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Pakistan

Initial Floods Emergency Response Plan



A submerged street near Nowshera, Khyber-Pakhtunkhwa province Photo: Abdul Raheem Goraya/IFN

August
2010



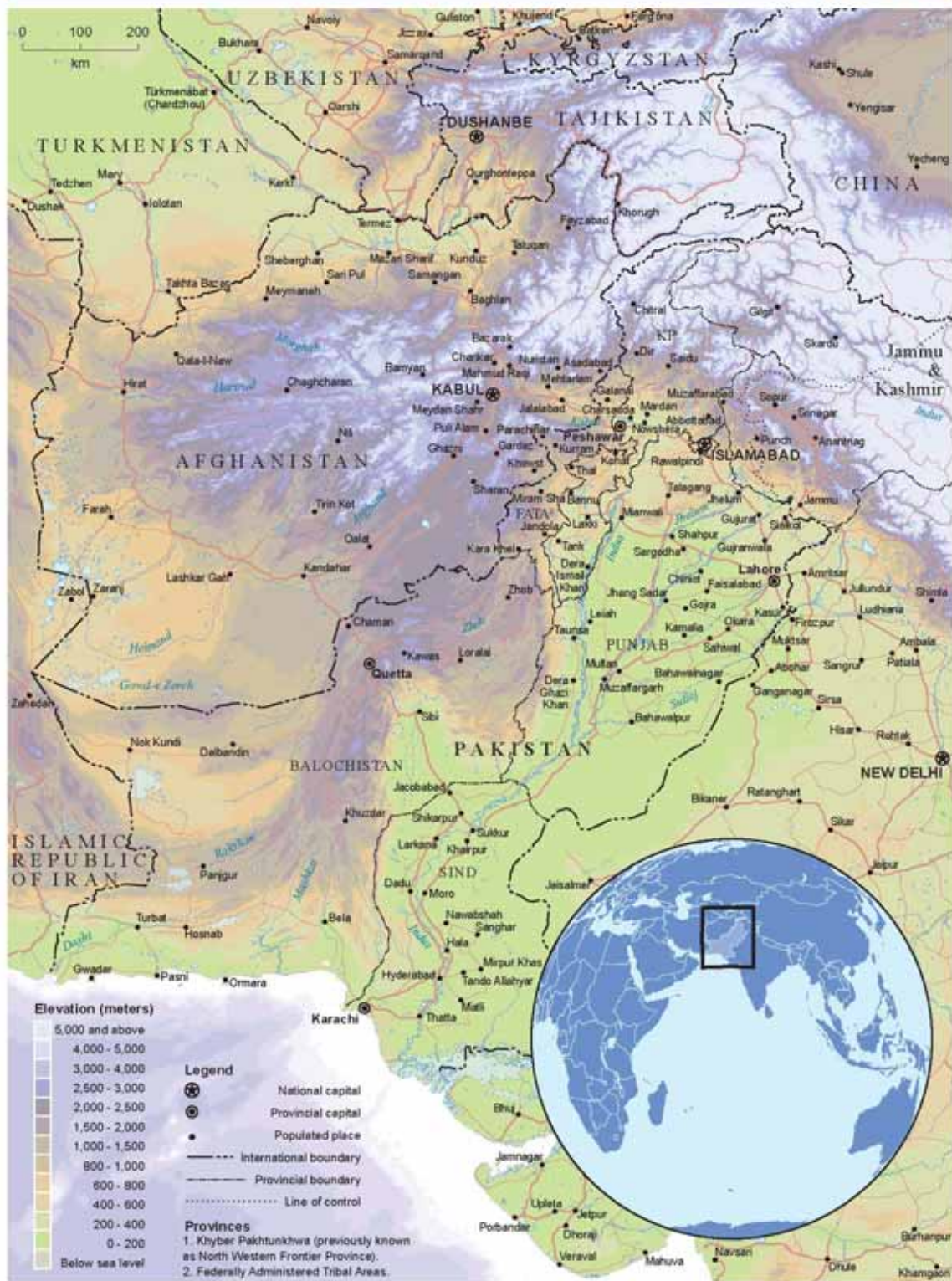
SAMPLE OF ORGANIZATIONS PARTICIPATING IN INTER-AGENCY COMMON HUMANITARIAN ACTION PLANS

ACF	GOAL	MACCA	TEARFUND
ACTED	GTZ	Malteser	<i>Terre des Hommes</i>
ADRA	Handicap International	Medair	UNAIDS
Afghanaid	HELP	Mercy Corps	UNDP
AVSI	HelpAge International	MERLIN	UNDSS
CARE	Humedica	NPA	UNESCO
CARITAS	IMC	NRC	UNFPA
CONCERN	INTERSOS	OCHA	UN-HABITAT
COOPI	IOM	OHCHR	UNHCR
CRS	IRC	OXFAM	UNICEF
CWS	IRIN	<i>Première Urgence</i>	WFP
DRC	Islamic Relief Worldwide	Save the Children	WHO
FAO	LWF	<i>Solidarités</i>	World Vision International

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Please note that response plans are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.



Disclaimer: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents approximately the Line of Control in Jammu & Kashmir agreed upon by India and Pakistan. The final status of Jammu & Kashmir has not yet been agreed upon by the parties. Map data sources: CIA, United Nations Geographic Section, ESRI, Compa Technologies, FAO, GEBCO, UN OCHA.

1. EXECUTIVE SUMMARY

Over the course of July and early August 2010, Pakistan experienced the worst monsoon-related floods in living memory. Heavy rainfall, flash floods and riverine floods have devastated large parts of Pakistan since the arrival of seasonal monsoon rains on 22 July. Assessments of losses and damages are ongoing, but estimates place the number of affected people at more than 14 million. Over 1,200 people have died, and at least 288,000 homes have been damaged or destroyed.

In Khyber Pakhtunkhwa (KPK) Province, intense rains during the last week of July and in early August were compounded by the swelling of major rivers due to rainwater surging down from the highland areas. The Pakistan Meteorological Department reports that within one week in late July, KPK received 9,000 millimetres of rainfall - ten times as much as the province normally receives in the course of an entire year. Baluchistan, Pakistan-Administered Kashmir and Gilgit Baltistan, also experienced extreme weather, resulting in widespread losses and damages.

As the flood waters began to slowly recede in the northern provinces, rivers continued to swell to unprecedented levels and travel southwards by way of the Indus River. By early August, flood waters breached the river bank in at least eight districts of Punjab, devastating homes, and crops and livestock. At least eight million people in Punjab have been affected by the disaster.

The flood wave continues to make its way through the southern province of Sindh, where millions more are expected to suffer from the combined impact of torrential rains and unprecedented water levels in the rivers.

The Government, especially deploying the Armed Forces' logistical capacity, has led the response to the disaster with the deployment of preparedness, rescue and relief actions. Hundreds of thousands have been rescued or preventively evacuated from riverine areas. In light of the devastation caused by the floods and the ongoing threat to lives and livelihoods, the Government (through its National Disaster Management Authority) requested the United Nations agencies and the humanitarian community to prepare an initial floods emergency response plan.

While the Government of Pakistan (National Disaster Management Authority and the Provincial Disaster Management Authorities) will lead the relief and recovery activities in flood-affected areas, the humanitarian community has been asked to support the response by covering gaps where the needs exceed the government's response capacity. This means that the humanitarian community will be assisting only a portion of the overall caseload of affected people, focusing on the most severely affected.

The Humanitarian Country Team (HCT) expects that critical needs of the severely affected families will include food, clean drinking water and purification materials, emergency health services, tents and shelter kits, cooking sets, mosquito nets, and other non-food items (NFI). Over the medium to long term, the food security situation in the country is likely to be affected by the significant loss of crops and agricultural land.

Response Plan Key Parameters	
Affected population	14 million people
Affected areas	Baluchistan Federally Administered Tribal Areas Gilgit-Baltistan Khyber Pakhtunkhwa Pakistan-Administered Kashmir Punjab Sindh
Key sectors for response	Food Water, Sanitation and Hygiene Health Shelter/Non-Food Items
Total funding requested \$459 million	

Compounding the delivery of this aid will be the issue of access to areas where destroyed infrastructure has made it impossible for aid to reach people by road. In addition, the security situation in some of the affected areas – especially parts of KPK – remains unpredictable. Considering the size of the area hit by the floods, the number of people who will be found to need assistance is expected to rise as assessments continue and access improves. The combined population of the affected districts is around 43 million (out of a total estimated Pakistan population of 168 million).

Currently, UN agencies, NGOs and the International Organization for Migration are planning to assist vulnerable flood-affected people in up to seven different geographical areas (Baluchistan, Punjab, Federally Administered Tribal Area, Gilgit Baltistan, KPK, Pakistan-Administered Kashmir, Sindh). The emergency response plan therefore seeks **US\$460 million**¹ to enable international partners (UN organizations and non-governmental organizations [NGOs]) to support the Government of Pakistan in addressing the needs of flood-affected families for the duration of the immediate relief period. The plan will be revised within 30 days to reflect assessed needs as the situation evolves and will include strategies for assisting people with early recovery from the floods.

¹ All dollar signs in this document denote United States dollars. Funding for the Floods Emergency Response Plan should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int).

Basic Humanitarian and Development Indicators for Pakistan

		Most recent data	Source
	Population	168 million people	Statistics Division, Ministry of Economic Affairs and Statistics, Government of Pakistan
	Sex ratio (Males per 100 Females)	108.5	Statistics Division, Ministry of Economic Affairs and Statistics, Government of Pakistan
Economic status	Gross domestic product per capita	\$1,013	World Bank: Key Development Data & Statistics 2008
	Percentage of population living on less than \$1.25 per day	22.6% (2000 – 2007)	UNDP Human Development Report (HDR) 2009
Health	Adult mortality	206/1,000 (194 female/218 male)	WHO: Core indicators
	Maternal mortality	320/100,000 live births	UNICEF: Childinfo statistical tables
	Under-five mortality	90.4/1,000	UNICEF: Childinfo statistical tables
	Life expectancy	66.2	UNDP HDR 2009
	Number of health workforce (medical doctors + nurse + midwife) per 10,000 population	4/10,000	WHO: Core indicators : 2004
	Measles vaccination rate	80%	2007: United Nations Statistics Division
Food & Nutrition	Prevalence of under-nourishment in total population	23% (2003-2005)	FAO Statistics: Prevalence of under-nourishment
	Under-five global acute malnutrition (GAM) rate	GAM: 13%	UNICEF: State of the World's Children, 2009
	Food security indicator	Global hunger Index (GHI): 21.7 (2008: Alarming)	International Food Policy Research Institute (IFPRI) GHI
WASH	Proportion of population without sustainable access to an improved drinking water source	10% (2006)	UNDP HDR 2009
Other vulnerability indices	European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO) Vulnerability and Crisis Index score	Vulnerability Index: 2 Crises Index: 3	ECHO Global Needs Assessment results 2010
	UNDP Human Development Index score	0.572: 141 st out of 182 (Medium Human Development)	UNDP HDR 2009

Table I. Summary of requirements(grouped by cluster)

Pakistan Initial Floods Emergency Response Plan

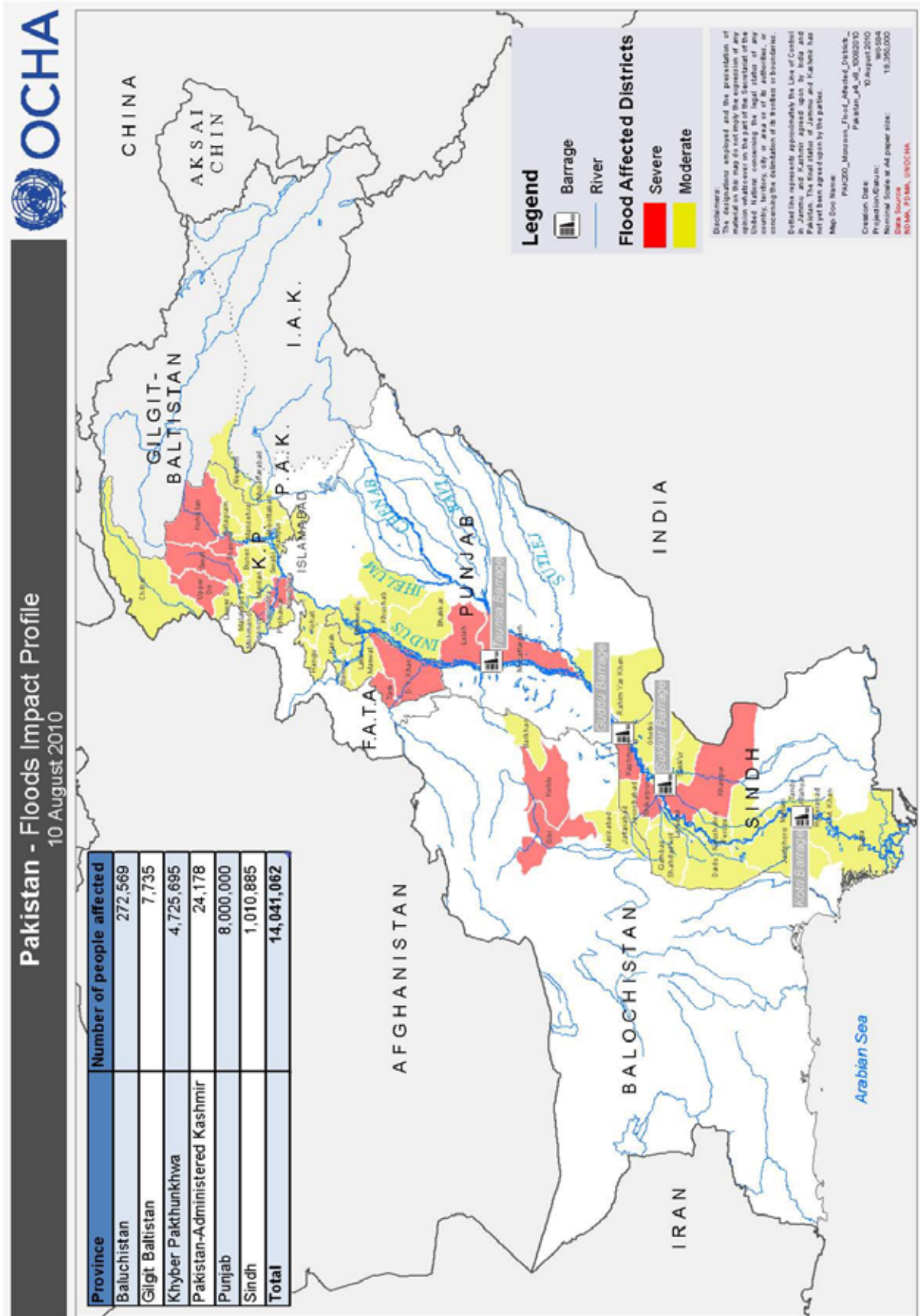
as of 10 August 2010

<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Cluster	Requirements (\$)
Food Security	156,250,000
Health	56,200,000
Shelter/NFI	105,000,000
WASH	110,500,000
Logistics, Emergency Telecommunications and Coordination	15,624,000
Nutrition	14,150,847
Protection	2,000,000
TOTAL	459,724,847

2. CONTEXT AND HUMANITARIAN CONSEQUENCES



2.1 CONTEXT AND RESPONSE TO DATE

Over the course of July and early August 2010, Pakistan experienced the worst monsoon-related floods in living memory. Heavy rainfall, flash floods and riverine floods have devastated large parts of Pakistan since the arrival of seasonal monsoon rains on 22 July. Assessments of losses and damages are ongoing, but estimates place the number of affected people at more than 14 million. Over 1,200 people have died, and at least 288,000 homes have been damaged or destroyed.²

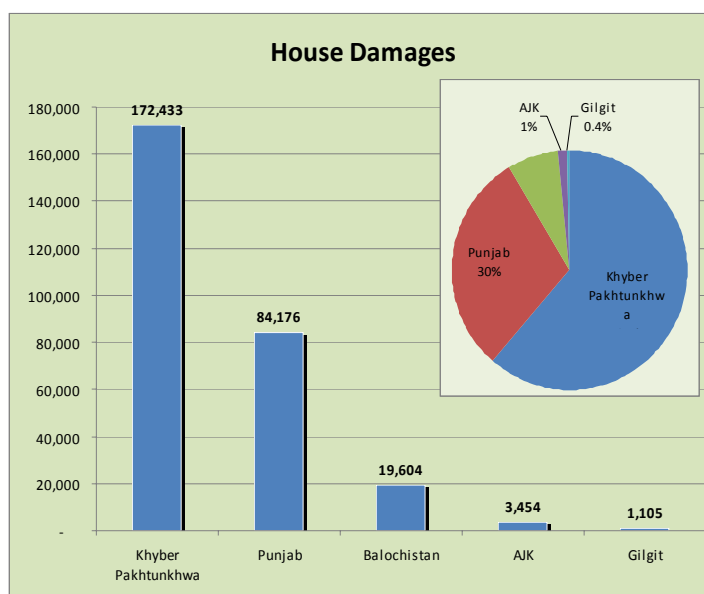
In Khyber Pakhtunkhwa (KPK) Province, intense rains during the last week of July and in early August were compounded by the swelling of major rivers due to rainwater surging down from the highland areas. The Pakistan Meteorological Department reported said that within one week in late July, KPK received 9,000 millimetres of rainfall - ten times as much as the province normally receives in the course of an entire year. Baluchistan, Pakistan-Administered Kashmir and Gilgit Baltistan, also experienced extreme weather, resulting in widespread losses and damages.

Province	Number of people affected	Homes damaged or destroyed
Punjab	8,000,000	84,000
Khyber Pakhtunkhwa	4,726,000	172,000
Sindh	1,011,000	Not yet available
Baluchistan	273,000	20,000
Pakistan-Administered Kashmir	24,000	4,000
Gilgit Baltistan	8,000	1,000
Total	14,042,000	281,000

*Source: NDMA. Note: the degree of severity to which people have been affected by the floods varies depending on their particular losses and damages. UN assessments have been launched in at least three provinces to identify severely affected families who require life-saving humanitarian assistance. For Khyber Pakhtunkhwa, the UN experts have identified 2.7 million people families in need of immediate humanitarian assistance. Figures for Punjab and Sindh are expected in mid-August.

As the flood waters began to slowly recede in the northern provinces, rivers continued to swell to unprecedented levels and travel southwards by way of the Indus River. By early August, flood waters breached the river bank in at least eight districts of Punjab, devastating homes, and crops and livestock. At least eight million people in Punjab have been affected by the disaster.

At the time of publication, the flood wave continues to make its way through the southern province of Sindh, where millions more are expected to suffer from the combined impact of torrential rains and unprecedented water levels in the rivers.



The flood waters devastated towns and villages, downed power and communications lines, and inflicted major damage to buildings. More than one week after the initial arrival of the floods hundreds of thousands of people remain without electricity, piped water and communications. Many key roads and major bridges are damaged or destroyed. Some districts remain accessible only by water or air transport. The prevailing socio-economic conditions along with flood situation have exacerbated the living conditions of women, men, boys and girls residing in the flood-affected districts. Additionally,

² For a comparison with previous natural disasters/floods in Pakistan see Annex IV.

due to cultural constraints, women and girls are sometimes not able to access basic services or humanitarian aid. Women, girls and other vulnerable people are potentially experiencing a higher risk of disease, in addition to the challenges of limited access and mobility.

The Government, through NDMA and deploying the Armed Forces’ logistical capacity, has taken the lead in responding to the disaster with the deployment of rescue and relief operations. More than 30,000 people have been rescued, while hundreds of thousands were preventively evacuated from riverine areas. A team of international assessment experts have been deployed to the affected area and have coordinated with other humanitarian partners to prepare this initial floods emergency response plan.

Working together under the cluster approach, UN agencies and NGOs have all launched responses to provide life-saving emergency assistance to flood-affected communities. As this document went to print, more than 4,000 metric tons (MTs) of food have been delivered to 317,000 people, along with 26,000 tents or plastic sheets, and nearly 10,000 NFI kits. More than 700,000 people have received clean drinking water, and more than 129 mini-emergency kits were distributed to cover health needs for 780,000 people. Essential medicines for primary and reproductive health services for one month were provided in the three affected provinces: KPK (in Charsadda, Nowshera, DI Khan, Tank, Swat, Lower Dir and Kohat districts), in Punjab (in district Muzaffargarh) and in Sindh Province (Jaccababd and Thatha districts). In addition to this, 1,700 women’s hygiene kits, 800 newborn kits and 1,331 inter-agency clean delivery kits were provided through seven mobile service units and support was given to 11 health facilities for emergency reproductive health activities. Key elements of the national and international response to date are:

Cluster/Sector	Location	Response
Shelter & NFIs	Khyber Pakhtunkhwa (KPK)	<ul style="list-style-type: none"> • 23,000 tents • 2,656 NFIs • 1,000 kitchen sets • 1,568 children received OPV & other routine immunization
	Balochistan	<ul style="list-style-type: none"> • 2,000 tents • 4,000 beddings • 4,000 jerry cans
	AJK	<ul style="list-style-type: none"> • 600 tents
	Punjab	<ul style="list-style-type: none"> • 100 tents
Food	Khyber Pakhtunkhwa	<ul style="list-style-type: none"> • 4,000 MT of food to 45,312 families
Health	Khyber Pakhtunkhwa	<ul style="list-style-type: none"> • 5 emergency health kits • 132 mobile medical teams/static health facilities • 28 mini emergency health kits • Hygiene kits and newborn kits • 25,053 patient consultations • 622,000 essential medicines cholera, Improving the Education and Health of Children and Communities, and Mini Emergency Health Kit
	Balochistan	<ul style="list-style-type: none"> • 2 emergency health kits • 1,175 patient consultations
	Punjab	<ul style="list-style-type: none"> • 5 emergency health kits • 10 cholera kits • 519 mobile teams & 363 static health facilities • 62,497 patient consultations
	Sindh	<ul style="list-style-type: none"> • 29,905 patient consultations • 75 children vaccinated (57 for polio & 18 routine vaccines)
	AJK	<ul style="list-style-type: none"> • 500 children immunized against measles
WASH	Khyber Pakhtunkhwa	<ul style="list-style-type: none"> • 700,000 people provided with portable water by tankers • 30,000 water purification tablets • 3,420 hygiene kits and 3,000 soap bars • 2,360 buckets and 5,000 jerry cans • Health and hygiene education promotion on going • 50,000 people provided with safe drinking water • 280 tube wells repaired • 2 filtration units setup

Other responses carried out to date (as of 5 August)		
Government of Pakistan	Khyber Pakhtunkhwa	<ul style="list-style-type: none"> • 30,699 people rescued • temporary shelter to 14,553 people • assorted food items (3,208 dry food, 46,216 mixed food, 3,076 portions of cooked food, 1,132 five-litres tins of oil) • 600 bottles of water • health services to 10,406 individuals
	Punjab	<ul style="list-style-type: none"> • 170 relief camps for 23,000 people
	Baluchistan	<ul style="list-style-type: none"> • 5,950 tents • 13,400 plastic mats • 4 generators • 15,000 ration packets • 4,000 hygiene kits • 2,300 NFIs • 28 medical teams
	Sindh	<ul style="list-style-type: none"> • Not available

2.2 FUNDING TO DATE

As of 10 August, almost \$156 million of pledges and commitments had been recorded in cash and in-kind assistance to the Government of Pakistan (NDMA), UN agencies, and NGOs. (See Annex I). To date, approximately \$78 million of this amount will be used for the funding requirements in this response plan. These sums include a pledge of \$17 million from the Central Emergency Response Fund (CERF) and more than \$11 million to the recently established Emergency Response Fund (ERF) in Pakistan. The ERF has been activated to provide international and national NGOs, UN agencies, and the International Organization for Migration (IOM) with rapid and flexible initial funds to respond to the current floods and applications are being accepted and reviewed by clusters. The ERF is overseen by the Humanitarian Coordinator (HC) in consultation with the clusters and the fund's Review Board. ERF allocations will be guided by the priorities in this response plan as they evolve.

2.3 HUMANITARIAN CONSEQUENCES AND NEEDS ANALYSIS

The humanitarian consequences of the disaster are significant. Millions have lost their homes, their assets, and livelihoods, and are in desperate need of emergency aid. The incidence of acute diarrhoea and other water-borne disease and increased stress levels among women, men, boys and girls are among the direct health-related consequences of the disaster. The floods have washed away not only household items but also clothing. The loss of *chadars* (cloth wraps) can create significant anxiety for women and girls. Families are sleeping in open spaces and *purdah* is violated as female members are exposed to unfamiliar surroundings. Non-availability of safe drinking water and damage to sanitation infrastructure are causing skin problems and infections, especially among women and children.

One hundred percent crop losses have been recorded in many areas; millions hectares of standing crops have been washed away especially in KPK, Punjab and Sindh. Seed stocks have been destroyed, severely compromising the possibility to plant staple food crops in September for hundreds of thousands of farmers. Surviving animals may perish if immediate feed and veterinary support is not provided. Short- to medium-term needs to re-establish agricultural livelihoods will include support for seeds (wheat and vegetables), fertilizers, tools and irrigation rehabilitation, and the restoration of basic services including education, health and nutrition.

Unless aid activities are rapidly scaled up to reach those who remain displaced and without immediate access to food and clean drinking water, additional loss of human lives and further suffering will occur. Life-saving assistance should focus on the provision of food, clean drinking water and sanitary facilities, shelter and NFIs (including clothing), and emergency medical services. Experience shows that understanding the gender dynamics in disaster-struck communities is a crucial element for effective relief and the finer nuances of gender-based disaster response will not be overlooked in this

disaster. Ignoring the differentiated needs of men, women, boys and girls would invariably lead to increased disparities and would have serious implications for the protection and survival of the most vulnerable.

Needs assessments information

Khyber Pakhtunkhwa

To collect statistically significant empirical data about the affected population and their needs, the World Food Programme's (WFP) Vulnerability Analysis and Mapping (VAM) unit conducted a rapid survey in 11 of the most severely affected districts of KPK Province. By 9 August, initial results had been compiled and results identified at least 2.7 million severely affected people whose homes have either been fully destroyed or have become temporarily uninhabitable due to damage or water logging.

Following the rapid assessment, a group of UN agencies and NGOs launched a multi-sectoral assessment based on the Multi-Cluster Rapid Assessment Mechanism (MCRAM) in all severely affected districts on 4 August. Using a sample size of 1,000 families per district, a trained team used a single agreed questionnaire for data collection across a range of key sectors. Sampling took into account the need for a balanced representation of women, men and vulnerable groups. By 8 August, assessments had been completed in four districts, and the results confirmed that affected people identify their most pressing needs as cash grants, food, clothing and other non-food items, clean drinking water, shelter, and medical services

Punjab and Sindh

A team of international assessment experts has been deployed to Punjab and Sindh to determine the severity of the flood impact in these provinces. The team is expected to share initial findings of its mission by mid-August.

Initial field visits to flood-affected areas in Punjab support the Provincial Disaster Management Authority's estimate of around 1.8 million affected people in the province. As this document went to print, the flood wave was still moving through Sindh, and numbers on losses, damages and affected people were still fluctuating greatly.

Baluchistan

A multi-cluster rapid assessment was carried out in one of the worst affected districts of Baluchistan (Sibi) on 31 July and it identified food as the affected communities' most pressing need. An additional rapid assessment carried out by the United Nations Human Settlements Programme (UN-HABITAT) on 5 August in Sibi district agreed on the need for food assistance, and additionally recommended interventions to provide clean drinking water, emergency and temporary shelter, and sanitation facilities.

Other

In addition to these main assessments, UN agencies and NGOs have also undertaken agency-specific assessments and inter-agency missions. These have, to a large extent, contributed to the methodologies of the major assessments and confirmed, corroborated, and supplemented many of their findings.³

Gender analysis and collection of sex- and age-disaggregated data will be a pre-requisite in the response. Application of these will facilitate reporting on results allowing who in the population has been reached and whether men and women are benefiting equally from services and support. A roster of gender advisers for field missions has been developed, so that female presence (which is a pre-requisite for carrying out interviews with women and girls) can be assured.

³ For up-to-date information about assessments and recent maps, see: <http://www.reliefweb.int/rw/rwb.nsf/doc404?OpenForm&emid=FL-2010-000141-PAK&rc=3> and <http://www.pakresponse.info/>

2.4 SCENARIOS

Best-case scenario: Mild monsoon rains continue to fall throughout August, causing no further damage or destruction in either flood-affected areas or other parts of Pakistan.

Most likely scenario: Moderate monsoon rains continue to fall throughout August, continuing to cause localized flooding (including heavy flash and riverine floods in some parts of the country).

Core elements	Effects on humanitarian needs and operations
Ongoing rains and flooding affects additional parts of the country as well as those areas already suffering from flood impact	<ul style="list-style-type: none"> • Increase in humanitarian needs, especially food, nutrition, education, and protection services, water, shelter and NFIs, and health • Increased need for livelihoods support • Need for simultaneous response capacity in multiple geographical locations across large area
High water levels and damaged infrastructure (including telecoms networks) continue to obstruct relief from reaching flood-affected populations, especially in remote areas	<ul style="list-style-type: none"> • Reduced coping strategies for vulnerable and poorest segment of population • Prolonged disruption of critical services (power, water and sanitation, health, nutrition and education) • Increase in food insecurity • Risk for disease outbreaks
Significant percentage of affected population remain displaced due to destruction of homes	<ul style="list-style-type: none"> • Humanitarian operations must cater to camp and off-camp populations, as well as host communities • Increase in protection concerns and reported cases of sexual and gender-based violence (SGBV)
Large number of diverse actors carrying out relief activities across many geographical areas	<ul style="list-style-type: none"> • Need for strong and effective coordination structures across all areas and clusters to ensure timely, needs-based and appropriate assistance
Unpredictable security situation	<ul style="list-style-type: none"> • Some restrictions on humanitarian access due to limitations on movement of goods as well as people (humanitarian workers as well as affected population)

Worst-case scenario: Extreme weather patterns continue to devastate other parts of the country and cause additional losses and damages not included in this plan.

In all scenarios, children under five, pregnant/lactating women, people with disabilities, and elderly people are the most affected. The unpredictable security situation affects the entire population.



Syed Haider Ali/WHO

3. COMMON HUMANITARIAN ACTION PLAN

3.1 STRATEGIC PRIORITIES FOR HUMANITARIAN RESPONSE

Priority needs and sectors have been identified through a review of available assessment data and response capacities and consultations within the humanitarian community. Each cluster's response strategy has been developed to recognize that the Government of Pakistan (through its National Disaster Management Authority) will lead the relief and recovery activities in flood-affected areas, and that the humanitarian community will focus on covering gaps where the needs exceed the government's response capacity.

As of 6 August, requests for assistance in meeting gaps have been received for KPK Province, Punjab, Baluchistan, and Pakistan-Administered Kashmir, where the disaster affected a significant proportion of the population. A request for assistance in Sindh is expected once the extent of the damage there is clear. A smaller numbers of families in the Federally-Administered Tribal Area and Gilgit Baltistan may require specific assistance.

The actions in the framework of this response plan to support the government's response in these provinces include:

- Directly preserving life, health or safety
- Directly protecting livelihoods and dignity
- Providing time-critical community services that reduce aid dependence
- Providing essential common humanitarian services required for an effective emergency response

Across all clusters, efforts will be made to identify the most vulnerable groups and individuals in need of protection and assistance. In order to understand who is accessing humanitarian support, all participating clusters will submit reports disaggregated by sex, age and location.

It is recognized that the severe damage to infrastructure and communications networks will continue to hamper the delivery of assistance at least in the short term. In addition, the security situation in some of the affected areas – especially parts of KPK – remains unpredictable.

Considering the size of the area hit by the floods, the number of people who will be found to need assistance is expected to rise as assessments continue and access improves. The combined population of the affected districts is around 43 million (out of a total estimated Pakistan population of 168 million).

Currently, UN agencies, NGOs, and the International Organization for Migration are planning to assist vulnerable flood-affected people in up to seven different geographical areas (Baluchistan, Punjab, Federally Administered Tribal Area, Gilgit Baltistan, KPK, Pakistan-Administered Kashmir, Sindh). The emergency response plan therefore seeks **US\$460 million** to enable international partners (UN organizations and non-governmental organizations) to support the Government of Pakistan in addressing the needs of flood-affected families for the duration of the immediate relief period. The plan will be revised within 30 days to reflect assessed needs as the situation evolves and include strategies for assisting people with early recovery from the floods.

3.2 CLUSTER RESPONSE PLANS

The following box outlines the requirements and targeted beneficiaries for each cluster. More precise figures will be available as further assessment information is received and analyzed. Details can be found in the response plans below.

Cluster	Requirements (\$)	Targeted Beneficiaries per Cluster
Please note that beneficiaries are calculated by cluster and subtotals are not equal to the total beneficiary population.		
Food Security	156,250,000	Food assistance for up to six million flood-affected people. Out of the total amount, \$5.7 million will be spent on maintaining surviving livestock.
Health	56,200,000	Services will be provided in areas with a total catchment of 14 million potential beneficiaries, including: <ul style="list-style-type: none"> • Total population: 14 million • Children under five: 2.38 million (17%) • Women of child-bearing age: 3.08 million (22%) • Deliveries: 105,000 (2,5/1000/month)
Shelter/NFI	105,000,000	Initial target of 300,000 families whose houses are damaged or destroyed and in need of shelter support.
WASH	110,500,000	Approximately six million people, including about three million children.
Logistics, Emergency Telecommunications and Coordination	15,624,000	Cluster partners and the broader humanitarian community in Pakistan
Nutrition	14,150,847	1.35 million people, consisting of: <ul style="list-style-type: none"> • 675,000 boys and girls aged 0- 59 months • 360,000 pregnant and lactating women
Protection	2,000,000	Total individuals 500,000 <ul style="list-style-type: none"> • Children (girls) 100,000 • Children (boys) 100,000 • Women (200,000) and men (100,000) 300,000
TOTAL	\$459,724,847	

3.2.1 Food Security

LEAD AGENCY: World Food Programme

Cluster objectives

The strategy for providing relief food assistance is guided by the goal of mitigating the negative effects of the flooding on affected populations by meeting their basic food needs for the duration of the immediate relief period. Specifically, this operation aims to save lives and avert hunger among vulnerable flood-affected people.

Strategy and proposed activities

Food assistance is among the top priorities for the overall flood response. The Food Security Cluster will respond to the immediate food needs of flood-affected populations in the hardest-hit areas of the country, where damage to infrastructure has already resulted in severe food shortages or increases in the price of staple foods. Food distributions are already underway in KPK, which has suffered the brunt of the flooding thus far and where existing vulnerabilities already threaten the food security of targeted groups. Planning for distributions in other provinces, such as Punjab and Sindh, where the situation continues to worsen is also underway.

General food distributions (GFD) will supply a monthly food basket consisting of fortified wheat flour, edible oil, pulses, sugar, salt and tea. Ready-to-use supplementary food will also be provided to families with children between the ages of 6-24 months, and high-energy biscuits to those aged 2-12 years.

Target districts and households are being identified through WFP-led rapid assessment exercises carried out in close consultation with the provincial government. Assessments have already been completed in five districts (Peshawar, Nowshera, Charsadda, Mardan and Swat), with surveys initiated in five additional districts (DI Khan, Lower Dir, Upper Dir, Shangla and Malakand). At the household level, vulnerable families qualifying for assistance will be identified on the basis of lost household food stocks and assets. Verifiable indicators include: a) houses affected by residual flood waters and b) destroyed or severely damaged houses. The target group may also include populations who have been displaced by the floods and who are housed in temporary shelters, such as schools, hospitals, and camps. Vulnerable female-headed households, unaccompanied children and the elderly will be prioritized for assistance. The Food Security Cluster explicitly aims to facilitate the receipt of relief rations by women and female-headed families (an estimated 10% of all those supported). Separate facilities will be established for women at distribution points, and female staff will be deployed. Assessment teams aim to include women where possible and beneficiary data will be disaggregated by gender.

In light of the devastation caused to livelihoods and in particular livestock, the Food Security Cluster also plans to address the immediate needs by preventing immediate further loss of essential productive assets. Specifically, the cluster will undertake time-critical interventions to protect and restore livestock productivity through the provision of animal fodder, vaccinations, de-worming and other veterinary supplies, and rehabilitation of livestock shelters.

Expected outcomes

The key expected outcome generated by the Food Security Cluster response will be stabilized and/or improved food consumption over the assistance period for targeted people. Furthermore, the supply of high energy biscuits and ready-to-use supplementary food to infants and young children will help to forestall nutritional declines amongst these notably vulnerable groups. Further loss of surviving livestock will be prevented.

Beneficiaries

The Food Security Cluster will target up to six million of the most vulnerable flood-affected individuals.

Cluster partners

FAO, RI, SC-US, WVI, ACTED, NRSP, Society for Skills Training and Development (SSTD); People Empowerment and Consulting Enterprises (PEACE); CRDO; BEST; and CERD.

Overall cluster requirements

In order to meet the relief food needs of up to six million flood-affected people during the immediate relief period, the Food Security Cluster requires \$156.25 million. Out of the total request amount, \$5.7 million will be spent on maintaining surviving livestock.

3.2.2 Health

LEAD AGENCY: World Health Organization (WHO)

Cluster objectives

Flood-affected families still have limited access to health facilities. One week after the arrival of the most severe floods, the health facilities in most affected areas are still only partially functional and hardly equipped to address the needs of the sudden and spontaneous population inflow. In the districts of Nowshera and Charsadda, for example, service delivery has been totally disrupted as up to 80% of the homes and facilities were affected. The majority of private sector health providers have also been disrupted by the floods.

The overall objective of the project is to provide emergency health assistance including high impact, critical life-saving services for men, women and children in communities of flood-affected areas of Khyber Pakhtunkhwa, Baluchistan, Sindh and Punjab, through strengthening, provision of/and maintaining essential health interventions.

Strategy and proposed activities

The overall strategy is to achieve its objective through the following interventions:

- Monitoring health threats, risks and outbreaks – including CDC hazards – through surveillance and integration with existing routine health information systems/early warning surveillance and outbreak response systems
- Ensuring access to a package of quality health care services in the flood-affected areas
- Assessing damage to health infrastructure and emerging needs of the health systems
- Developing plans for rehabilitation and reestablishment of primary and secondary health services in affected areas
- Ensuring a coordinated humanitarian relief in the Health Sector.

This will be achieved through the following activities:

- Conducting regular assessments of health needs and health services availability in the affected areas
- Monitor the implementation of the humanitarian health response to the population affected by the floods
- Epidemiological surveillance and disease control through the Disease Early Warning System (DEWS) and establishment of diarrhoea treatment units.
- Basic emergency rehabilitation of health facilities, including water supply and storage, facilities and/or setting up of *ad hoc* temporary health facilities to allow immediate re-launching of essential primary health care services including activities comprised within the Minimum Initial Service Package (MISP) for reproductive health
- Establishment of mobile clinics for areas with no access to health facilities
- Support referral to secondary health services of patients suffering life-threatening conditions and for emergency obstetric and newborn care (supporting the provision of ambulances)
- Procurement and provision of essential medicines and supplies including for life-threatening chronic diseases
- Malaria prevention and vector control measures
- Emergency reproductive health services for pregnant and lactating mothers and newborns
- Hygiene kits to address personal and menstrual needs of women and hygiene needs of newborns
- Support to emergency mass vaccination campaigns
- Support for management of complicated severe acute malnutrition and contribution to nutritional assessments and surveillance
- Support of deployment of lady health workers (LHW)
- Mass communication and social mobilization to prevent disease outbreaks
- Monitor and ensure water quality and environmental health
- Provision of psycho-social and mental health support
- Coordination of humanitarian health actors through the Health Cluster mechanisms at national and sub-national levels

Expected outcomes

- Emerging health threats and outbreaks are prevented through fast, timely, effective and coordinated joint health interventions

- Access to essential primary health care and emergency services restored in affected community
- Access to and utilization of essential drugs, supplies and equipments at all the health facilities/makeshift health outlets/mobile clinics in the affected districts
- Mapping and periodic monitoring of the health resources availability and of effective coverage of different basic services
- Health needs assessed for establishing a baseline for monitoring the humanitarian health response and sex and age disaggregated data generated and utilized for making informed decisions
- Trends of different diseases monitored closely on a weekly base or on a daily base in case of epidemic
- Early detection of and timely effective response to outbreaks of communicable diseases
- Affected population have access to safe drinking water and proper sanitation
- Coordinated response to cross-cutting health topics in collaboration with other clusters

Beneficiaries

Services will be provided in areas with a total catchment of 14 million potential beneficiaries, including:

- Total population: 14 million
- Children under five: 2.38 million (17%)
- Women of child-bearing age: 3.08 million (22%)
- Deliveries: 105,000 (2,5/1000/month)

Partners

The major partners will be provincial health departments, along with Medical Emergency Relief International (MERLIN), RI, Johanniter International, *Action Contre la Faim* (Action Against Hunger), WVI, IR, Frontier Primary Health Care, Centre of Excellence for Rural Development, Community Development Organization (CDO), Relief Pakistan, Abaseen Foundation, HIN, National Integrated Development Agency, Ibne-Sina, MoH, Provincial and District Health Offices, WHO, WFP, UNICEF, UNFPA, American Refugee Committee (ARC), Church World Services, International Medical Corps, Johanniter, CORDAID, MALTESER, SC, WVI, MERLIN, Helping Hand for Relief and Development, CARE, RI, Muslim Aid, People Primary Health Initiative, Pakistan Military Academy (PMA), Population Association of Pakistan (PAP) and MoPW (Ministry of Population Welfare).

Overall cluster requirements

The overall cluster requirement is \$56.2 million, broken down as follows:

Activities	KPK	Baluchistan	Sindh	Punjab	Total	Requirements (\$)
<i>Number of health partners</i>	20	7	7	4	38	
<i>Health facilities affected</i>	38	14	10	23	85	
Coordination including information management						1,200,000
Assessment and monitoring						600,000
Provision of essential emergency primary health care services including mobile clinic						6,200,000
Malaria/ vector control	Immediate	Immediate	Immediate	Immediate		4,300,000
Vaccination (measles/polio)	Immediate	Immediate	Immediate	Immediate		4,700,000
Water quality testing and environmental health	Immediate	Immediate	Immediate	Immediate		6,300,000
Equipment/medical/drugs/ surgical supplies/ laboratory/	Immediate	Immediate	Immediate	Immediate		9,100,000
Surveillance and disease control	Immediate	Immediate	Immediate	Immediate		4,800,000
Ambulances and vehicles	10	7	6	6		1,600,000
Minor rehabilitation of HF	22	7	4	14		1,400,000
Mass Communications, health education, LHW programme	Immediate	Immediate	Immediate	Immediate		900,000
Nutrition surveillance	Immediate	Immediate	Immediate	Immediate		600,000
Reproductive health	Immediate	Immediate	Immediate	Immediate		2,100,000
Psycho-social and mental health	Immediate	Immediate	Immediate	Immediate		500,000
Diarrhoeal diseases programme						11,900,000
Total						56,200,000

3.2.3 Shelter and Non-Food Items (NFI)

LEAD AGENCY: International Organization for Migration (IOM)

Sectoral objectives

Government and humanitarian agency figures indicate that the floods have damaged or destroyed at least 288,000 homes across the flood-affected provinces. Figures are changing daily and this number is likely to rise. As a result, hundreds of thousands have been made homeless and been forced to relocate from their neighbourhoods. In many cases, they have lost personal belongings, such as bedding and kitchen utensils, amongst others.

Within the emergency shelter phase, the shelter / NFI cluster will ensure that all of those with seriously damaged or destroyed homes who have been forced to relocate and can be reached will have access to shelter materials and household kits. These will provide protection from the elements and improve privacy and dignity.

Within the transition phase, the shelter / NFI cluster will ensure that all of those with seriously damaged or destroyed homes who can be reached, have adequate shelter. This will protect them from the winter and, as well as provide privacy and dignity.

Strategy and proposed activities

The strategy is based on assisting all of those whose homes have been seriously damaged or destroyed to support themselves by providing appropriate covering and structural materials and minimising displacement wherever possible. The transition phase can start immediately where families are able to identify land on which they can rebuild.

Location type	On site		Displaced			
	Destroyed houses	Partially damaged houses	Spontaneous camps (such as roadsides)	Host families	Collective centres	Planned camps
Emergency phase	Tarpaulins and fixings / Tents, Tool kits, Household kits	Tarpaulins and fixings, Tool kits, Household kits	Tarpaulins and fixings, Tents, Tool kits, Household kits	Tarpaulins and fixings, Tents, Tool kits, Household kits	Tarpaulins and fixings, Tool kits, Household kits	Tarpaulins and fixings, Tents, Tool kits, Household kits
Transition phase – focus on return (can begin immediately)	Tarpaulins and fixings, Materials, Tool kits, Household kits		Longer term solutions to be sought		Not a transitional option	Longer term solutions to be sought

The following should be noted with regard to distributions of shelter and NFIs:

- Cash/vouchers should be considered as an option where markets can support the demand
- Clean-up kits will be provided to families and communities to help with removal of mud
- Many people may have lost land and so rebuilding their house will not be possible
- Gender considerations must be made in targeting, distribution and follow on of shelter support
- There will be a need for winterization of shelters in northern areas
- There may be a need for supporting community services and coordination of assistance at spontaneous settlements such as schools.
- Coordination with WASH and Health Clusters indicates that hygiene kits and mosquito nets will not be covered by the Shelter Cluster
- A rights-based approach to assistance will help to ensure that humanitarian action is non-discriminatory and ensure that humanitarian action is adequate

Expected outcomes

- Families will have shelter that provides a secure habitable living environment, privacy and dignity for those within it
- Requirements for supporting families to return to a stable life will be identified

- Shelter is provided in coordination with other sectors
- The most vulnerable people have access to distributions

Beneficiaries

The Shelter Cluster will initially target 300,000 families who can be reached whose houses are damaged or destroyed and in need of shelter support. The response will be gradual and appropriate, based upon regularly assessed needs as the flooding recedes, access improves, and return is made possible.

Partners

ACTED, Aware Girls Peshawar, BEST, Bureau of Population, Refugees and Migration [US Department of State] (BPRM), Care International, Concern Worldwide, Catholic Organization for Relief & Development Aid (Cordaid), Catholic Relief Services (CRS), Church World Service (CWS), Foundation for Rural Development (FRD), Human Development Foundation (HDF), Help in need Pakistan, Handicap International (HI), International Federation of Red Cross and Red Crescent Societies (IFRC), Internews, International Organization for Migration (IOM), Johanniter International, NDMA, National Rural Support Programme (NRSP), Norwegian Refugee Council (NRC), Qatar Charity, Red R UK, Salik Development Foundation, SC, Strengthening Participatory Organization (SPO), Society for sustainable Development, Sustainable Peace and Development Organization, Just Peace International, UN-HABITAT, UNHCR, WV.

Overall cluster requirements

An estimated budget of \$105 million is required. This will include all operational and logistics costs (excluding airfreight into Pakistan and helicopter operations) for the distribution. It is based on an estimate of a combination of shelter packages including a tent (\$410 per family) and shelter packages based on a plastic tarpaulin covered shelter (\$290 per family). Some families may require higher cost items such as corrugated iron to support them through the winter.

3.2.4 Water, Sanitation and Hygiene

LEAD AGENCY: UNICEF

Sectoral objectives

To reduce health risks related to unsafe water, lack of sanitation and poor hygiene practices for affected populations particularly children and women in flood-affected districts in KPK, Punjab, Sindh, Baluchistan and Pakistan-Administered Kashmir. The overall objective is to ensure availability of safe drinking water as per SPHERE guidelines and access to improved sanitation facilities to populations affected by the recent flooding. Specific objectives are to:

- Ensure effective coordination of the humanitarian response programme in the WASH Sector in close collaboration with other clusters;
- Provide safe drinking water to the affected population through water tankering and water bladders, repair/restoration of priority damaged drinking water systems, establishment of water quality monitoring mechanisms and provision of household water treatment options such as filters, water purification tablets, and related supplies including water tanks, jerry cans and buckets all of which will be gender sensitive and catering for the particular needs of women and girls;
- Provide adequate sanitation facilities to the affected population including construction of latrines (separate for men and women) and hand washing and bathing places (separate for men and women) with due regard to gender and the needs of the disabled, solid waste management system and drainage facilities;
- Hygiene promotion, including dissemination of messages on safe hygiene practices (latrine use, safe water storage and use and personal and domestic hygiene) including the provision of necessary supplies such as family hygiene kits and soap

Strategy and proposed activities

- Assessments of the WASH situation in affected areas
- Provision of safe drinking water through water tankering, restoration of tube wells and other sources, distribution of water purification tablets, operationalization of power generation sets, Rapid assessments for Immediate Response
- Detailed assessments for downstream response phases
- Provision of safe drinking water through tankering, restoration of affected tube wells and the like, distribution of water purification tablets, operationalization of power generation sets, strengthening of water systems in public buildings (schools, mosques, health centres, etc), addressing gender sensitive facilities as required, water quality improvements, etc
- Provision of access to sanitation through construction of latrines and strengthening of sanitation facilities in public buildings (i.e. schools, mosques, health centres, etc) adequately separate for women and men
- Distribution of NFIs including buckets, jerry cans, hygiene kits, soaps and other items, also catering for the particular needs of women and girls
- Delivery of hygiene promotion messages
- Dewatering of pond and stagnant water in shelter areas
- Collection and disposal of solid wastes, bodies of dead animals, debris and the like

Expected outcomes

- Access to safe drinking water and WASH facilities
- Population sensitized on good hygiene practice
- Minimization of excess mortality and morbidity
- Public sites cleaned-up and rendered accessible for provision of basic services

Beneficiaries

Approximately six million people, including about three million children.

Partners

UNICEF, WHO, Oxfam, WV, IRC, Muslim Aid, IR, Acted, HI, Concern, ARC, Society for Sustainable Development, Hyman Resource Development Society, Human Development Organization Doaba, Rural Development Initiative, ACTED, RI, Mercy Corps, International Medical Corps (IMC) and other National and international organizations.

Overall cluster requirements

The overall cluster requirement is \$110.5 million, broken down as follows:

No.	Activities	Requirements (\$) ⁴
1	Detailed assessments	1,000,000
2	Provision of safe drinking water through tankering, restoration of relevant tube wells and the like, distribution of water purification tablets, operationalization of power generation sets, strengthening of water systems in public buildings (i.e. schools, mosques, health centres, etc), water quality improvements and so forth	40,000,000
3	Provision of access to sanitation through construction of latrines and strengthening of sanitation facilities in public buildings (i.e. schools, mosques, health centers, etc).	20,000,000
4	Distribution of non-food items (NFI's) including buckets, jerry cans, hygiene kits, soap and so forth.	31,500,000
5	Delivery of hygiene promotion messages	3,000,000
6	Dewatering of ponding and stagnant water in shelter areas	3,000,000
7	Clearing of solid wastes, bodies of dead animals, debris and the like.	2,000,000
Total		100,500,000

⁴ Some funding has been committed as of 10 August. See <http://fts.unocha.org> for details.

3.2.5 Logistics, Emergency Telecommunications and Coordination

LEAD AGENCIES: World Food Programme (WFP) and the Office for the Coordination of Humanitarian Affairs (OCHA)

Cluster objectives

- To ensure the uninterrupted delivery of life-saving relief items to the affected population
- To strengthen and improve the capacity of the humanitarian community to respond and operate in the flood-affected areas
- Ensure strong, inclusive and on-site humanitarian coordination in the emergency phase
- Ensure dissemination of timely information products that support implementation of the humanitarian response plan by highlighting priority needs, gaps and duplications
- Ensure and refine strategic joint planning, needs assessment and advocacy to promote principled action, equitable distribution of support/services and a seamless transition from humanitarian response to early recovery
- Promote the use and analysis of sex-disaggregated data for emergency response programming

Activities

Logistics

- Continued coordination and information management through the organization of regular cluster meetings, optimization of the logistics resources available locally and regionally
- Provision of transport services and temporary storage capacity for humanitarian relief items
- Provision of handling, consolidation, storage and tracking services for humanitarian cargo received at humanitarian hubs

Emergency Telecommunications

- Deploy common data communications services in three locations in the affected areas
- Train humanitarian staff in use of telecommunications equipment and services
- Deploy a dedicated focal point for coordination and information management capacities

Coordination

- Leading and/or supporting coordination mechanisms at the global, national and local levels
- Development and revisions of the humanitarian response plan
- Provision of timely multi-cluster needs assessments
- Communication of cluster activities with affected populations
- Gender assessments and needs analysis to inform relief programming

Expected outcomes

- Uninterrupted supply of life-saving relief items to the affected population
- Improved coordination and transparency of humanitarian response
- More coherent, effective and efficient delivery of humanitarian assistance
- Logistics and telecommunications gaps and bottlenecks identified and addressed
- An upgraded and sustainable security telecommunications system in common operational areas
- Stronger advocacy on humanitarian principles
- Improved reporting and accountability on gender results in the flood response

Beneficiaries

Cluster partners and the broader humanitarian community in Pakistan

Cluster partners

WFP, OCHA, UNICEF (MCRAM), IOM, UNHCR, UNDSS, and Gender Task Force.

Total cluster requirements

Activity	Requirements (\$)
Logistics Cluster	13,000,000
Humanitarian response coordination	900,000
Needs assessments and analysis (MCRAM)	500,000
Mass communications campaign	300,000
Assessments on gender results	20,000
Provision of data communications and ETC cluster coordination	439,000
Upgrade of common security telecommunications system	465,000
Total	15,624,000

3.2.6 Nutrition

Cluster objectives

The current floods have a devastating impact in all the provinces of the country and many of the districts have been badly affected. The huge numbers of displaced families do not have any or a very limited source of food. Loss of household properties, food stock and the damage to standing crops will further increase food insecurity at the household level. Keeping in view the hygiene and sanitation situation, there is a high risk of water borne diseases which will have serious implications on the already compromised nutritional status of children, and pregnant and lactating women. Breastfeeding can be seriously compromised because of stress, lack of support to breastfeeding mothers, possible separation of families and free donations of infant formulas. If immediate nutrition interventions are not implemented, this will lead to increased morbidity and mortality among infant and young children. The cluster therefore aims:

- Provide nutritional support and treatment for malnourished under-five girls and boys, and pregnant and lactating women through community and facility based programmes
- Control and prevent micronutrient deficiencies among children aged 6-24 months and pregnant and lactating women
- Promote appropriate infant and young child feeding practices
- Set up nutrition surveillance system and strengthen existing nutrition information system
- Strengthen capacity of implementing partners, including government and NGOs
- Strengthen coordination of nutrition interventions

Strategy and proposed activities

The overall strategy for the nutrition cluster is to provide a well-coordinated nutritional response in 33 districts from the flood-affected provinces (Punjab, Sindh, Khyber Pakhtunkhwa, and Baluchistan) and regions (FATA, AJK and Gilgit/Baltistan). In addition, the cluster will focus on nutrition assessments, setting up surveillance system, and ensuring delivery of quality services in the affected areas through inter-cluster coordination with the Health Cluster and Food Security Cluster. Activities will include:

- Blanket distribution of supplementary food (in coordination with health sector for Vitamin A supplementation and measles vaccination) to all boys and girls aged 6-35 months, pregnant and lactating women for a period of one month
- Rapid needs assessment
- Treatment/care of severely and moderately malnourished boys and girls through community and facility based management of acute malnutrition
- Training of health care providers, community workers on infant feeding practices in emergency
- Social mobilization and advocacy on appropriate infant feeding practices through community workers, religious leaders, media, and civil society organizations
- Procure emergency nutrition supplies, including multiple micronutrient tablets and powder (sprinkles), and ensure timely distribution

Expected outcomes:

- Acute malnutrition is prevented through provision of supplementary food (blanket feeding) to 180,000 boys and girls aged 6-35 months and 360,000 pregnant and lactating women for a month
- Severe acute malnutrition is treated through the provision of ready-to-use therapeutic food (RUTF) and therapeutic milks in 12,150 severely malnourished boys and girls aged 6-59 months
- Moderate acute malnutrition is treated through provision of RUTF in 40,500 moderately malnourished boys and girls aged 6-59 months, and 360,000 pregnant and lactating women at risk received supplementary food
- Micronutrient deficiencies are prevented through provision of multiple micronutrient supplementation to 360,000 at risk pregnant and lactating women and 225,000 boys and girls aged 6-24 months.
- National capacity of health care providers and communities is built through training on emergency nutrition services including infant feeding in emergencies and community management of acute malnutrition (CMAM) for more than 3,000 health care providers (men and women)

Beneficiaries

The total beneficiary number of the cluster is 1.35 million people, consisting of:

- 675,000 boys and girls aged 0- 59 months
- 360,000 pregnant and lactating women

Cluster partners: SC Alliance, MERLIN, RI, Johanniter International, ACF, National Rural Support Programme, World Vision, Islamic Relief (IR), Frontier Primary Health Care (FPHC), CERD, CDO, Research & Awareness for Human-development, Benefits and Rights (RAHBAR), Salik Foundation, Relief Pakistan, Abaseen Foundation, Help in Need, NIDA, Ibne-Sina, Baluchistan Rural Support Programme (BRSP), Thardeep Rural Development Programme (TRDP), MoH, Provincial and District Health Offices, National Programme (Lady Health Workers), WHO, WFP, UNICEF and other partners.

Overall cluster requirements

The total estimated cost is \$14,150,847

3.2.7 Protection

LEAD AGENCY: UNHCR

Cluster objectives

The recent torrential rains and floods have caused havoc throughout the Khyber Pakhtunkhwa province resulting in displacement, missing family members, lost/separated children, lack of access for women and children to assistance. Independent assessments by different organizations including IRC, SC, CERD, UNICEF (Child Protection Sub-Cluster) have shown the immense need to:

- Ensure that vulnerable children (including boys and girls separated, unaccompanied, missing and orphans) are protected from violence, abuse, exploitation and discrimination
- Ensure that vulnerable women (including victims of GBV, female-headed households, women who are single, pregnant, disabled or elderly) have equal access to assistance
- Facilitate and assist the return of vulnerable women, children (boys and girls) and elderly men and women, who do not have community support
- Advocate for the rights of women, boys and girls and other vulnerable groups

Strategy and proposed activities

The Protection Cluster intends to respond in KPK, currently the province worst-affected by the floods, using an overall strategy to involve the community, government line departments, UN agencies, I/NGOs and other stakeholders so that those identified in need of immediate protection are assisted in finding solutions. This will involve the following activities:

- Carry out assessments to identify vulnerable boys and girls, men and women, to be used as the baseline data
- Formation of child protection committees to monitor the situation of the identified vulnerable children and linking them with referral services, such as foster care, shelter, psycho-social support, child friendly spaces, family tracing and reunification
- Formation of a GBV (gender-based violence) referral mechanism amongst communities and government for referral to health facilities, legal aid, psycho-social support and counselling
- Establishment/strengthening of women-friendly spaces by providing trained staff and supplies to ensure vocational skills psychosocial support, lifeskills-based education and awareness on RH/GBV issues through focus group discussion are provided to flood-affected women and girls
- Monitor vulnerable groups' access to services and assistance

Expected outcomes

- Separated, unaccompanied and missing children are traced and reunified with their families
- Creation of protective environment for vulnerable boys and girls and mitigation of traumatic experience
- Vulnerable women have equal access to assistance
- The survivors of GBV have access to health facilities, legal assistance and psycho-social support and better coping mechanisms
- People with special needs are included in assistance net without being discriminated
- The rights of women, children and other vulnerable groups are respected

Beneficiaries

In KPK, at least 47% of the affected population are children (according to 1998 census data of Pakistan). Protection cluster members' assessments show that at least one million children affected by floods, of which at least 12% can be assumed to be vulnerable and in need of immediate protection. A similar calculation has been made for the vulnerable women and men:

a.	Children (girls)	100,000
b.	Children (boys)	100,000
c.	Women (200,000) and men (100,000)	300,000
Total individuals		500,000

Cluster partners

Ministry of Women Development, IRC, RIPORE, Hayat Foundation, Aurat Foundation, Pakistan Village Development Programme, Sustainable Peace and Development Organization, Centre of Excellence for Rural Development, Khwendo Kor, Handicap International (HI), Foundation for Rural Development, SC, UNFPA, UNICEF, IRC, and other local NGOs.

Overall cluster requirements

The total funding required for the achievement of the above mentioned results is \$2 million (of which \$800,000 is requested by the child protection sub-cluster, \$600,000 by the gender-based violence sub-cluster, and the rest supporting other protection partners activities).

4. ROLES AND RESPONSIBILITIES

The Government of Pakistan is leading the response to the floods, with the National Disaster Management Authority assuming responsibility for all coordination at the federal level. At the provincial level, Provincial Disaster Management Authorities (PDMAs) coordinate the disaster response.

To coordinate the contribution of the humanitarian community, the cluster approach is already operational in Pakistan. Relevant line ministries co-chair the clusters, which operate under the overall leadership of a Humanitarian Coordinator and the HCT. See Annex II for a list of cluster lead contacts.

Cluster	Governmental Institutions	UN Lead Agency (for cluster partners, see cluster response plans)
Food Security	National Disaster Management Authority and Provincial Disaster Management Authorities	WFP
Health	Ministry of Health	WHO
Shelter & NFIs	National Disaster Management Authority and Provincial Disaster Management Authorities	IOM
WASH	Ministry of Environment, Provincial Public Health Engineering Departments	UNICEF
Logistics, Emergency Telecommunications, and Coordination	National Disaster Management Authority and Provincial Disaster Management Authorities	WFP/OCHA
Nutrition	Ministry of Health	UNICEF
Protection	Ministry of Social Welfare	UNHCR

ANNEX I. TOTAL HUMANITARIAN ASSISTANCE TO THE PAKISTAN FLOODS

<p>Table II. Total humanitarian assistance per donor Pakistan Initial Floods Emergency Response Plan as of 10 August 2010 http://fts.unocha.org</p>

Compiled by OCHA on the basis of information provided by donors and appealing organizations

Donor	Funding (\$)	Pledges (\$)
Total	55,659,582	100,257,348
Allocation of unearmarked funds by FAO	196,880	-
Australia	9,033,423	-
Bangladesh Rural Advancement Committee	-	-
Belgium	-	655,308
British Red Cross	78,247	-
Canada	-	1,937,984
Central Emergency Response Fund	-	17,000,000
China	1,479,290	-
Czech Republic	-	209,699
Denmark	2,119,484	-
Egypt	-	-
European Commission	1,632,000	-
European Commission Humanitarian Aid Office	-	25,436,616
France	1,376,147	-
Germany	76,016	2,621,232
GlaxoSmithKline	-	-
Greece	131,062	-
IFRC Disaster Relief Emergency Fund	239,406	-
Italy	1,743,119	3,276,540
Japan	3,455,000	-
Korea, Republic of	-	500,000
Kuwait	5,000,000	-
New Zealand	-	1,455,604
New Zealand Red Cross	9,606	-
Norway	3,263,557	-
OPEC Fund for International Development	500,000	-
Private (individuals & organisations)	-	9,389,671
Singapore Red Cross Society	100,000	-
Spain	-	-
Sri Lanka	26,667	-
Sweden	269,183	2,774,694
Swiss Red Cross	288,184	-
Switzerland	240,154	-
Telenor Pakistan	1,182,313	-
Thailand	75,000	-
Turkey	279,365	-
United Arab Emirates	20,027	-
United Kingdom	15,649,452	-
United States of America	7,196,000	35,000,000

ANNEX II: CLUSTER CONTACT LIST

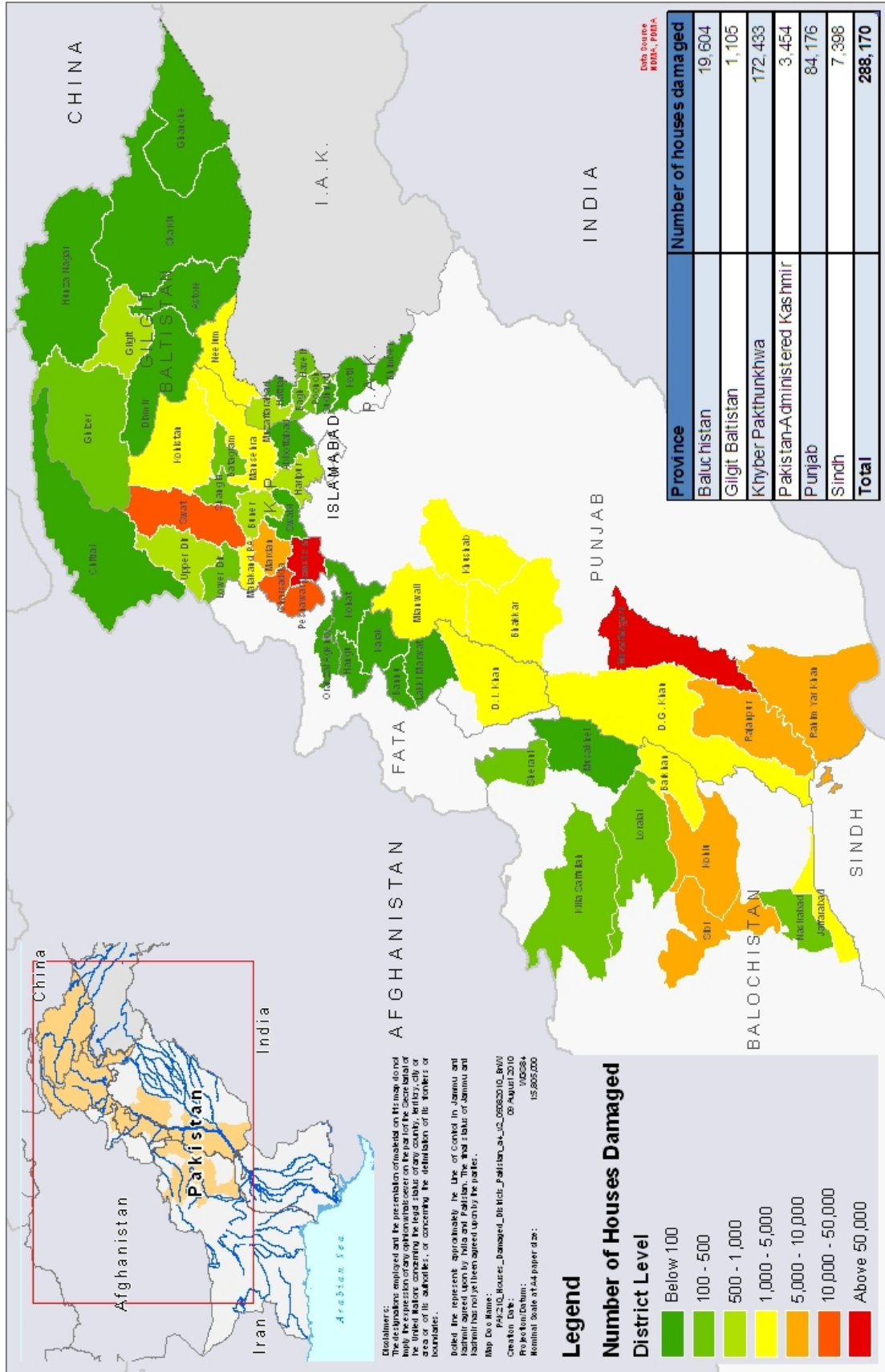
Cluster Contacts – Primary and Secondary Focal Points (August 2010)

Clusters	Primary/Secondary	Name	Organisation	Email	Phone
Emergency Shelter/NFI	Primary Contact	Arshad Rashid	IOM	rarashid@iom.int	0300 856 4794
	Secondary Contact	Brian Kelly	IOM	bkelly@iom.int	0300 856 5751
Food	Primary Contact	Zulfiquar Rao	WFP	zulfiquar.rao@wfp.org	0300 850 5295
	Secondary Contact	Elmigdada Abdalla	WFP	elmigdada.abdalla@wfp.org	0300 856 5076
Health	Primary Contact	Alfred Dube	WHO	dubeal@pak.emro.who.int	0300 400 5934
	Secondary Contact	Dr Fawad M. Khan	WHO	khanmu@pak.emro.who.int	0300 501 8530
Nutrition	Primary Contact	Sarita Neupane	UNICEF	sneupane@unicef.org	0302 527 1428
	Secondary Contact	Rukhsana Shereen	UNICEF	rsheeren@unicef.org	0333 989 2759
Protection	Primary Contact	Urooj Saifi	UNHCR	saifi@unhcr.org	0300 859 4821
	Secondary Contact	Fawad Aamir	UNHCR	aamir@unhcr.org	0300 858 0761
WASH	Primary Contact	Syed Jamal Shah	UNICEF	jshah@unicef.org	0322 991 6261
	Secondary Contact	Omar El Hattab	UNICEF	oelhatab@unicef.org	0300 855 0745
Logistics	Primary Contact	Simon Hacker	WFP	simon.hacker@wfp.org	0300 852 3041
	Secondary Contact	Abdullah Zaman	WFP	abdullah.zaman@wfp.org	0300 856 0173
Coordination	Primary Contact	John Long	OCHA	longj@un.org	0300 856 0251
	Secondary Contact	Fawad Hussain	OCHA	fawadhussain@un.org	0301 854 2495
Contact details for Sub Cluster and Taskforce					
Child Protection	Primary Contact	Farzana Yasmin	UNICEF	fyasmin@unicef.org	0301 854 0036
Gender Task Force (GTF)	Primary Contact	Alice Shackelford	UNIFEM	alice.shackelford@unifem.org	0300 854 2243
	Secondary Contact	Fareeha Ummar	OCHA	ummar@un.org	0300 599 5277
Mass Communication	Primary Contact	Maria Ahmad	IOM	m_ahmad@iom.int	0300 856 9387
	Secondary Contact	Tya Maskun	IOM	imaskun@iom.int	0300 500 7268

ANNEX III: MAP OF DAMAGED HOUSES



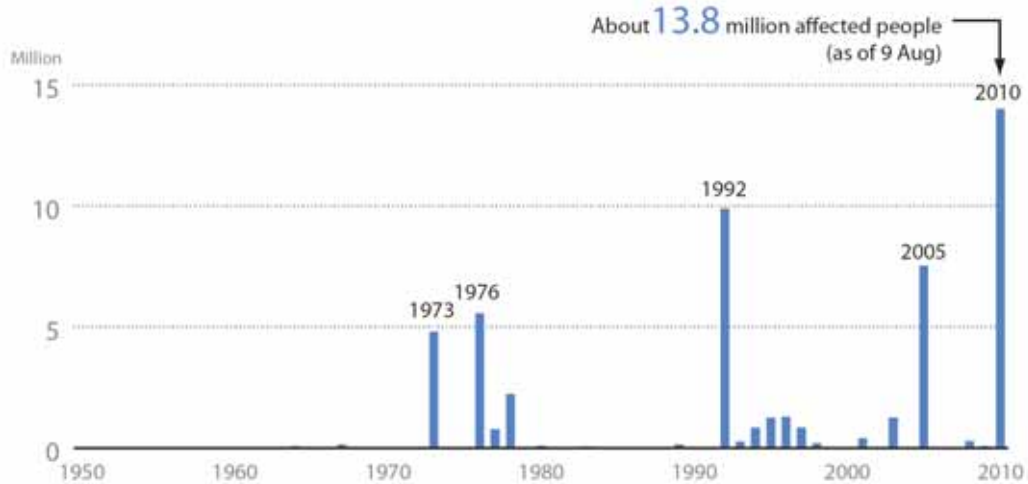
Pakistan - Number of Houses Damaged
as of 05 August 2010



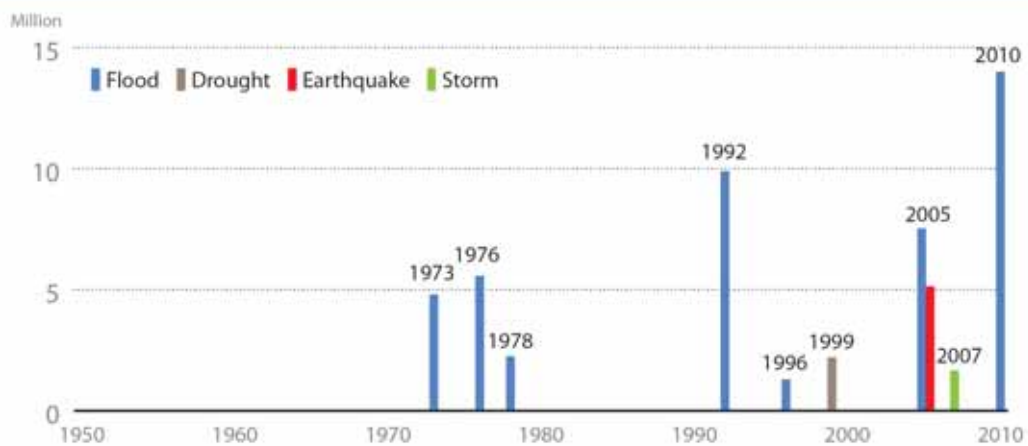
ANNEX IV: PAKISTAN FLOODS – HISTORICAL NATURAL DISASTER EVENTS

Pakistan Floods - Historical Natural Disaster Events 

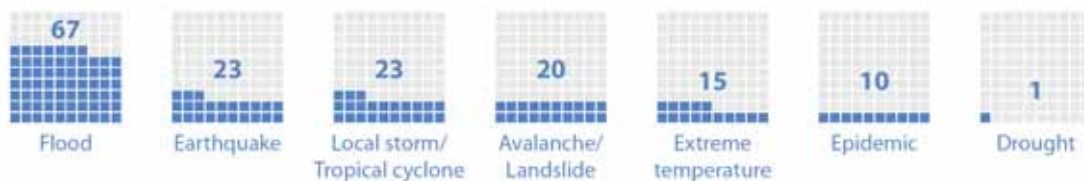
Number of affected people per year due to floods in Pakistan*



Ten biggest natural disasters in Pakistan: By number of affected population*



Number of natural disaster events in Pakistan since 1900*



*The information on natural disasters presented here is taken from EM-DAT: The OFDA/CRED International Disaster Database. In order for a disaster to be entered into the database at least one of the following criteria has to be fulfilled: a) 10 or more people reported killed; b) 100 people reported affected; c) a call for international assistance; d) declaration of a state of emergency.

Creation date: 9 Aug 2010

Data sources: OFDA/CRED, Govt. of Pakistan.

Feedback to ochaavmu@un.org

Visit us on: <http://ochaonline.un.org>

www.reliefweb.int

www.pakresponse.info

ANNEX V: ACRONYMS AND ABBREVIATIONS

AAPk	Action Aid Pakistan
ABKT	Association for Behaviour and Knowledge Transformation
ACF	<i>Action contre la Faim</i> (Action Against Hunger)
ACTED	Agency for Technical Cooperation and Development
AJK	Azad Jammu and Kashmir regions
ARC	American Refugee Committee
BEST	Basic Education & Employable Skills Training
BPRM	Bureau of Population, Refugees and Migration (US Department of State)
BRSP	Baluchistan Rural Support Programme
CAR	Commissioner for Afghan Refugees
CARE	Cooperative for Assistance and Relief Everywhere
CDC	Center for Disease Control
CDO	Community Development Organization
CERD	Centre for Excellence in Rural Development
CFW	cash-for-work
CMAM	community management of acute malnutrition
CMDO	Community Motivation and Development Organization
CORDAID	Catholic Organization for Relief and Development Aid
CRDO	Community Research and Development Organization
CRS	Catholic Relief Services
CWS	Church World Service
DEWS	Disease Early Warning System
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
EPI	Expanded Programme on Immunization
ERF	Emergency Response Fund
ETC	emergency telecommunications
FAO	Food and Agriculture Organization of the United Nations
FATA	Federally Administered Tribal Area
FFW	food-for-work
FPHC	Frontier Primary Health Care
FRD	Foundation for Rural Development
GAM	global acute malnutrition
GBV	gender-based violence
GFD	general food distribution
GHI	Global Hunger Index
GTF	Gender Task Force
HCT	Humanitarian Country Team
HDF	Human Development Foundation
HDOD	Human Development Overlay District
HDR	Humanitarian Development Report
HDP	Human Development Programme
HF	health facility
HI	Handicap International
HIN	Help in Need
HHRD	Helping Hand for Relief and Development
HMIS	Health Management Information System
HRDN	Human Resources Development Network
HUJRA	Holistic Understanding for Justified Research and Action
IBNSINA	IBNSINA Afghanistan Public Health Programme
ICCM	Inter-Cluster Coordination Mechanism
ICDI	Integrated Community Development International
IDEA	Initiative for Development and Empowerment Axis
IFPRI	International Food Policy Research Institute
IFRC	International Federation of Red Cross and Red Crescent Societies
IDP(s)	internally displaced person (people)
IOM	International Organization for Migration
IMC	International Medical Corps
IR	Islamic Relief
IRC	International Rescue Committee

PAKISTAN – INITIAL FLOODS EMERGENCY RESPONSE PLAN

IRCM	International Red Cross and Red Crescent Movement
IRD	International Relief and Development
JPC	Just Peace International
KKT	Kher Khagara Tanzeem
KPK	Khyber Pakhtunkhwa (formerly known as the North-West Frontier Province)
JPI	Just Peace International
LHW	lady health worker
MCRAM	Multi-cluster Rapid Assessment Mechanism
MERLIN	Medical Emergency Relief International
MoH	Ministry of Health
MOSS	Minimum Operating Security Standards
MT	metric tons
NDMA	National Disaster Management Authorities
NFIs	non-food items
NGO	non-governmental organization
NIDA	National Integrated Development Agency
NRC	Norwegian Refugee Council
NRSP	National Rural Support Programme
OCHA	Office for the Coordination of Humanitarian Affairs
OXFAM-GB	Oxfam Great Britain
OXFAM Novib	<i>Nederlandse Organisatie voor Internationale Bijstand (Oxfam Netherlands)</i>
PAI	Partner Aid International
PAP	Population Association of Pakistan
PEACE	People Empowerment and Consulting Enterprises
PDMAAs	Provincial Disaster Management Authorities
PITE	Provincial Institute of Teachers Education
PMA	Pakistan Military Academy
PRDS	Participatory Rural Development Society
QC	Qatar Charity
RAHBAR	Benefits and Rights
RDP	Rural Development Project
RI	Relief International
RUTF	ready-to-use therapeutic food
SABAA	Social Awareness Building and Advancement Association
SAM	severe acute malnutrition
SARHAD	Support Agency for Rural & Human Associations Development
SC	Save the Children
SC	stabilization centre
SGBV	sexual- and gender-based violence
SFP	supplementary feeding programme
SIP	School Improvement Plan
SMCs	School Management Committee
SPC	Swat Participatory Council
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
SPO	Strengthening Participatory Organization
SSTD	Society for Skills Training and Development
STEP	Step Towards Empowerment of Poor
SUNGI	Special Talent Exchange Programme (full phrase not provided)
TRDP	Thardeep Rural Development Programme
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund

PAKISTAN – INITIAL FLOODS EMERGENCY RESPONSE PLAN

UNIFEM	United Nations Development Fund for Women
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
VAM	vulnerability analysis mapping
WASFD	Women Association Struggle for Development
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision International
YRC	Youth Resource Centre

**OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS
(OCHA)**

**UNITED NATIONS
NEW YORK, N.Y. 10017
USA**

**PALAIS DES NATIONS
1211 GENEVA 10
SWITZERLAND**