropriate hygiene skills and basic supplies** (where appropriate) which support the prevention of water, sanitation and hygiene related diseases.

5. **WASH in Schools:** Ensure that children and teachers have access to safe and sufficient water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces by using "WASH in school" as a key strategy for behavioral change.

Keeping in mind the law and order situation of Balochistan, especially district Awaran, the response will be carried out through local NGOs and government line departments while continuously advocating for an unhindered and safe access for all the humanitarian assistance providers.

Sustainability, DRR and Gender Mainstreaming:

All the WASH activities must incorporate DRR measures including introduction of innovative resilient technologies and sustainable approaches. Gender mainstreaming is the key to any WASH activity in order to ensure wider coverage and sustainability of the behavioral change interventions. Participation in decision making process of women, girls, older persons and people with specific needs/ disability is an integral part of the WASH strategy. Introduction of community based participatory approaches to link relief, recovery activities to longer term sustainable programming in WASH sector.

Resource mobilization and gaps:

WASH cluster member organizations active in the affected districts have already started mobilizing their existing resources to provide limited but immediate WASH support through the provision of clean drinking water, emergency latrines, basic WASH kits and rehabilitation of rural water supply systems. Additional WASH supplies are available with other member organizations which may be mobilized as and when there is a request from the Government for additional assistance. Based on the initial information, the WASH Cluster members propose to provide relief and recovery WASH services to 140,000 affected people in Awaran and Kech districts with an estimated cost of US\$3,022,000.

5.5 NUTRITION

Needs Analysis

The nutrition situation in Balochistan is alarming. The National Nutrition Survey of 2011 reported a Global Acute Malnutrition (GAM) rate of 16.1 percent in Balochistan, which exceeds the emergency World Health Organization (WHO) threshold of 15 percent. The Severe Acute Malnutrition (SAM) rate of 7 percent is amongst the highest in Pakistan.

The recent earthquake in Balochistan occurred in the food insecure districts of Awaran, Kech, Kharan, Panjgur and Gwadar. In Awaran, the Tehsils of Mashkay, Awaran, and in Kech, Tehsil Hoshab are reported to be the worst affected by the PDMA. The nutrition and food security situation in these areas are not well understood, however correlations can be made to the baseline nutrition survey conducted in six districts of Balochistan in 2012 (Noshki, KillaSaifullah, Pishin, Sibi, Kharan and Ziarat)¹⁷. According to the 2009 Food Insecurity in Pakistan report, district Awaran had a level of 67 percent food insecurity and it ranked as the eighth most food insecure district in the province.¹⁸ Overall, the nutrition and food security situation was found to be very poor. The GAM rate in the nearest district to Awaran (Kharan) was 16.1, stunting (a measure of chronic malnutrition) 42 percent, and anemia prevalence exceeded 63 percent in children 6-59 months of age. A significant proportion of mothers were found to be malnourished. In Kharan district, 17 percent of mothers were found to be underweight, as measured by Body Mass Index. This can be linked to the food insecurity situation; in the same district, 68 percent of households were found to be food insecure with hunger.

Appropriate Infant and Young Child Feeding (IYCF) enable infants and children to receive adequate nutrition for the first two years of age through exclusive breastfeeding for six months and the introduction of nutritious complementary foods from six months with continued breastfeeding. In the surveyed districts of Balochistan, only 34 percent of women reported exclusive breastfeeding to six months. Only 30 percent of children received the minimum meal frequency and less than 8 percent met the criterion of minimal dietary diversity, strongly suggesting dietary intake that is inadequate in terms of both quantity and quality.

The rapid assessment conducted by NGOs in Mashkay, Awaran, and Jhaho tehsils in Awaran district and Tehsil Hoshab in Kechin September included two key questions for nutrition. The first explored reduction/stopping of breastfeeding since the emergency and the second violations of the Code prohibiting the distribution of Breast Milk Substitutes (BMS) in an emergency.

Thirty six percent of the male key informants (64 of 180 who were asked and responded to this question) reported that there had been reports or indications that breastfeeding had reduced or stopped, 44 percent (81) reported no change and 20 percent (35) did not know. This must be interpreted with caution as the question is intended for female respondents and the respondents in the survey were all male. Any change in breastfeeding frequency or duration is concerning, as infants are the most nutritionally vulnerable and susceptible to malnutrition and other disease, and continued breastfeeding is a protective factor.

Twelve percent of the male key informants (18 of 148 who were asked and responded to this question) reported that there has been distribution of milk powder/liquid milk/ feeding bottles/ teats in the community since the emergency. The international Code of Marketing of Breast-milk Substitutes, to which Pakistan is a signatory, prohibits the blanket distribution of milk powder, liquid milk, bottles and teats in an emergency setting on the grounds that in emergencies, children under five years are the most vulnerable to disease and they suffer more severely from poor

¹⁷ UNICEF and AusAID 2012. Nutrition Baseline Survey in 11 Districts of Khyber Pakhunkhwa and Balochistan. Draft Report, December 2012.

¹⁸ Food Insecurity in Pakistan, 2009. SDPI, SDC, WFP.

availability of appropriate food and water. Under such circumstances continuing breastfeeding is a critical life-saving intervention. In contrast, powdered milks, use of feeding bottles and powdered formulas drastically increase their risks and disrupt the protection provided by breastfeeding.

Cluster Strategy

Proposed Activities

Based on the following broader nutrition cluster goals and priority areas the future response activities are proposed.

1. *To prevent malnutrition in vulnerable groups through blanket supplementary feeding interventions*

For prevention of malnutrition in children 6-59 months and pregnant and lactating women, Blanket Supplementary Feeding Programs (BSFP) will be initiated along with the IYCF interventions at community level. These interventions will be delivered through the government health outlets including Lady Health Worker (LHW) Health Houses and other community distribution channels including local NGOs. The preventive BSFP can be initiated immediately for a limited duration till other targeted interventions are in place.

2. *To ensure the provision of lifesaving nutrition services for acutely malnourished children and PLW through the CMAM package*

Priority will be given to life saving nutrition emergency interventions including curative services to severely acutely malnourished children through establishment of Outpatient Therapeutic Programs (OTPs) for treating SAM children in the community, and in a Stabilization Centre for inpatient treatment. The OTPs will be established through an agreement between UNICEF and a local NGO, and will be implemented in cooperation with the DoH. Opportunities for supporting the DoH to establish a SC will be explored by WHO. Currently MSF does not have access to the affected area; however should this situation change MSF has the capacity to initiate treatment for complicated SAM cases in a SC setting.

To complete the package of Community Management of Acute Malnutrition (CMAM), WFP will support targeted SFPs for the treatment of moderate acute malnutrition in children 6-59 months and in PLW through the LHW Health houses and the OTP locations. The supplies will be supported by WFP, UNICEF and WHO.

3. *To control and prevent micronutrient deficiencies among children aged 6-24 months and PLW*

As part of OTPs and SFPs micronutrients will be provided to children and PLWs

4. *To promote appropriate infant and young child feeding (IYCF) practices through strengthening caring capacity of family members, and health care providers both at community and facility levels*

LHWs and Lady Health Supervisors (LHSs) will be trained on IYCF. A total of 152 LHWs and 4 LHSs and 20 doctors (both male and female) will be trained on IYCF. Currently the Pakistan Red Crescent Society is providing community health sessions including IYCF information to affected communities.

5. *To prevent and control the donation and distribution of breast-milk substitutes in emergency affected areas*

Immediate dissemination of the standard guidelines regarding the promotion and protection of breastfeeding in the earthquake affected areas has been led by the DoH and the Ministry of Health Services, Regulation and Coordination at the national level. The guidelines have been communicated to DCs, other district government departments, and all humanitarian partners. The Nutrition Cluster will continue to follow up on the adherence to the guidelines by all partners.

6. *To strengthen capacity for effective implementation of nutrition interventions and ensure effective and timely implementation of nutrition interventions through enhanced coordination and information management, and monitoring of trends including the status of malnutrition in the affected population.*

To ensure a coordinated nutrition response, a nutrition coordination mechanism supported by an effective information management system will be in place by the Nutrition Cluster. Separate nutrition cluster coordination meetings will be held every week under the chairmanship of UNICEF/PDMA and in the presence of all partners and line departments. The information management hub will be the Provincial Nutrition Cell where updated 4W matrix and updated list of activities and partners will be maintained.

Annex 1: Target Population

Estimated Affected Population and Nutrition Beneficiaries <i>(Affected Population figures are based on PDMA figures and are subject to revision)</i>			
	Total	Male	Female
Total affected population	185,000	94,350	90,650
Children 6 to 59 months	31,450	16,040	15,411
Children 6 to 23 months	12,950	6,605	6,346
Pregnant and Lactating Women (PLW)	7,585		7,585
Children under five with Severe Acute Malnutrition (SAM)	1,593	812	780
Children under five with SAM and medical complications	111	57	55
Children under five with Moderate Acute Malnutrition (MAM)	3,491	1,780	1,711

5.6 EDUCATION

Needs Analysis

The present education profile of Balochistan reflects the primary- age group (5-9 years) at 1.1 million children, with the enrolment rate of 56% for boys and 44% for girls, making up a net enrolment rate of 51%.¹⁹ Due to poverty, poor teaching-learning conditions in school, and children being required to help at home or work, drop-out rates are high with almost one half of children leaving school before completing primary education. The current stock of primary-age group out-of-school children (OOSC) is 542,533, made up by 285,332 girls and 257,201 boys.²⁰

Access to quality education was in a dire situation before these recent earthquakes, however since the earthquakes an even higher number of schools are not functioning with varied levels of damage done to school buildings. Key informants indicated that 34% (85 schools) of the 249 schools in eight UCs of Awaran District have been partially damaged and 30% (76 schools) have been completely destroyed by the earthquakes. In one UC of Kech, 42% of schools are fully damaged (5 schools) and 33% of schools are partially damaged schools (4 schools). Therefore 75% of schools in this UC are non-functioning damaged schools.

Status of Educational Facilities

District	Total schools	Schools used as IDPs temporary Shelters	Partially damaged schools	Fully damaged or destroyed schools	Total damaged and destroyed schools
Awaran	249	11	85	76	161
Kech	12	2	4	5	9
Total	261	13	89	81	170

The damages caused by the recent earthquakes makes for a critical situation as more children are now not accessing education which provides to them both physical and cognitive protection. Only 19% (50 schools) of the schools currently have water sources and 5% (12 schools) are being used as temporary shelters, bringing further disruption to learning.

Key informants indicated 100% of the children in Gishkore, Gujjar and Nokjo UCs and more than 90% in Dandar and Parwar UCs stopped going to school after the earthquakes. Overall, 71% of school-going girls and 75% of school-going boys stopped going to school after in earthquake affected areas of Awaran and Kech.

Children not going to school after earthquake

District	Children not going to school after earthquakes		
	Male	Female	Total
Awaran	10,767	4,209	14,976
Kech	545	313	859
Total	11,313	4,522	15,835

¹⁹ Calculated on the basis of Balochistan EMIS (2011-12) and NIPS (2013)

²⁰ National Plan of Action 2013-16 for Achieving Universal Primary Education - Balochistan Plan of Action

Cluster Strategy

Education Cluster caseload: 16,000 school-aged children, 3-18 years old, 40% girls (to be recalculated after assessment).

The Education Cluster earthquake response strategy aims to support the restoration of education systems in earthquake-affected areas to enable all children, adolescents, and adults to access quality learning opportunities in a protective, gender-sensitive and learner-centred environment. The Education Cluster response strategy is in line with Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards to ensure a quality level response. Also, linking Education in Emergencies responses into the Pakistan government system is a cluster priority and part of a commitment to sustain identified good practice.

Overall objective

To restore normalcy in the lives of children and teachers ensuring females are facilitated by providing safe access and improving quality of education in the emergency setting, in collaboration with partners and cross-sectoral stakeholders.

Specific objectives

- Improve resumption of education services in formal and non-formal education for vulnerable children and adolescents affected by the earthquake.
- Enhance the capacity of teachers, members of Parent-Teacher School Management Committees (PTSMCs) and School Management Committees (SMCs), with due focus on gender balance and equality, and other education personnel to gain required skills in psychosocial support and health hygiene, DRR, School Safety and Security.

Proposed Activities

- Setting up of Temporary Learning Centres (TLCs) near to earthquake damaged schools with a special effort to enrol girls.
- Provision of necessary educational supplies to displaced boys and girls including SIB, ECD kits, recreational kits and other teaching and learning material for ensuring quality education.
- Training of male and female teachers on INEE Minimum Standards, psychosocial support and health hygiene, DRR, School Safety and Security, use of education emergency supplies.
- Reactivating and/or strengthening PTSMCs/School Management Committees (SMCs) to support the restoration of the education system and improve community participation in emergency education response.
- Formation of child clubs to engage affected children in educational and recreational activities.
- Develop gender specific inter-sectoral linkages with, for example, Health, Child Protection, Water, Sanitation and Hygiene (WASH), Food/Nutrition and Shelter, to enhance security and physical, cognitive and psychological well-being of children.
- Conducting education scaling up response workshop for cluster partners in Balochistan province.
- Continue advocacy for and support re-opening of schools and establishment of non-formal education and recreational programmes.

5.7 PROTECTION

Needs Analysis

From a protection perspective, the assessment results represent a very basic set of findings, which will need to be validated and expanded through further qualitative monitoring and consultations with the affected population. For protection-related analysis, one of the major limitations was the composition of the enumerators (100% male) reflected in the profile of the respondents/key informants (100% male).

48.9%	Female population slightly higher than available statistics (Pakistan Bureau of Statistics, Gender Statistics 2009: Balochistan female population = 47%).
1.49%	Female Headed Household (in line with national statistics, 2009 Gender Statistics).
0.4%	Child Headed Household.
7.4%	Older persons (higher than average from available statistics; 4.3% MICS 2010 Balochistan and 1998 Census).
0.24%	Persons with disabilities (significantly lower than general estimates, possibly due to difficult detection).
47.4%	Key Informants (KIs) reporting problems with assistance (268 KIs out of 296 responded to the query). Of positive answers: 62.2% reported assistance not sufficient for all persons entitled ²¹ ; 21.3% difficulty in accessing assistance; 15% problem of exclusion from assistance.
18%	KIs highlighting security concerns (267 KIs out of 296 responded to the query). Of positive answers 77.1% identified possible criminal acts (looting, thefts and robberies) as major security problem. No mine-related incidents were yet reported by any KI; some situations of harassment that would need additional enquiry.
6.2%	KIs reporting children separated from their families as a result of the earthquake (225 KIs out of 296 responded). Additional 13% of KIs did not exclude the problem but did not report being personally aware.
5%	KIs reported missing children (215 KIs out of 296 responded to the query). Additional 14% of KIs did not exclude the problem of missing family members but did not report being personally aware.
19.3%	KIs identifying the presence of women, children, older persons and persons with disabilities as being abandoned and without community support in the assessed communities. Of those: 75.4% highlighted women as particularly affected, 73.7% older persons, 66.7% children, 59.6% persons with disabilities (multiple answers possible). The lack of female KI and respondents likely affected the outcome of this query.
28%	KIs identifying concerns for the situation of women and girls. (82 KIs out of 296 responded). Of those: 70.3% highlighted lack of space and privacy; 53.6% reported lack of bathing facilities and hygiene; 36.6% reported exclusion of women/girls from access to assistance; 11% identified acts of violence and harassment against women. The results were affected by the lack of female KIs and respondents and require further monitoring.

Cluster Strategy

1. Overall goal

The Protection Cluster will adapt its modalities of intervention to the evolving situation, with all planned activities aiming to respond to the emerging localized protection needs of the affected communities, to ensure access to assistance and to offer protective services, with **particular attention to groups with specific needs**: children, women, older persons, persons with disabilities, and other individuals or groups at risk. Protection outcomes, based on identified

²¹ The assessment took place less than a week after the first earthquake and only after two days from the second earthquake, during a period when assistance was still on the way, both from the Government and local actors.

priority concerns, will aim to enhance the safety and well-being of populations at risk, preserve their dignity and facilitate their recovery in the post-disaster situation.

2. Approaches

In line with the principle that the primary responsibility to provide assistance and protection rests with the authorities as the primary “duty bearers”, the action of the Protection Cluster will be complementary to those of the authorities. In the currently sensitive environment, the Protection Cluster will uphold core humanitarian principles of humanity, neutrality, impartiality and independence and maintain its focus on populations with specific needs. All activities will be responsive to the needs of the civilian population as they arise and maintain the distinctive civilian nature of humanitarian interventions to increase community acceptance.

3. Outcome and activities

Contingent upon the evolution of the situation on the ground, the emerging gaps and the operational space granted, the Protection Cluster’s planned responsive activities include the reduction of immediate suffering; remedial interventions to restore well-being and dignified conditions; and capacity-building activities to support local institutions and partners, including from other Clusters, to intervene in a protection-sensitive manner.

Outcome 1: The affected population has equitable and non-discriminatory access to emergency relief assistance, provided on the basis of needs.

- Activity 1.1: Monitoring, gender-sensitive participatory consultations with the affected population, communication and key messaging on safety and well-being, and referral of cases to social institutions and/ or other specialized humanitarian actors, in line with adopted policies and standards;
- Activity 1.2: Identification of cases of lack of access to relief and referral to relevant agencies.

Outcome 2: The specialized needs of women, children, older persons, and persons with disabilities are recognized and response services adapted accordingly.

- Activity 2.1: Reach-out to the female population, with modalities which take into consideration the social and cultural environment, and protective interventions/services for women and girls, with particular attention to those at risk of exclusion and with no support or with specific needs;
- Activity 2.2: Psychosocial support for populations in distress due to the earthquake trauma and its effects (e.g. shock, loss of family members, physical disability);
- Activity 2.3: Specialized services for older persons and persons with disabilities, including as a consequence of the earthquake (e.g. mobility devices);

Outcome 3: The safety and well-being of children is maintained throughout the entire emergency response.

- Activity 3.1: Mobile child protection activities for girls, boys, adolescents, and their families through community based volunteers (child friendly messaging protective behaviours; Mine Risk Education; family tracing and reunification, arrangements for unaccompanied and separated children (UASC));
- Activity 3.2: Training for Social Welfare Development (SWD), PDMA staff, and cluster actors in Balochistan on Child Protection in Emergencies;
- Activity 3.3: Capacity building for SWD to respond to cases of UASC and follow SoPs
- Activity 3.4: Provision of extra human resources for SWD for child protection case management.

Outcome 4: Humanitarian and protection principles are adequately integrated into the overall humanitarian response;

- Activity 4.1: Technical support, training and advice to social institutions (e.g. SWD), protection actors and humanitarian actors operating in other sectors, on protection-related concepts and approaches as well as on integrating protection principles in humanitarian and early-recovery response (e.g. Protection Checklists, Beneficiary Selection Criteria, integrating Protection in assessments).

Outcome 5: Coordination is ensured to maximize impact and output in delivery and in formulating agreed upon advocacy efforts.

- Activity 5.1: Efficient Cluster Coordination meetings in Quetta co-chaired by PDMA, Cluster participation in inter-cluster initiatives;
- Activity 5.2: Information management, mapping of responses/activities, monitoring and analysis.

4. Implementation modalities, partnership and coordination arrangements

In designing its initiatives, contingent upon the evolving situation, the Protection Cluster plans to follow implementation modalities and arrangements that will consider:

- The critical role of local national actors already operating in the earthquake-affected areas, specifically (but not limited to) those with protection-expertise and with emphasis on gender-balance in their staffing composition to facilitate effective reaching out to women and girls;
- Regular programmes and cooperation between Lead Agencies and social welfare Institutions (SWD);
- The traditional cooperation between the Protection Cluster in Balochistan and the PDMA Balochistan, including its Gender and Child Cell (GCC);
- The interaction between the national Protection Cluster and its lead Agencies and the NDMA GCC

UNHCR-UNICEF-PDMA led Protection Cluster in Balochistan will be at the forefront of the local initiatives and coordination of activities, also in coordination with the UN Women focal person for the Gender Task Force in Balochistan for greater traction on gender mainstreaming and capacity development of partners as needed. The Balochistan sub-national Cluster will be supported by the National Protection Cluster and its Sub-Clusters/ Task Forces (Child Protection, GBV, Ageing and Disability).

Both at the Balochistan and national level, the Protection Cluster will continue to liaise with other Clusters engaged in the earthquake situation, through inter-cluster mechanisms and through ad hoc interventions to reinforce protection integration in the strategies of the other Clusters.

5. Conditions and challenges

The realization of the strategy will be possible under certain conditions, first and foremost, the agreement of the authorities for humanitarian actors to operate in the disaster-affected areas and the swift granting of humanitarian access. The nature of the area (remoteness, scarce population density), the poor infrastructure hindering reach-out to communities, and the limited presence of social institutions and Cluster actors with regular operations in the affected Districts will be other challenges to overcome. This operational complexity is also compounded with a volatile security situation, where strict adherence to humanitarian principles and community acceptance will be essential to operate in conditions of safety and effectiveness, especially in relation to protection activities.

As evidenced by the results of the needs assessment, in the social and cultural local environment, gender-balance in the staffing composition of the actors operating in the area represents another challenge that could negatively impact protection activities. All possible efforts should be devoted to the mobilisation of an increased number of female humanitarian staff.

Finally, the realization of this strategy will depend on the availability of donor support, considering the overall grim funding situation of protection agencies in the context of natural disasters in Pakistan. This can possibly include bilateral support to those local humanitarian actors that may be directly engaged, as well as to the regular programs of Agencies implemented in the earthquake-affected areas.

5.8 COMMUNITY RESTORATION

Needs Analysis

Assessment findings indicate the Balochistan earthquakes caused significant infrastructure damage and loss to livelihood activities. Access roads in 24% of the assessed sites are damaged, as are culverts in 8% and bridges in 2% of the sites. The damage to infrastructure in the impoverished areas calls for urgent rehabilitation support to enable affected communities rebuilds their livelihoods. There are reports of damage to government buildings however the scale and number of buildings damaged is not known. Agriculture is the main source of livelihoods however a significant number of people are engaged in daily labor, small trades and businesses and home based work. With damage to water sources and agriculture the non/off-farm livelihood sector has also been affected, however the initial rapid assessment lacks responses from women of the affected community. 101 villages reported 44% of damage to their shops, trades and businesses. 98 villages have reported 44% damage to their home-based work. Damage to farming and non-farming sector has rendered 49% of the labour force jobless.

Cluster Strategy

The cluster strategy has been defined based on the available secondary information and assessment conducted by NGOs. The Government's own damage assessment is underway and its findings are not available as yet. However, the cluster will support the government strategy primarily aimed at rehabilitation of the affected population. The Cluster Strategy focuses on restoration of livelihoods of the most vulnerable men and women of the affected communities through engaging them in cash for work activities and restoration of their basic infrastructure and small businesses. The approach would ensure that the affected communities cope with the disaster in a dignified manner and resume normal life in a safe and enabling environment. The strategy will:

1. Focus on restoration of access in order to facilitate the affected communities to access relief assistance alongside joint efforts towards normalizing the situation. Physical linkages would be restored by repairing damaged link roads, culverts with the participation of communities. Gender mainstreamed DRR considerations will be integrated in the restoration of infrastructure. Immediate restoration will help uninterrupted provision of relief assistance to men, women and children of the affected areas;
2. Provide economic assistance through employing the cash for work modality and providing cash support for restoration of small businesses particularly with the gender specific focus. The cash for work and business grants will be linked to the skills training so that the grants result in better financial returns to the communities. The cluster guidelines and standards on "Cash for Work" would be used to safeguard interest of the vulnerable groups specially women and children, in line with endorsed standards of safeguards of the well-being of children and adolescents, as per the "Guidelines on Cash for Work Programming." The branchless banking mechanism which uses mobile technology will be employed for transparent and swift disbursement of cash for work and business grants.
3. Provide CFW support in rebuilding of damaged houses through low cost earthquake and flood resistance construction. The strategy will help to actively involve the affected communities with the focus on most vulnerable households in the restoration efforts. It will

ensure integrated transparency and accountability of the process and rapidly restore access and services. The cluster members (IOM, UN-HABITAT, ILO) will provide technical support in this area.

4. Support for restoration of governance functions through repair and restoration of public offices will be provided in case the findings of damage assessment underscore any need in this area.

The cluster will respond to the rehabilitation needs of the affected population in close collaboration and partnership with the government counterparts (PDMA, P&D, Labour Department) and cluster members. The ongoing projects being implemented by different cluster members in the affected areas will initially be used as a vehicle for rehabilitation work. Communities will be assisted through cash for work and small business grant support to rebuild their houses, critical infrastructure and restore means of livelihoods, immediately. Affected communities will be supported to have culturally acceptable low cost earthquake resistant housing construction designs. The strategy will ensure mainstreaming of Gender, DRR, Disabilities and other cross cutting issues in its response. Overall, the strategy will support the government in its efforts to lay foundation for long term recovery and reconstruction.

6. DONOR CONTRIBUTIONS AS OF 23 OCTOBER 2013

Donor	Contribution in USD	Status	Funding mechanism	Funded agency	Sector
SIDA	1.5 million	Commitment	ERF (OCHA)	Muslim Aid	Safe drinking water
DFID	2 million	Contributed	Bilateral	Hands	Shelter and health
China	100,000	Contributed	Through the China Red Cross	PRCS	
	6 Million	Contributed	1.5 Bilateral 4.5 in-kind	GoP	
Korea	200,000	Contributed	Bilateral	PRCS	
Italy	407,000	Pledged	Bilateral	GoP	
Iran	92,000	In-kind contribution	Bilateral	PRCS	Non-food items

ANNEX 1: LIST OF NON-GOVERNMENTAL ORGANIZATIONS OPERATIONAL IN BALOCHISTAN

S.NO	Name of Organization	Sector
1.	TWO (Today's Women Organization)	Food
2.	Poverty Alleviation Organization (PAO – BK)	Food
3.	SAAD (Society for Awareness Advocacy and Development)	Food
4.	National Relief Committee (NRC)	Food
5.	TKF (Tameer-e-Khalaq Foundation)	Food
6.	GRHO	Food
7.	MEHER	Food
8.	WDCO (Women Development Community Organization)	Food
9.	Muslim Hands	Food
S.NO	Name of Organization	Sector
1.	NRSP (National Rural Support Program)	WASH
2.	Medicine Sans Frontier (MSF)	WASH
3.	Balochistan Rural Development Society (BRDS)	WASH
4.	Participatory Integrated Development Society (PIDS)	WASH
5.	National Capacity Building Programme (NCBP)	WASH
6.	Balochistan Boys Scout Association (BBSA)	WASH
7.	Catholic Relief Services (CRS)	WASH
8.	WESS (Water Environment and Sanitation Society)	WASH
9.	WDCO (Women Development Community Organization)	WASH
S.NO	Name of Organization	Sector
1.	American Refugee Committee (ARC)	Protection
2.	SEHER	Protection
3.	Catholic Relief Services (CRS)	Protection
4.	DANESH	Protection
5.	AHSAS-PK	Protection
6.	YOUTH Organization	Protection
7.	Today's Women Organization (TWO)	Protection
8.	Balochistan Boy Scout Association (BBSA)	Protection
9.	Initiative for Change and Development (ICD)	Protection

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10.	Balochistan Sustainable Development Society (BSDS)	Protection
11.	Save the Children	Protection
S.NO	Name of Organization	Sector
1.	TKF (Tameer-e-Khalaq Foundation)	Shelter
2.	Norwegian Refugee Council	Shelter
3.	TWO (Today's Women Organization)	Shelter
4.	Catholic Relief Services (CRS)	Shelter
5.	National Rural Support Programme (NRSP)	Shelter
6.	HANDS	Shelter
7.	Islamic Relief	Shelter
8.	Pakistan Red Crescent Society	Shelter
9.	Muslim Hands	Shelter
S.NO	Name of Organization	Sector
1.	Balochistan Boys Scout Association (BBSA)	Education
2.	SEHER	Education
3.	Innovative Development Organization (IDO)	Education
4.	Taraqee Foundation	Education
5.	BEEJ (Balochistan Environmental and Educational Journey)	Education
6.	Today's Women Organization (TWO)	Education
7.	Save the Children	Education
8.	YOUTH	Education
9.	Balochistan Boys Scout Association (BBSA)	Education
10.	SCSPEB	Education
11.	Muslim Hands	Education
S.NO	Name of Organization	Sector
1.	BEEJ (Balochistan Environmental and Educational Journey)	Health
2.	Medicine Sans Frontier (MSF)	Health
3.	Balochistan Social development Program (BSDP)	Health
4.	National Relief Committee	Health
5.	Muslim Hands	Health
S.NO	Name of Organization	Sector
1.	PAO- BK	Nutrition
2.	GMWC	Nutrition
3.	SCAP	Nutrition

ANNEX 2: LIST OF AWARAN DISASTER RESPONSE FORUM (ADRF) MEMBERS

S #	Name of Organization	Sector
1	Pakistan Red Crescent Society	Health/NFIs/Food
2	Muslim Hands	Food/ Tents & NFIs
3	Human Appeal	Food/ Tents & NFIs
4	Muslim Aid	Food/Tents/NFIs
5	Islamic Relief	Food/ Tents &
6	Action Aid Pakistan	Food/ Tents & NFIs
7	National Commission for Human Development NCHD	Education/Health
8	Strengthening Participatory Organization SPO	Food/ Tents & NFIs
9	HANDS	Food/ Tents & NFIs
10	National Rural Support Program	Food/ Tents & NFIs/Wash
11	Al- Khidmat	Food/ Tents & NFIs
12	SAP PK	Food/ Tents & NFIs
13	Falah-e-Insaniyat Foundation (FIF)	Food/ Tents & NFIs
14	Pakistan Relief Foundation	Food/ Tents & NFIs
15	HHRD	Food/ Tents & NFIs
16	Today's Woman Organization TWO	Information/ Protection/ Food/ Tents & NFIs/Wash
17	Duroon Social development society (DSDO) Local CBO	Food/ Tents & NFIs
18	Balochistan Rural Support Program	-
19	Imran Khan Foundation (IKF)	Food/NFIs
20	Azat Foundation Balochistan	Food/ NFIs
21	Pakistan Institute of Medical Assistance	Health
22	Poverty Eradication Initiative (PEI)	Health
23	Institute of Development Society Pakistan	Food/ NFIs
24	The Needs Balochistan	Food
25	Rural Community Development Center Gawader RCDC	Food/ NFIs
26	Makran Resource Center	Food/ NFIs
27	Aashal Development Organization	Food/ Tents & NFIs
28	Mahikan Social Development Organization	Food/ Tents & NFIs

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29	Balochistan Sustainable Development Initiative	Food
30	SHADOW	Food/ Tents & NFIs
31	SAAD	Food/ NFIs

ANNEX 3: ACRONYMS

ARI	Acute Respiratory Infections
ARV	Anti Rabies Vaccine
ASV	Anti Snake Venom
AWD	Acute Watery Diarrhea
BeMOC	Basic Emergency Obstetric Care
BHU	Basic Health Unit
C2C	Child to Child
C4D	Communication for Development
CD	Civil Dispensary
CLTS	Community Led Total Sanitation
CMAM	Community Managed Malnutrition management
CNIC	Computerized National Identity Card
DDK	Diarrheal Disease Treatment Kit
DHQ	District Headquarter Hospital
DRR	Disaster Risk Reduction
EH	Environmental Health
EHK	Emergency Health Kit
GBV	Gender-based violence
IEC	Information, Education and Communication
INEE	Inter-Agency Network for Education in Emergencies
IYCF	Infant and Young Child Feeding
KI	Key Informant
LHV	Lady Health Visitors
LHW	Lady Health Workers
MISP	Minimum Initial Service Package
MNCH	Maternal, Neonatal and Child Health
MUAC	Mid-Upper Arm Circumference
NDMA	National Disaster Management Authority
NFIs	Non-Food Items
NIS	Nutrition Information System
OTP	Outpatient Therapeutic Programme
PATS	Pakistan Approach to Total Sanitation
PDMA	Provincial Disaster Management Authority
PHAST	Participatory Hygiene and Sanitation Transformation
PHC	Primary Health Care
PHED	Public Health and Engineering Department
PIC	Punjab Institute of Cardiology
PLaCES	Protective Learning and Community Emergency Services
PLW	Pregnant and Lactating Women
PTSMC	Parent-Teacher School Management Committee
RDTs	Rapid Diagnostic Tests
RH	Reproductive Health
RHC	Rural Health Centre
SC	Stabilization Centers
SFP	Supplementary Feeding Programme
SLTS	School-led Total Sanitation
SMC	School Management Committee
SOPs	Standard Operating Procedures
TBA	Traditional Birth Attendants
TLC	Temporary Learning Centre
TMA	Tehsil Management Authority
TSSU	Temporary Settlements Support Unit
UC	Union Council