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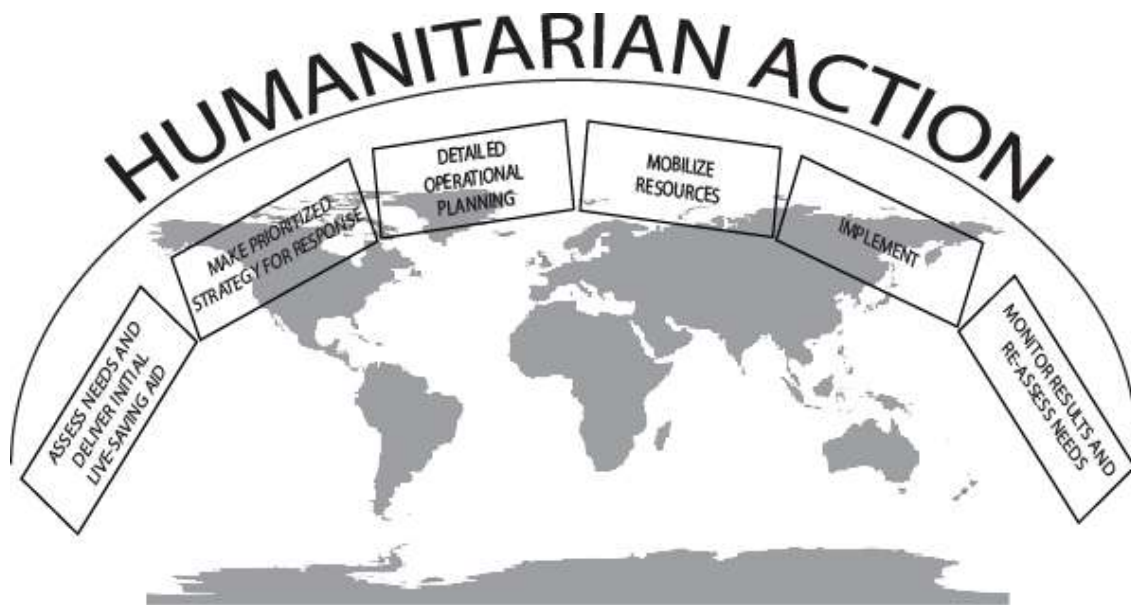
akistan Floods



September
2011

Rapid Response Plan





**SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS
WORLDWIDE**

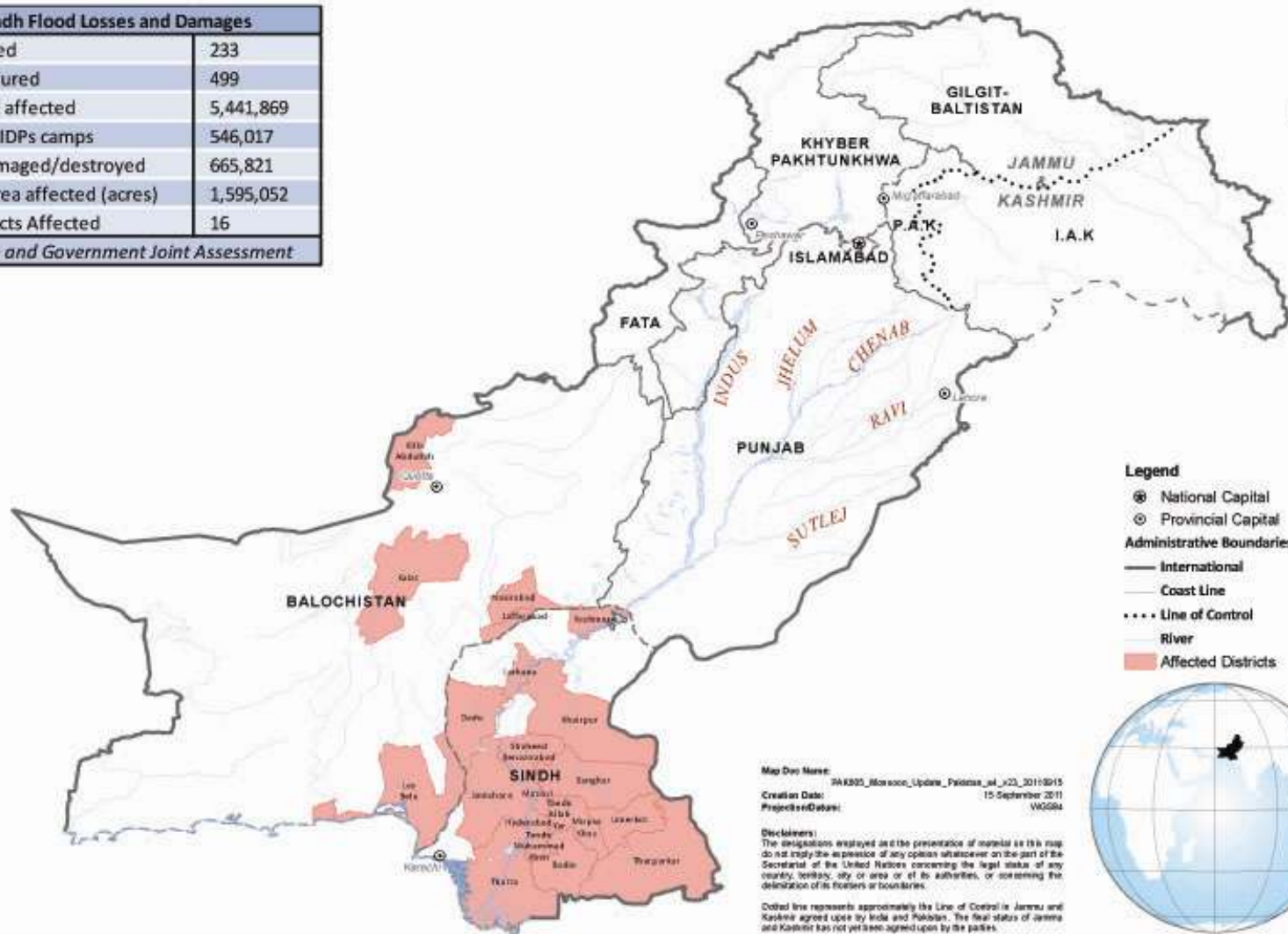
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ARC	DRC	Internews	NRC	UNESCO
ASB	EM-DH	INTERSOS	OCHA	UNFPA
ASI	FAO	IOM	OHCHR	UN-HABITAT
AVSI	FAR	IPHD	OXFAM	UNHCR
CARE	FHI	IR	PA (formerly ITDG)	UNICEF
CARITAS	Finnchurchaid	IRC	PACT	UNIFEM
CEMIR	FSD	IRD	PAI	UNJLC
INTERNATIONAL	GAA	IRIN	Plan	UNMAS
CESVI	GOAL	IRW	PMU-I	UNOPS
CFA	GTZ	Islamic RW	PU	UNRWA
CHF	GVC	JOIN	RC/Germany	VIS
CHFI	Handicap International	JRS	RCO	WFP
CISV	HealthNet TPO	LWF	Samaritan's Purse	WHO
CMA	HELP	Malaria Consortium	SECADEV	World
CONCERN	HelpAge International	Malteser	<i>Solidarit�s</i>	Concern
Concern	HKI	Mercy Corps	SUDO	World Relief
Universal	Horn Relief	MDA	TEARFUND	WV
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Sindh Flood Losses and Damages	
Persons died	233
Persons injured	499
Population affected	5,441,869
Persons in IDPs camps	546,017
Houses damaged/destroyed	665,821
Cropped area affected (acres)	1,595,052
Total Districts Affected	16

Source: UN and Government Joint Assessment



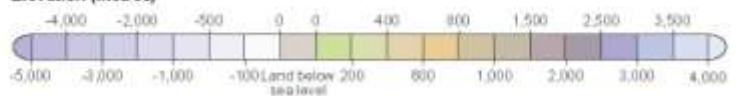
PAKISTAN: BALOCHISTAN AND SINDH - Reference Map



Legend

- Provincial capital
- Populated place
- 1. Federally Administered Tribal Areas
- 2. Khayber Pakhtunkhwa
- International boundary
- Provincial boundary
- Primary road
- Secondary road

Elevation (metres)



Disclaimer: The designations employed and the presentation of material in 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 lines represent 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/EP, United Nations Cartographic Section, GeoArchive, ESRI, Europa Technologies, FAO, GEBCO, IRI/OCHA. **Date:** 14 September 2011

1. EXECUTIVE SUMMARY

Torrential monsoon rains have triggered severe flooding in Pakistan, primarily in Sindh Province. Before the monsoon season began, forecasts predicted 10% below normal rains for Sindh and the southern parts of the country for the 2011 monsoon season. However, by 10 August, heavy rains began affecting districts of southern Sindh and extended to the northern regions of the province and adjoining areas of south Punjab and north-eastern Balochistan. While this spell lasted till mid-August, another more debilitating and sustained rain spell heavily affected areas across the entire Sindh Province from the end of August until 14 September. Concurrent impact in adjoining vast areas of Balochistan has resulted in serious humanitarian consequences including in South Punjab. In Sindh, the central and southern districts have been the worst affected¹.

These rains caused widespread breaches in the agricultural and saline water canals, particularly in the Left Bank Outfall Drain, which exacerbated flood impact in Badin, Mirpurkhas and Tharparkar districts, among others. Continued rains have seriously impeded delivery of emergency services and flood impacted mitigation works. Outflow of the draining flood water is compromised due to poor infrastructure and lack of maintenance of the drainage routes. Some parts of Karachi and Hyderabad have also experienced urban flooding. Flood waters are likely to stagnate in most of the affected regions for the foreseeable future.

As the monsoon season continues, the impact upon the population is intensifying with 5.4 million people affected to date. In Sindh, in particular, the concentration is most severe and all 23 districts have been affected to some degree. It is expected that the population will continue to be uprooted from their homes to seek refuge in the short term as more areas are affected. While some are housed in Government appointed shelters, more seek higher ground along bunds and roads. In Balochistan, five districts are affected and notified (considered seriously affected by the national authorities).²

The Government of Pakistan, through the National Disaster Management Authority (NDMA) and utilising the Armed Forces' logistical capacity, has taken the lead in responding to the disaster with the deployment of rescue and life-saving relief operations. Responses are being adapted to the emerging situation as rains across Sindh and the southern part of the country are exceptional in their quantum and spatial impact. Vast tracts which include traditional camp sites are flooded. Utilizing the preparations made through the contingency planning process, shelter locations were identified, search and rescue capacities reinforced and mass communication schemes devised. These contingency plans were activated to alert population of potential flooding and to enable some to move to shelters in advance of the floods.³

While the authorities are continuing to mobilize relief items for the affected population, access issues due to damaged infrastructure and continuing heavy rain are hampering the delivery of aid. Over the medium to long-term relief, the food security situation in the country is likely to be affected by the significant loss of crops, agricultural land, and livestock.

Rapid Response Plan Key Parameters	
Affected population	5.4 million people
Affected areas	Balochistan and Sindh Provinces
Key sectors for response	Food WASH Health Shelter/Non-Food Items
Total funds requested \$356.7 million	

¹ Badin, Dadu, Hyderabad, Kamber Shahdadkot, Khaipur, Larkana, Matiari, Mirpurkas, Neushero Feroze, Sangar, Shaheed Benazirabad, T. Allahyar, T.M. Khan, Thatta, Tharparker, Umerkot.

² Lasbella, Jafarabad, Nasirabad, Kalat, Killa Abdallah.

³ Please note that contingency plans focus more on the hazards posed by the traditional riverine floods, which did not occur in 2011 and in certain flash floods-prone areas. The experiences of 2011 indicate the tremendous challenges posed by ever changing monsoon patterns as a result of climate change.

While the Government (NDMA 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. In response to the Government's request for assistance on 6 September 2011, the Humanitarian Country Team has developed this Rapid Response Plan as a strategic plan to address the needs of the population in support to the Government's relief interventions. This plan will follow two phases:

- The first phase focuses on critical needs of the severely affected families in the areas of food security, safe drinking water and purification materials, sanitation and hygiene, emergency health services, tents and shelter kits, cooking sets, mosquito nets, and other non-food items along with critical early recovery, community restoration and capacity building needs.
- The second phase will provide a revised plan based on data collected from needs assessments.

This Rapid Response Plan seeks **US\$⁴356.7 million** to enable United Nations agencies, non-governmental organizations and the International Organization for Migration to support the Government of Pakistan in addressing the needs of flood-affected families for six months. The plan will be revised within 30 days to more accurately reflect humanitarian needs as the situation evolves and additional assessments are completed which include early recovery strategies for helping people recover and rebuild their lives.

⁴ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

Basic Humanitarian and development indicators for Pakistan

	Indicators	Most recent data	Source
	Population	177.10 million people	Economic Survey of Pakistan 2010-11
	Sex ratio (Males per 100 Females)	108.5	Statistics Division, Ministry of Economic Affairs and Statistics, Government of Pakistan
Economic status	GNI per capita	\$1,254	Economic Survey of Pakistan 2010-11
	Gross domestic product	\$162 billion	World Bank: Pakistan at a glance 2009
	Percentage of population living on less than \$1.25 per day	22.6% (2000 – 2008)	UNDP HDR 2010
Health	Adult mortality	162/1,000	World Bank Data 2009
	Maternal mortality	260/100,000 live births	UNICEF: Childinfo Statistical Tables 2008
	Under-five mortality	89/1,000	UNHDR 2010
	Life expectancy	67.2	UNDP HDR 2010
	Number of health workforce (medical doctors + nurses + midwife) per 10,000 population	6.85/10,000	WHO Statistics 2011 2000-2010
	Infants lacking immunization against Measles	15% of one-year-old	UNDP HDR 2010
Food & Nutrition	Prevalence of under-nourishment in total population	26% (2005-2007)	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): 19.1 (2010: Alarming)	International Food Policy Research Institute (IFPRI)
WASH	Population without access to improved drinking water	10%	UNDP HDR 2010
	Population without access to improved sanitation	55%	UNDP HDR 2010
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	0.490: 125th out of 169 (Medium Human Development)	UNDP HDR 2010

TABLE I. SUMMARY OF REQUIREMENTS (GROUPED BY CLUSTER)

<p>Pakistan Rapid Response Plan Floods 2011 as of 17 September 2011 http://fts.unocha.org</p>

Compiled by OCHA on the basis of information provided by appealing organizations.

Cluster	Requirements (\$)
COORDINATION AND COMMON SERVICES	525,504
FOOD SECURITY	173,940,784
HEALTH	45,911,379
LOGISTICS	1,859,502
SHELTER/NFIs	66,452,014
WATER, SANITATION, HYGIENE	68,070,486
Grand Total	356,759,669

TABLE II. SUMMARY OF REQUIREMENTS GROUPED BY APPEALING ORGANIZATION

<p>Pakistan Rapid Response Plan Floods 2011 as of 17 September 2011 http://fts.unocha.org</p>

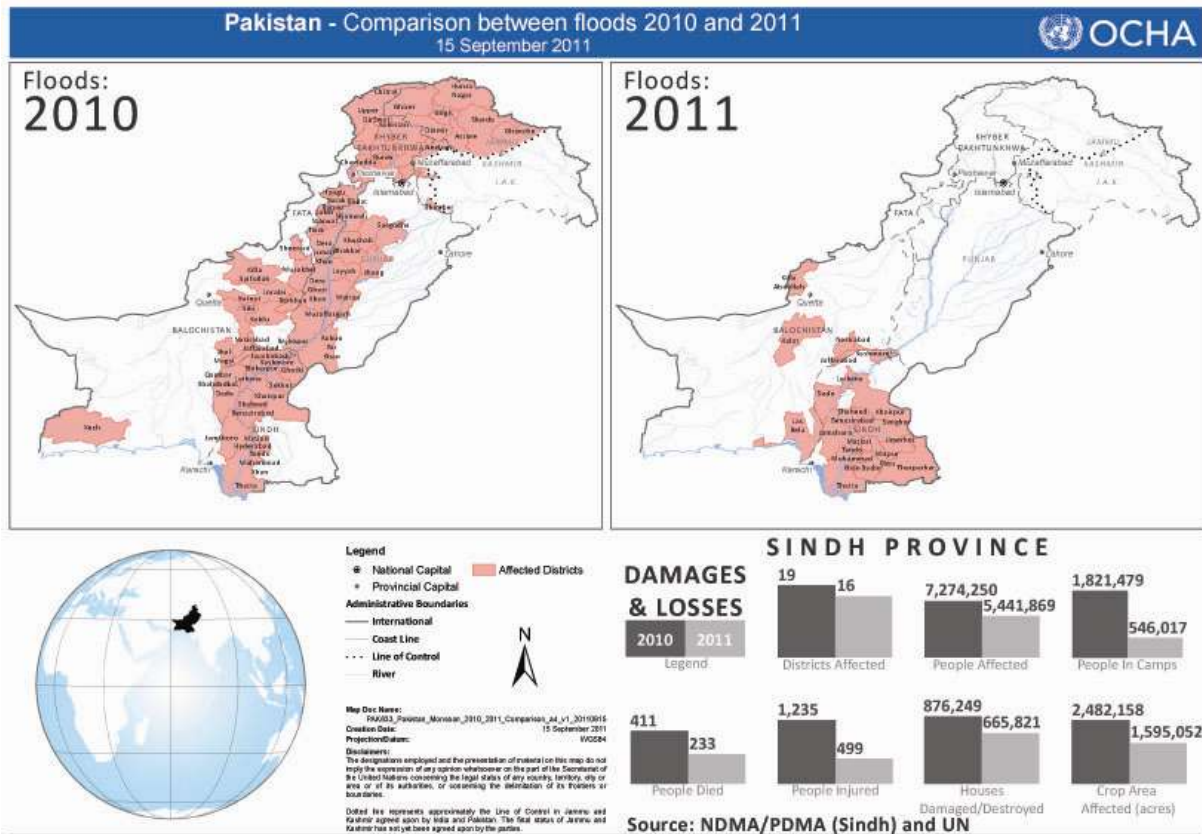
Compiled by OCHA on the basis of information provided by appealing organizations.

Appealing Organization	Requirements (\$)
ACF	1,854,411
APSD	300,000
CARE International	2,076,179
CW	2,521,524
CWS	858,267
FAO	18,900,000
GPP	647,709
GRHO	2,351,755
HHRD	160,000
ILO	2,100,000
IMC	2,877,894
IOM	15,699,361
IRC	750,000
ISM	148,402
KWES	250,000
Mercy Corps	739,526

PAKISTAN FLOODS RESPONSE PLAN 2011

Appealing Organization	Requirements (\$)
MERLIN	1,282,646
MHI	1,003,725
Muslim Aid	6,522,199
NRC	3,100,000
OCHA	-
OXFAM GB	14,872,584
OXFAM Netherlands (NOVIB)	680,177
PAIMAN	988,300
Plan	1,501,300
QC	2,214,017
Relief Pakistan	350,000
SAMI Foundation	478,500
SC	20,701,252
SDTS	519,658
Shah Sachal Sami Foundation	507,650
Shifa Foundation	910,528
Solidar	1,390,000
Solidarités International	600,001
SPO	200,000
SRO	312,400
SSP	374,345
Tameer-e-Khalaq Foundation	426,550
UN Women	280,000
UNDP	15,543,841
UNDSS	225,504
UNFPA	3,806,089
UN-HABITAT	7,906,387
UNHCR	10,850,825
UNICEF	50,328,495
WFP	134,489,803
WHO	14,835,288
WVI	5,514,869
WVP	1,807,708
Grand Total	356,759,669

2. CONTEXT AND HUMANITARIAN CONSEQUENCES



2.1 CONTEXT AND RESPONSE TO DATE

The 2011 Monsoon season, which began with a normal rain pattern, started to affect south-eastern parts of Sindh in mid-August, with a deepening impact across Sindh and Balochistan since the beginning of September. The disaster quickly expanded across lower Sindh, including areas affected in the 2010 floods. In the worst affected areas, more rain fell in a month than in an average monsoon season. Major breaches occurred in the Left Bank Outfall Drain (LBOD) in Badin and Mirpurkhas, with a smaller breach in Tharparkar. As rains continued, the water flow in irrigation channels and canals exceeded capacity and breached, compounding the flooding.

In Sindh, districts have suffered varying impact. According to the Provincial Disaster Management Authorities (PDMA) Sindh, Badin, Mirpurkhas, Sangar, Shaheed Benazirabad, Tando Allahyar, Tando Mohammad Khan, Tharparker and Umerkot are the most severely affected to date. Dadu, Ghotki, Kambar Shadadkot, and Naushahro Feroze sustained significant impact, while Hyderabad and Thatta sustained moderate impact.

In Balochistan Province, rainfall continues to be erratic and heavy across all areas, with daily reports of an increase in the number of people affected, and flooding becoming more widespread. Canal and irrigation line breaches continue to occur. Five districts in Balochistan have been declared “calamity-affected” by the Government of Pakistan. These are Kalat, Jaffarabad, Lasbella, Nasirabad and Killa Abdullah. Assessments in these areas are ongoing. The total number of people is currently being reviewed through the needs assessments.

In Sindh, of the approximately 5.44 million people affected, 49% are women. The number of deaths has increased to 223, of which 60 are women and 37 are children. To date, 665,821 family homes have been damaged or destroyed. Nearly 297,041 people (77,175 women, 139,661 children) are currently living in 2,150 relief sites.⁵

Province	Number of people affected	Houses damaged or destroyed
Sindh	5,441,869	665,821
Balochistan	TBC	TBC

Source: NDMA, 14 September 2011

The situation of the people who have been forced to leave their homes is dire, and there is clear evidence of growing humanitarian needs. People have sought refuge on higher ground, along roadsides and on bunds, while others are housed in public shelters. Access to safe drinking water is compromised, although health services are reaching out. Due to damaged infrastructure, however, it is difficult for the population to access existing services and efforts to avoid a major disease outbreak must continue. With an increasing number of people uprooted as a consequence of the situation, ensuring emergency shelter and food for the population is critical.

Across both provinces, there has been a significant impact on people's lives, especially related to the loss of livelihoods, most predominantly those related to agricultural activities. Approximately 80% of Sindh's rural population's livelihood is dependent upon agricultural activities, such as crops, livestock, fisheries and forestry. According to preliminary information from NDMA, 1.6 million acres of crop area have been destroyed by the floods, and pre-harvest crop losses include rice, vegetables, cotton, and sugarcane. The survival and health of animals in flood-affected areas are at risk due to loss of fodder reserves and animal feeds. These combined effects are likely to severely affect the availability of and access to adequate food for a large proportion of the affected population over the coming months.

The floodwaters have devastated towns and villages, washed away access routes, downed power and communications lines, and inflicted major damage to buildings. Many key roads and major bridges are damaged or destroyed. The prevailing socio-economic conditions along with flood have exacerbated the living conditions of women, men, boys and girls residing in the flood-affected districts. Additionally, female and children are not always able to access basic services or humanitarian aid. Vulnerable people in general are potentially experiencing a higher risk of disease, in addition to the challenges of limited access and mobility.

2.1.1 Government response to date

The Government, through NDMA and the Armed Forces' logistical capacity, has taken the lead in responding to the disaster with the deployment of rescue and relief operations. The initial response was launched by the district authorities, with support initially by provincial Government and then by Federal Government. The Government has carried out search and rescue activities for people trapped by the floods, and where possible, relocated populations living in vulnerable areas. Utilizing the preparations made through the contingency planning process, shelter locations were identified, search and rescue capacities reinforced and mass communication systems devised. Mechanisms developed during contingency planning were activated to alert the population of potential flooding and thus enable them to move to shelters before the floods.

During the early stages of the response, provincial governments, NDMA and PDMA's concentrated on life-saving activities, providing shelter, food and NFIs to the affected communities. For the agriculture and livestock sectors, the Livestock Department of Sindh Provincial Government is conducting a vaccination campaign covering an estimated 434,000 large and small ruminants. Fixed and mobile health facilities provided medical assistance to the population, and thus far, there have been no significant disease outbreaks.

The Government continues to mobilize shelter materials, NFIs, bottled water and food rations. Provision of temporary shelter in public buildings has been arranged for those uprooted by the floods.

⁵ NDMA report, September 14.

Across 13 of Sindh's 23 districts, there are 194,969 people in camps, most of which are in public buildings such as schools.

2.1.2 Humanitarian community response to date

The Government of Pakistan issued a formal request to the Resident Coordinator (RC) on 6 September to provide humanitarian assistance to the flood-affected population in Sindh and Balochistan. In order to identify the needs, a joint needs assessment was undertaken on 11-12 September and response activities begun. Through the cluster approach, UN agencies and NGOs are now providing life-saving emergency assistance to flood-affected communities (see table below).

Food for 500,000 people, 5,000 tents, and essential medical supplies are in the immediate pipeline as well as a further 80,000 shelters and NFI kits.

In Balochistan, besides the assistance programmes that were already ongoing prior to the floods, 1,000 tents, 2,000 blankets, 1,000 kitchen sets and 2,000 jerry cans have been provided in Nazirabad. Essential medicines for primary and reproductive health services for one month were provided in the affected provinces, along with speciality anti-venom snake kits and cholera kits. Diseases Early Warning System (DEWS) functions in all the areas but rains and flooding have caused significant damage to the local infrastructure, including health care systems.

PAKISTAN FLOODS RESPONSE PLAN 2011

Key elements of the national and international response to date as of 17 September

Cluster/Sector	Location	Response
Shelter & NFIs	Sindh	<ul style="list-style-type: none"> • 20,000 tents or plastic sheeting • 20,000 NFIs • 20,000 kitchen sets
	Balochistan	<ul style="list-style-type: none"> • 1,000 tents • 1,000 kitchen sets • 1,000 plastic mats • 2,000 blankets • 2,000 jerry Cans
Food	Sindh	<ul style="list-style-type: none"> • 226 metric tons (MTs) of food to 19,000 beneficiaries
Health	Sindh	<ul style="list-style-type: none"> • 38 emergency health kits (Population coverage: 228,000) • 46 diarrhoeal disease kits (Consultations coverage: 23,000) • 1,040 clean delivery kits • 1,300 anti snake venoms • 5,937 hygiene kits
	Balochistan	<ul style="list-style-type: none"> • two diarrhoeal disease kits • essential medicines
WASH	Sindh	<ul style="list-style-type: none"> • one million litres of bottled water • 20,000 litres of tankered water • 2,770 plastic buckets with lids • 5,000 jerry cans • 2,500 hygiene kits

Government Response carried out to date (as of 15 September)		
Government of Pakistan	Sindh	<ul style="list-style-type: none"> • 85,117 tents • 512,210 ration packs • 8,500,000 aqua tabs • 68 dewatering pumps • 3,247 water purification units • 37,500 jerry cans • 150,000 medical consultations
	Balochistan	<ul style="list-style-type: none"> • 985 tents • 1250 blankets • 29,100 bottles of drinking water • 90 ration packets • 300 kitchen sets • 600 jerry kits • 425 medical consultations, including women and children

2.2 HUMANITARIAN CONSEQUENCES AND NEEDS ANALYSIS

The humanitarian consequences of the 2011 floods are extensive and follow the serious impact of the 2010 floods in many areas. Millions of people, in particular farmers (both men and women) and unskilled daily labourers were desperately trying to recover from the impact of the 2010 flooding. A proportion of those affected last year have again lost their homes, assets, and livelihoods, and are in desperate need of emergency aid. In the affected areas, a high proportion of the population lives below the poverty line with no or little resilience to shocks. The recently conducted Detailed Livelihood Assessment (DLA) for districts severely affected by the 2010 floods indicated that around 30% of households are both asset poor and food consumption poor. In the context of the current floods, this implies that their “baseline” (pre-flood 2011) food consumption levels in terms of quality and quantity of food are poor; it also implied that this portion of the affected population have meagre assets to rely upon.

Due to the destruction of their homes, families have been forced to seek alternative locations to live. They now sleep in schools, government buildings and open spaces with insufficient facilities. Standing water directly increases the risk of water- and vector-borne diseases. The unavailability of safe drinking water and damage to sanitation infrastructure are also causing skin problems and infections.

Extensive destruction of crops has been recorded in many areas, with millions of acres of standing crops washed away especially in Sindh. Seed stocks have been destroyed, severely compromising the recovery process from the 2010 floods and wiping out 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 include support for seeds (wheat and vegetables), fertilizers, tools, irrigation rehabilitation and the restoration of basic services including education, health and nutrition. Amid significant population movement, destroyed crops, food stocks and other assets, and widespread damage to markets and other infrastructure, the food security of affected groups has been critically and abruptly compromised; with both availability and access conditions threatened.

Another threat is the current trend of polio with increased number of cases in Sindh and Baluchistan. This is hampering the efforts for effective polio control and increasing risk of new cases.

Results from the rapid assessments indicate the need for a combination of urgent life-saving measures. Critical issues include risk of increased morbidity and mortality as a result of the floods and disruption to local communities and to critical infrastructure. The international humanitarian strategy is a complement to that of the Government’s, and is focused on covering to the extent possible identified gaps in coverage and response.

As such, the international humanitarian response is designed to provide a flexible package of measures revolving around food security, health, WASH and shelter with a view to sustaining people who have been uprooted and to assisting them to return home, in safety and dignity, as soon as conditions allow. Unless aid activities are rapidly scaled up to reach those who remain uprooted and without immediate access to food and safe drinking water, additional loss of human lives and further suffering will occur.

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. Gender analysis and collection of sex- and age-disaggregated data will be a pre-requisite in the response. Disaggregated data 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 a female presence (which is a pre-requisite for carrying out interviews with women and girls) can be assured.

In addition, experience also shows that during flood emergencies, humanitarian actors tend to focus on what are considered life-saving survival interventions, often at the expense of providing critical protection to children and women from life-threatening protection concerns. There is a need to scale up efforts to address protection including child protection, GBV prevention and response, and mental health and psycho-social support. It is crucial that protection be considered as a cross-cutting issue that must be integrated into all aspects of humanitarian response.

2.2.1 Needs assessment information

A Joint Rapid Needs Assessment was carried out in Sindh on 11 and 12 of September, to determine the severity and impact of the 2011 floods. The Joint Rapid Needs Assessment teams evaluated 16 districts in Sindh⁶ and six districts in Balochistan.⁷

Methodology

The methodology was pre-approved by the NDMA co-chaired Assessment and Survey Working Group, as part of the contingency planning process. The Joint Needs Assessment is coordinated by representatives of NDMA, World Food Programme (WFP) and Office for the Coordination of Humanitarian Affairs (OCHA) and in the initial phase is based on secondary data from district officials and community leaders. More in-depth cluster specific assessments are planned.

The Rapid Needs Assessment process comprised a number of components, including life-saving needs, profiling of uprooted people, village assessment, protection and early recovery. These have, to a large extent, contributed to the methodologies of the major assessments and confirmed, corroborated, and supplemented many of the assessment findings.

Findings

Profile of the affected population

The total population of Sindh is 21.7 million, of which 5.44 million (25%) are affected. Of these 49% are women and girls, and 36% are children. The prevalence of conservative cultural norms (*purdah*, etc.) affects how women receive aid. For instance, *purdah* is violated if female members of communities are exposed to unfamiliar surroundings. 73% of women in rural areas of Sindh are economically active; within agricultural households, 25% of full time workers (defined as one who does only agricultural work) and 75% of part-time workers are women. The major agricultural activities performed by women farmers are related to crop (cotton pickers) and livestock production, post-harvest management, and marketing.

Sindh

Initial findings of the Rapid Assessment indicate the scope and scale of the impact. In Badin, the most severely affected district, over a million people have been affected.⁸ Assessment findings noted that half the families in camps in Badin district are female headed. The greatest number of uprooted was found in Umerkot, with over 107,000 people concentrated in 67 gathering sites. Currently, 611 camps are operational in Shaheed Benazirabad district, housing 81,613 families.

Up to 5.44 million people have been affected by the disaster thus far, of which five percent of households are headed by women. With large areas of land still submerged by standing waters, more than 1.8 million people have been uprooted from their homes, many of whom are being forced to seek temporary shelter along roadsides, river embankments and in public buildings. More than 361,000 houses have been entirely destroyed, with a further 304,000 partially damaged. Up to 67% of food stocks and 73% of crops in affected districts have been destroyed or damaged, and more than 36% of livestock have perished or been sold (symptomatic of a resort to detrimental coping strategies). Of the

⁶ Badin, Dadu, Hyderabad, Jamshoro, Kashmore, Khairpur, Larkana, Matiari, Miurpur Khas, Sanghar, Shaheed Benazirabad, Tando Allahyar, Tando Muhammad Khan, Tharparker, Thatta, and Umerkot.

⁷ Jaffarabad, Nasirabad, Loralai, Kalat, Killa Abdullah and Khuzdar.

⁸ Extrapolated data from the 1998 Census, projected to 2010 estimates the population of Badin district to be 1,583,453.

11,000 markets examined, 71% were found to be inaccessible; while up to 65% of the affected population reported immediate food needs, through surveyed village committees. Across all areas, available food stocks (including some assistance already provided) were reported to be sufficient to last an average 25 days; though much less in the worst-affected districts.

Families from Badin have concentrated in Thatta, as more of Badin comes under water. Reports indicate floods have extended into more areas of Dadu. Critical needs in terms of shelter, food and safe water requirements and public health concerns were found. Also noted is the need for population gathering sites to be organized to promote dignity and respect to cultural norms especially for women and girls; the effect the compounded situation is having on nutritional status especially for those already compromised; damage to infrastructure; the need to strengthen Disaster Risk Reduction (DRR) at community and district levels; and an urgent need to facilitate the re-opening of schools as places of learning while ensuring the children of families who are uprooted also have access to education.

Damage to crops is widespread, affecting the availability of cash crops, animal fodder and nutrition rich foods for local consumption. The damage to herds of livestock is also severe, and sustaining the health of livestock in the current conditions is difficult. Livelihoods have been eroded, and access to markets and services compromised.

Balochistan

Consistent with the approved methodology approved by the Assessments and Survey Working Group, Joint Rapid Needs Assessments are being carried out in five districts in Balochistan.

Other

Gender analysis and collection of sex- and age-disaggregated data will be a pre-requisite in the response. Disaggregated data 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.

2.2.2 Needs analysis by cluster

Current gaps in humanitarian response

Gaps in the response are covered in more detail per cluster below. However, there are concerns of price increases in staple foods and possibly in fuel. Access to the affected population is difficult with routes under water or washed away in certain areas. Concerns regarding the capacity among partner organizations in terms of sufficient technical expertise were flagged especially in areas not affected in 2010.

Health

Floods indirectly lead to an *increase in vector-borne diseases* through the expansion in the number and range of vector habitats. Standing water caused by heavy rainfall or overflow of rivers acts as breeding site for mosquitoes and enhances the potential for exposure of the disaster-affected population and emergency workers to infections such as dengue, and malaria. Acute watery diarrhoea (AWD) with other water-borne and vector-borne diseases represents major health risks in flood-affected areas. The flood waters leave dead animal carcasses and debris around the living human population posing potential threats of disease outbreaks due to different vectors e.g. flies, mosquitoes, mice, etc.

The common causes of morbidity and mortality are diarrhoeal diseases including cholera (normally confirmed through the National Institute of Health/NIH); tuberculosis; malaria; which affects a lot of pregnant women and children under five; and measles. A special attention is needed on polio control, especially in Sindh where already 15 cases have been reported in 2011. The Rapid Protection Assessment identified health-related problems among the flood-affected populations including mental

health and psycho-social problems, trauma and stress among the affected, especially among unaccompanied and vulnerable children and people with disabilities.

Given the endemic presence of cholera in the affected areas, close attention to preparedness action in conjunction with the WASH Cluster stakeholders is required to ensure adequate capacity and stock of appropriate materials.

Nutrition (analysis and requirements mainstreamed within Health Cluster)

The pre-existing vulnerability linked to malnutrition is further exacerbated by the current situation. GAM rates range from 15% to 22% in the flood-affected districts of Sindh. The Flood Affected Nutrition Survey (FANS) Report for 2010 showed GAM at 22% in Sindh, far above the emergency threshold of 15% (Sphere standards). Children, and pregnant and lactating women, who were registered in nutrition programmes may now have been uprooted and may now be unable to receive their nutritional supplements. Children who displayed vulnerability to malnutrition prior to the flooding may now become acutely malnourished.

Water, Sanitation and Hygiene (WASH)

Although the Government and local NGOs commenced an immediate response to the impact of the 2011 monsoon, the scale of disaster means that many people continue to have limited access to sufficient quantities of potable safe water with poor water quality being a major problem. Sanitation systems are overwhelmed, inadequate or non-existent. The usual mechanisms for promoting good hygiene practices have been disrupted, thus denying people the ability to wash their hands before eating and after defaecation. It also leads to open defaecation. These combined issues raise public health concerns, especially for those who have had to leave their homes, but also for the resident population.

WASH stakeholders need to maintain a close watch on the DEWS trends and remain ready to respond to WASH-related health concerns as advised by the health sector. Special attention is needed to ensure the WASH component of cholera preparedness action is adequately catered to.

Further to health-related WASH concerns, close liaison with protection, nutrition and education will be required to ensure that WASH facilities and services are provided in support of and to ensure impact of these sectoral interventions. WASH activities should encompass early recovery components from the get-go and seek to incorporate specific attention to other cross-cutting concerns.

Food Security

Amid destroyed crops, food stocks and other assets, and widespread damage to markets and other infrastructure, the food security of affected groups has been critically and abruptly compromised; with both availability and access conditions threatened. It is estimated that all those families whose houses have been completely destroyed and up to 10% of those with partially damaged residences who have also lost a majority of other assets, require immediate food assistance. This represents a total of 2.75 million people in Sindh.

The unconditional distribution of relief food rations will be essential to saving lives, averting hunger and precluding nutritional declines amongst affected populations. Furthermore, meeting basic food requirements on a regular and systematic basis is not only central to food security and nutritional objectives, but also to the success of other relief interventions: permitting complementary between UN, NGO, government and community-level assistance efforts to proceed unhindered by immediate food security concerns. Without these measures, vulnerable households will likely face increasing food insecurity and be unable to engage in any meaningful recovery, resulting in an erosion of coping mechanisms that may further protract dependence on humanitarian assistance.

In many areas, vital food stocks, crops and seeds have been washed away. In Sindh, the *rabi* winter planting season is due to begin in five weeks. There is, therefore, a limited window of opportunity to provide assistance to ensure crops can be planted, where conditions, particularly water recession

rates, permit, to provide food for early 2012. Livestock which survived the initial floods risks being lost if emergency animal feed rations and veterinary support are not forthcoming. Short- to medium-term needs to re-establish agricultural livelihoods will include support for seeds (wheat and vegetables), fertilizers, tools and irrigation rehabilitation.

Shelter/NFIs

The number of homes destroyed has forced families to seek alternate locations to live. In districts such as Umerkot (Sindh), they are dispersed into a number of smaller settlement sites, while in Thatta the population has concentrated into fewer locations. Cooking utensils and hygiene kits are critical. Personal losses include items of clothing, such as *chadars* (cloth wraps/shawls) which are required for observation of *pardah*. Many of the affected population have been forced to leave their homes and are sleeping in open spaces, thus violating *pardah* for female family members.

Results from government and HCT assessments found that 665,821 houses have been damaged or destroyed in Sindh. Ongoing assessments indicate this figure could rise to over a million in the coming weeks, and when taking into account assessment data from Balochistan. The maximum level of emergency shelter response anticipated by the Government of Pakistan is the provision of 150,000 tents leaving a minimum estimated gap of 273,919 families whose houses have been destroyed assuming that one tent can provide shelter for one family.⁹ The Shelter Cluster will provide emergency shelter for an initial caseload of 273,919 households prioritizing vulnerable populations taking into consideration the necessary accommodations required to ensure distribution reaches women and children.

Approximately 3,500 temporary settlements have been created as a result of the floods.¹⁰ In many cases the affected populations have lost personal belongings such as clothing, beddings, and personal hygiene articles. The Temporary Settlements Support Unit (TSSU) assessment shows that the average temporary settlement contains 324 people with the highest number of people at one site being 12,000. It is assumed that 162,000 reside in temporary settlements.¹¹ Those residing in temporary settlements without adequate shelter will be prioritized.

Logistics

The Logistics Cluster is currently engaged in assessing the needs of humanitarian actors working in the affected areas, and in identifying logistics gaps that have the potential to impair delivery of life-saving relief items. These initial assessments are indicating a need for effective logistics coordination and the possible provision of additional transport and storage capacity to augment the efforts of humanitarian actors and the Government of Pakistan.

Protection

The assessment found that vulnerable groups, such as people with disabilities, female-headed households, child-headed households, ethnic/religious minorities and people who do not possess civic documentations including the computerized national identity cards reported facing difficulties in receiving relief assistance, especially food items. There are a higher number of cases of unaccompanied, separated and missing children as well as family members getting separated during the emergency. Lack of privacy, absence of female-friendly and child-friendly spaces (CFS) and effective response mechanisms to people with special needs are also reported. People with disabilities reported their difficulties in receiving assistance and access to specialized services and lost mobility aids and assistive devices and do not have any supporting mechanisms other than family members and community leaders.

⁹ Sphere standards recommend 3.5m² covered space per individual. In Sindh, the average family size is 6-7 which would require tents to be 21-24.5m². Initial reports show tents being smaller than 21m² with possibly two tents being provided per family. If confirmed, this will increase shelter gap by 75,000 households.

¹⁰ Figure created by combining NDMA statistics regarding number of formal camps and collective centers and temporary settlements finding that 57% of all such sites were spontaneous.

¹¹ SEP10-12 Temporary Settlements Rapid Assessment

Psycho-social support is needed for children and women. People with disabilities reported their difficulties in receiving assistance and accessing specialized services and loss of mobility aids and assistive devices. They do not have any supporting mechanisms other than family members and community leaders.

Early Recovery

Markets have been severely affected across the flood-affected districts. Impact to infrastructure, such as roads and bridges, will impede the humanitarian response and the population's capacity to access services. Gaps in DRR strategies were noted.

Education

Many schools are currently being used as shelters for uprooted people. To date 1,244¹² schools are occupied, with 5,308 schools reported as damaged in Sindh, and 90 in Balochistan. It is necessary to ensure safe places to learn and play to protect children's psycho-social well-being. Restoring education services as quickly as possible will help protect the most vulnerable children from increased risks of dropping out of school and promote a general return of normalcy for all affected children and young people.

¹² Department of Education, through UNICEF.

3. COMMON HUMANITARIAN ACTION PLAN

3.1 SCENARIOS

Best-case scenario: Mild monsoon rains continue to fall into mid-September, causing no further damage or destruction in either flood-affected areas or other parts of Pakistan. No further breaches occur in the canal or drainage system.

In all scenarios, children under five, pregnant/lactating women, people with disabilities, and elderly people are the most affected.

Most likely scenario: extreme weather patterns continue to devastate parts of the country, especially in Sindh, causing additional loss and damage. Breaches continue in the canals and drainage systems. Ongoing rains and flooding affect additional parts of the country as well as those areas already suffering from flood impact. As the rains continue, the total number of population affected may increase, and the needs of those currently affected alter as a result of the continued flooding. For example, some of the affected people have been able to salvage livestock and household goods that risk being lost with continuing flooding.

Core elements	Effects on humanitarian needs and operations
Moderate monsoon rains continue to fall throughout September, continuing to cause localized flooding. Lakes and rivers overflow their banks	<ul style="list-style-type: none"> • Increase in humanitarian needs, especially food security, water, shelter, and health, education, nutrition and protection services • Population forced to move • Increased need for livelihoods support
High water levels and damaged infrastructure 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 • Access to basic services compromised • Food insecurity • Risk for disease outbreaks
Significant percentage of affected population remain uprooted 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 two provinces	<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)

3.2 STRATEGIC PRIORITIES FOR HUMANITARIAN RESPONSE

The Government responded immediately to the affected population, in August, and continues to do so. This Rapid Response Plan focuses on immediate provision of life-saving services such as access to safe drinking water, shelter, food and health services, in support of the Government response. This initial response focused on providing services to the population forced to leave their homes and seek refuge in shelters, while also providing support to those who suffered loss, but were able to remain in their communities, in southern Sindh. However, the evolution of the crisis has seen district, provincial and national capacities overwhelmed as the rains continue and flooding expands to new areas.

The strategic priorities for this Rapid Response Plan reflect the analysis of immediate needs and feasibility. The geographic focus of this appeal is in the notified (severely affected) districts of Sindh and Balochistan. In addition to the large number of men, women, boys and girls who require assistance, priority groups, such as the most vulnerable, those who had to leave their homes, and the most food-insecure will be targeted in the initial response. Provision of shelter, access to safe drinking water, food and emergency livelihoods support, adequate health services, including support for maternal and child care and nutritional support are seen as critical needs.

All clusters will focus efforts to identify the most vulnerable groups and people in need of protection and assistance, taking into special consideration age and disability. In order to understand who is accessing humanitarian support, all participating clusters will submit reports disaggregated by sex,

age and location. Attention to cross-cutting issues (Protection, Early Recovery, Nutrition, DRR, Environment and Gender) where applicable, is recommended.

In consultation with the relevant Pakistani authorities, the HCT has agreed the following strategic objectives for the Rapid Response Plan:

1. Provide humanitarian and protection assistance in a timely and equitable fashion to groups prioritized as most vulnerable who have been affected by the floods.
2. Ensure the preservation of existing early recovery programmes, while ensuring timely early recovery activities are commenced. Plan for a timely transition back to early recovery, to enable the continuum to recovery and development.
3. Utilize opportunities to create a wider, more effective humanitarian response in Pakistan.
 - Strengthen and develop existing humanitarian coordination structures in provinces and districts
 - Support capacity to deliver responsible humanitarian action through Pakistani central and local authorities, NGOs and civil society, in order to reduce aid dependence
 - Generate disaggregated, local evidence for humanitarian strategy through data collection, analysis, monitoring and evaluation mechanisms

3.2.1 Project selection and prioritization methodology

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 NDMA and PDMA) 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.

Project selection criteria

- Projects are in line with relevant cluster objectives & overall strategic priorities, including the gender marker.
- All project activities must remedy, mitigate or avert direct threats to affected people within a short time span (not more than six months).
- Proposing organization with planned partners must have a recognized capacity, including presence in selected affected areas to implement the project, & ensure planned activities are realistic, relevant, appropriate, and that impact can be monitored.
- Projects must be evidence-based, taking into consideration vulnerability or possible discrimination, justification for proposed projects should be provided.
- Projects must be planned in accordance with geographic prioritization (notified districts in Sindh and Balochistan).

Critical to ensure actions

- Strengthen and develop existing humanitarian coordination structures in provinces and districts
- Support capacity to deliver responsible humanitarian action through Pakistani central and local authorities, NGOs and civil society, to reduce aid dependence
- Generate disaggregated, local evidence for humanitarian strategy through data collection, analysis, monitoring and evaluation mechanisms

3.2.2 Coordination arrangements

At national level, the inter-cluster coordination meeting is co-chaired by NDMA and OCHA; while at provincial level, PDMA co-chairs with OCHA. Cluster coordination is carried out by the nominated Inter-Agency Standing Committee (IASC) member and NDMA or their delegate at national level; and with PDMA or delegate at provincial level. District level coordination is directed by the District Coordination Officer (DCO). The District Disaster Management Authority (DDMA) co-chairs inter-cluster coordination with the UN representative.

For the process of the elaboration of this Rapid Response Plan, Government counterparts participated in the development of the overall and cluster strategy. For project approval, following the cluster vetting and selection, PDMA signed off on project proposals provided at provincial level. At national level a steering committee comprising of NDMA, OCHA and the UN Resident and Humanitarian Coordinator, provided the final screening of the projects.

With the transition from relief to Early Recovery in March 2011, following the 2010 floods, thematic Early Recovery Working Groups were established as part of the coordination mechanism. In the areas where the Early Recovery Work Groups are active, they will continue to focus their efforts to support population whose needs are provided through the Early Recovery phase. It is expected that as population needs transition from relief, Early Recovery activities will continue to support them to move on to recovery and development.

3.2.3 Monitoring rapid response plan results

The impact and results of the humanitarian community's contribution will be measured against a set of agreed key performance indicators at the strategic, cluster and project levels. Monitoring and reporting of humanitarian response will be done on monthly basis using various tools as outlined below:

- Financial tracking through FTS from which funding, gaps and classification of funding will be reported
- Financial expenditure will be tracked against projects, clusters, provinces and national level through monthly financial expenditure tracking
- Beneficiaries covered, key activities under each cluster by district through 4Ws (Who, What, Where and When) and district profiles
- Regular joint field visits of national, provincial and district government authorities and humanitarian community representatives

Streamlining reporting requires that existing mechanisms be harmonized and discussed between the Government authorities, the UN and the humanitarian community with a view to improve accountability (i.e. Development Assistance Database/DAD, Economic Affairs Division/EAD forms etc). OCHA will act as a focal point for collection of data and analysis produced by clusters on needs, response and gaps. Various templates will be used to collect information, including 4Ws which is widely used and simple. Compilation of district profiles along with situation update and available reports will be shared with wider humanitarian community including national and provincial authorities.

4. CLUSTER RESPONSE PLANS

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

Rapid Response Plan Requirements and Beneficiaries		
Cluster	Requirements (\$)	Targeted beneficiaries per cluster

Please note that beneficiaries are calculated by cluster and subtotals are not equal to the total beneficiary population.

Health	45,911,379	Services will be provided in areas with a total catchment of approximately five million potential beneficiaries, including: <ul style="list-style-type: none"> • children under five: 792,755 • women of child-bearing age: 1,984,189 • elderly 187,476
WASH	68,070,486	Approximately 2.44 million people to be provide a full WASH package.
Food Security	173,940,784	Food assistance and emergency livelihoods support for up to 2.75 million flood-affected people.
Shelter/NFI	66,452,014	Initial target of 273,919 families whose houses are damaged or destroyed and in need of shelter support.
Logistics, and Coordination	2,385,006	Partners and the broader humanitarian community in Pakistan.
TOTAL	356,759,669	

4.1 HEALTH CLUSTER

LEAD AGENCY: WORLD HEALTH ORGANIZATION

CLUSTER PARTNERS: CDO, CWS, HHRD, ILO, IMC, MERLIN, Muslim Aid, NHEPR, SHIFA Foundation, UNICEF, UNAIDS, WHO, WVI, SCI, UNFPA, IOM, ACF International, STC, GPP, Relief Pakistan, UNESCO, WFP.

Overall cluster objective

Provide emergency health care including high impact, critical life-saving services for vulnerable men, women and children of communities in flood-affected in Sindh through strengthening, provision of/and maintaining essential emergency health interventions.

Beneficiaries

Male (51%)	2,774,400
Female (49%)	2,665,600
child bearing age (48.8% of females)	1,300,813
Population below 15 years	2,360,960
Children (below 5 years excluding newborns)	805,120
Population 15 - 64 years	2,888,640
Pregnant women 3.7% of 15 - 64 population	106,880
Elderly (above 65 years)	190,400
Total Population	5,440,000

Strategy and proposed activities

- Immediate re-launching of essential primary health care (PHC) services including activities comprised within the Minimum Initial Service Package (MISP) for reproductive health (skilled birth attendance and newborn care) and GBV prevention and response.
- Establish static and mobile children’s and women’s safe spaces within or next to health facilities or embedded services in mobile health clinics to provide protection services.
- Procure and provide vaccines, essential medical and nutrition supplies.
- Support to emergency mass vaccination/immunization campaigns, specifically against polio/measles and vitamin A supplements for all children aged 6-24 months pregnant and lactating women.
- Support for management of complicated severe acute malnutrition (SAM) and contribution to nutritional assessments and surveillance.
- Establish outpatient therapeutic feeding programmes (OTP) and stabilization centres (SCs) for the treatment of children aged 6-59 months, suffering from SAM as per CMAM protocols; including improved infant and young child feeding (IYCF) and hygiene practices by mothers and caregivers and breastfeeding corners at all project sites; supported by nutrition surveillance and information systems.
- Establish supplementary feeding programmes (SFP) for the moderately malnourished children, pregnant and lactating women; and provide multi-micronutrient powders for all children aged 6-24 months, as well as pregnant and lactating women, supported by nutrition surveillance and information systems.
- Establish a static and mobile children’s and women’s safe spaces within or next to health facilities or embedded services in mobile health clinics to provide protection (GBV and child) services.
- Support integrated services for GBV survivors including health, psycho-social and referrals to legal assistance where needed.
- Monitor and ensure water quality & environmental health.
- Provide psycho-social and mental health support with the support of Protection Cluster.
- Prevent drowning.
- Distribute hygiene kits to the affected female population.
- Coordinate humanitarian health actors through the Health Cluster mechanisms at national and sub-national level.

- Provide essential PHC health services to the affected population.
- Prevent, control and provide public health response to communicable disease outbreaks.
- Assist in the water and environmental sanitation for the overall response and containment of outbreaks.
- Protect and promote appropriate infant feeding practices by strengthened skills and knowledge of health workers, creating breastfeeding corners/safe spaces in the affected areas and conduct regular nutrition and hygiene education sessions for mothers and other caregivers of children under five.
- Establish nutrition surveillance system in affected areas.
- Epidemiological surveillance and disease control through DEWS and establish diarrhoea treatment units, malaria prevention, polio control and vector control measures.
- Establish specific mechanisms within all activities to ensure that the specific health and protection needs of the most vulnerable people are met, including an independent monitoring setting.

Expected outcomes

- Emerging health threats and outbreaks prevented through fast, timely, effective and coordinated joint health interventions.
- Early detection of and timely effective response to outbreaks of communicable diseases.
- Control of polio.
- Reduction in the excess infant and child mortality and morbidity by providing life-saving treatment to moderately and severely malnourished children, including those with medical complications.
- Access to essential PHC and emergency services restored in affected community.
- Affected population have access to safe drinking water and proper sanitation.
- Reduction in maternal mortality and morbidity by provision of life-saving RH services to women and adolescent girls.

Indicators

- Number of water samples collected and tested.
- Number of boys and girls aged 6-59 months screened and treated at OTPs, SCs.
- Number of coordination meetings held and action notes circulated.
- Number of beneficiaries screened and enrolled in SFPs, by age and sex.
- Number of breastfeeding corners/safe spaces established and operational.

4.2 WATER, SANITATION AND HYGIENE CLUSTER

LEAD AGENCY: UNITED NATIONS CHILDREN'S FUND

CLUSTER PARTNERS: Concern Worldwide, ACF, IMC, IRC, Mercy Corps, Muslim Aid, Oxfam GB, Oxfam Novib, PU-AMI, SCI, Solidarités International, UNDP, UN-HABITAT, UNICEF, QC, WHO, WVI, UNICEF, UNWOMEN

Overall cluster objective

Contribute to a measurable reduction in WASH-related morbidity and mortality among the affected population through the efficient, effective, and timely implementation of WASH emergency and early recovery interventions, targeted at flood-affected women, men, children, and with due attention to vulnerable populations identified.

Strategy and proposed activities

It is estimated that approximately 2.5 million people are currently in urgent need of safe drinking water and basic sanitation. The needs of the affected communities differ significantly due to geographical and vulnerability factors. Among those who have fled, some have made their way to relatives in non-affected areas; others are sheltered in public building or in tented camps, and in spontaneous settlements. Some settings place the uprooted people at higher risk of disease than others. Regardless of location or context, women, children, the elderly and disabled are at greatest risk. In Sindh, out of 22 districts surveyed, 15 districts have been found to have serious water access issues while 18 districts have serious water quality issues in addition to access. Information is just beginning to emerge from the affected districts of Balochistan as rapid assessments are initiated across the affected districts.

The WASH Cluster group is committed to streamlining early recovery within the immediate response, where possible. All activities will be designed and carried out with due regard to relevant cross-cutting concerns, including gender, children, the elderly, the disabled, environment, DRR and protection, which will underpin both the emergency and early recovery interventions.

Within the relief period, WASH Cluster partners will ensure immediate WASH interventions are implemented in the most affected areas to meet basic/survival needs of the populations. These interventions will assist people cut-off by flood waters (accessing them through joint efforts with the Logistics and other relevant clusters) and people in spontaneous settlements, in tented camps or sheltered in existing public buildings with no or insufficient WASH facilities and services. The WASH Cluster agency efforts will also seek to service the WASH needs of other sectoral interventions including those of Protection, Nutrition and Education.

WASH Cluster partners will aim to re-establish basic services as populations return to areas of origin and/or in areas where populations were not uprooted. Further assessments continue to reinforce initial findings regarding the actions required, in particular in communities. WASH activities play a critical role in limiting the vulnerability of the affected populations to WASH-related disease. These actions are being planned and prioritized in coordination with government counterparts, to reach those most affected. Interventions are also being coordinated with all clusters, including Shelter and Health, Protection, Nutrition and Education for an effective and efficient response.

Based on preliminary information available both the relief and subsequent early recovery needs are extensive and WASH interventions must be provided quickly to minimize WASH-related disease risks amongst the population. The WASH Cluster group has identified the following options to meet the needs:

- Working through local partners (NGOs) and local government (including Public Health Engineering Department /PHED, Taluka Municipal Administrations /TMAs) where possible and if capacity exists.
- Increased use of existing national structures and resources in close coordination with the respective sectoral clusters – including community volunteers for hygiene promotion.

- Advocacy with WASH Cluster members, active in Sindh/Balochistan and with the potential to scale up in an effective and efficient manner. If required advocacy with WASH agencies to expand coverage to additional areas.
- Local procurement should still be utilized to the extent possible.
- If necessary, technical agreements through WASH Cluster technical working groups (TWGs) on best practice (latrine design etc.) to support smaller WASH actors and minimize duplication of efforts and facilitate simpler monitoring.
- Improved forward planning for the recovery phase to ensure adequate preparation and capacity within the Cluster and government counterparts.
- Adequate preparation to ensure that the WASH Cluster is able to be responsive and effective to any potential outbreak of WASH-related disease.
- Collaborate with other Clusters to ensure timely response.
- Ensure effective monitoring within Cluster agencies. Agencies are encouraged to undertake comprehensive monitoring using standardized tools (for both monitoring and reporting) developed by the WASH Cluster.

Humanitarian action envisaged as part of this Rapid Response Plan

- Ensure effective coordination of the humanitarian response programme in the WASH Sector in close collaboration with other clusters and Government.
- Provide safe drinking water to the affected population through water tankering, repair/restore damaged drinking water systems as priority where possible, water disinfection, installation of water treatment units where feasible and available, provide household water treatment and storage options; water quality monitoring of water supplies will also be ensured.
- Provide adequate sanitation facilities to the affected population including construction of latrines and hand washing and bathing places for populations who had to leave their homes. Separate facilities for women with adequate privacy. Support for promotion of sanitation options and education on importance of sanitation in affected communities and areas of return, aligning with, where possible, national approaches in sanitation.
- Hygiene promotion, including hygiene education sessions and the distribution of necessary supplies such as education materials, family hygiene kits, which cater appropriately to the specific needs of women and girls, and soap.
- Provision of WASH facilities to schools and CFSs, such as health centres, breastfeeding safe havens and other areas where the more vulnerable may come for assistance in affected areas in coordination with other clusters.

During the relief phase, the Cluster will focus on maintaining and upgrading water and sanitation facilities to temporary settlements, improving personal hygiene practices in families, and ensuring that minimum accessibility standards are promoted. The cluster agencies will support early recovery interventions alongside relief interventions focusing on the construction and rehabilitation of water and sanitation facilities in affected communities to at least pre-disaster levels, incorporating DRR-based improvements wherever possible, as well as building capacities within communities and local government for water and sanitation management.

Expected outcomes

The vulnerability of 2.5 million flood-affected people to WASH-related disease will have been reduced through the provision of safe drinking water, access to basic sanitation and hygiene education. Specifically, targeted men, women and children in flood-affected locations have access to, and make optimal use of, WASH facilities, taking action to protect themselves against threats to health. This includes the adoption of safe hygiene practices and behaviours, including hand washing at critical times- as result of positive communication, interaction, dialogue and provision of the means required to practice these improved behavior. Strong/close monitoring of DEWS is in place and capacity/preparedness to quickly and robustly respond with health to any outbreaks as appropriate. As relief operations continue the WASH Cluster agencies will support community awareness and improved preparedness and WASH DRR in the affected areas.

4.3 FOOD SECURITY

LEAD AGENCY: FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS AND WORLD FOOD PROGRAMME

CLUSTER PARTNERS: ACF; CARE International; CWS; Concern Worldwide; Mercy Corps; Muslim Hands Pakistan, Oxfam GB; Plan International; QC; SCI, Sewa Development Trust Sindh; Social Services Program Pakistan; WV Pakistan

Overall cluster objectives

- Save lives and avert hunger amongst vulnerable flood-affected populations and stabilize and/or improve the nutritional status of affected women and children.
- Promote immediate livelihood protection by preserving livestock productivity and ensuring resumption of essential agricultural activities.

Strategy and proposed activities

The Food Security Strategy is based on a “twin track approach” combining relief food assistance to meet basic food needs of flood-affected population with emergency livelihood support. The combination of relief food assistance with support to the Agriculture and Livestock Sector will enable those affected by floods to protect their livelihoods and revive/resume productive activities; this will substantially contribute to livelihood recovery, ensuring food security and self-reliance.

Urgent support is required to ensure a combination of sufficient and immediate food availability. This enables the direct provision of immediate food assistance combined with the planting of staple, fodder, and subsistence crops, mitigating a drop in household food security and household incomes.

The Food Security Cluster explicitly aims to facilitate the receipt of assistance by women, unaccompanied children, the elderly and minorities, who will receive priority attention during assessment, registration and distribution processes. The Food Security Cluster will work in coordination with the NDMA and PDMA and other relevant government offices at the federal, provincial and district levels to provide continuous support to relief and early recovery activities among all humanitarian partners.

Food assistance

Life-saving relief food distributions will supply a monthly family food basket consisting of six staple commodities to up to 2.75 million people. Ready-to-use supplementary food and high-energy biscuits will additionally be provided to families with children aged 6-23 months and 2-12 years respectively, on a blanket basis and to preclude the incidence of nutritional decline.

A two-level process will be adopted for precise targeting: geographically, the most severely affected villages will be identified by assessment teams. At the household level, vulnerable families qualifying for assistance will be selected on the basis of verifiable indicators including complete damage to houses and the loss of a majority of assets. Populations accommodated in both camps and other temporary shelters will also be targeted. Utilizing these criteria, it is tentatively estimated from initial assessment data that up to 50% of the affected population require immediate food assistance.

For Rapid Response Plan purposes, an initial planning period of four months has been identified for relief food distributions. This will allow for the provision of unconditional food support throughout the likely duration of displacement, and alongside the Rabi crop sowing season which runs from October-December; to allow families to engage in this crucial productive activity while ensuring basic food security. Relief assistance may continue beyond December for a residual caseload whose places of origin remain affected by standing waters and/or were not able to engage in Rabi crop sowing. This, in addition to more protracted early recovery needs, will be determined through ongoing assessments and accounted for in the revision to the appeal.

Targeted nutritional support

Amid alarming malnutrition rates recorded across Sindh in the aftermath of last year’s flooding (as high as 23% in northern areas of the province, well above the emergency threshold), targeted nutritional support for affected women and children is an additional component of the Cluster strategy. Specialized nutritional commodities will be provided to up to 1,196,000 malnourished women and children. Treatment will be provided under the CMAM programme and through supplementary feeding centres, to treat screened cases of moderate acute malnutrition amongst children between the ages of six and 59 months, and pregnant and lactating women. These activities will be conducted for period of six months and in coordination with local Departments of Health (DoH), UNICEF and World Health Organization (WHO). The specific locations for interventions will be determined and adjusted in accordance with population movements to ensure continuity of services.

Livestock

Livestock support assistance will be provided to 280,000 farming households. Activities include: provision of life-saving supplementary feed/fodder; transitional and emergency animal shelters; primary veterinary care for animals (including therapeutics, disinfectants, and instruments and supplies to treat injuries, control of external parasites, vector control, and calving problems and cash transfer for livestock support activities). Also planned are public awareness campaigns of hygienic methods to minimize zoonosis, such as heating milk, cooking food, and hygienic slaughter methods, and on animal handling facilities at “camps” where large numbers of livestock are present.

Crop production

421,000 farming households provided with agricultural inputs and other support. Provision of inputs (seeds, fertilizer and small tools) for the *rabi* 2011 season. Repair of on-farm critical infrastructure and land rehabilitation/preparation for next cropping season through provision of cash to speed up water recession in agriculture areas.

Coordination and assessment support

The Food Security Cluster will continue provide its support to the coordination of relief and early recovery activities among all humanitarian partners, as well as coordinate the implementation of all relevant sectoral field assessments, as necessary for evidence-based programming of any future interventions.

Expected outcomes

Specific planned outputs of these interventions include the following:

- 2.75 million beneficiaries supplied with monthly relief food rations
- One million children reached through blanket distribution of supplementary commodities alongside provision of the relief family food basket
- 110,000 moderately acute malnourished children and 86,000 moderately acute malnourished pregnant and lactating women treated through the provision of specialized nutritional commodities under the CMAM programme
- At least 280,000 HHs received assistance for health and nutrition support to large and small livestock
- At least 350,000 HHs, including tenants/sharecroppers, women and men headed HHs received agriculture inputs to restart agriculture production
- At least 71,500 HHs support through the rehabilitation of critical on farm infrastructure and land rehabilitation / land preparation for 2011/2012 *rabi* season
- Improved food consumption over the assistance period for targeted flood-affected households, as measured by the household Food Consumption Score (FCS)
- Reduced MAM amongst screened cases in flood-affected areas, measured by the mid-upper arm circumference (MUAC)
- Reduced animal mortality rates, reduction of distress-selling and preservation of livestock productivity, thus limiting the impact of the floods on HHs incomes as well as providing a source of nutrient food

4.4 SHELTER/NFI CLUSTER

LEAD AGENCY: INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

Shelter Cluster partners: ACTED, CARE International, Concern Worldwide, CORDAID, CRS, CWS, FRD, HDF, Help in Need Pakistan, HI, IFRC, IOM, Johanniter International, NDMA, NRSP, NRC, Pakistan Red Crescent, QC, RedR UK, SDF, SC, SPO, Society for Sustainable Development, SPDO, JPI, UN-Habitat, UNHCR, WV

Overall cluster objectives

The overall objective of the Cluster during the emergency phase is to complement the Government of Pakistan's support to those whose homes have been destroyed by the monsoon or otherwise cannot access adequate shelter. The Cluster will ensure that the affected population will have access to shelter and NFIs which provide basic protection from the rain and sun as well as enable people to maintain privacy and dignity. Priority will be given to vulnerable populations and special accommodations will be made to ensure women and children have sure access to shelter.

As of September 14, results from government and HCT assessments found that 665,821 houses have been damaged or destroyed in Sindh. Ongoing assessments indicate this figure could rise to over a million in the coming weeks, and when taking into account assessment data from Balochistan. The Government of Pakistan anticipated that it can provide a maximum of 150,000 tents. On the assumption that one tent can provide emergency shelter for one family, this leaves a minimum estimated gap of 273,919 families whose houses have been destroyed.¹³ The Shelter/NFI Cluster will provide emergency shelter for an initial caseload of 273,919 households prioritizing vulnerable populations and making all efforts to ensure that the distribution reaches women and children.

The preferred emergency shelter option will be a shelter kit made of materials and items which will have the maximum utility in the recovery process. Tents are the preferred option for formal camps and will also be used in other scenarios based upon life-saving requirements. People are currently facing different scenarios, and the shelter solution for each is highlighted in the table within the Shelter/NFI Cluster Strategy and Proposed Activities section.¹⁴

Four different rapid assessments occurred in preparation for the appeal. The particular focus for each was village profiling (WFP), temporary settlements (IOM), protection (United Nations High Commissioner for Refugees/UNHCR), and health (WHO). The village profiling exercise has reported that 361,438 houses have been fully damaged and 304,383 were partially damaged. NDMA estimates that 423,919 houses have been completely destroyed in Sindh.¹⁵ With an estimated family size of six, this means that over two and a half million people are without adequate shelter within the province.

Approximately 3,500 temporary settlements have been created as a result of the floods.¹⁶ In many cases the affected populations have lost personal belongings such as clothing, bedding, and personal hygiene articles. The situation for these populations is particularly dire. The TSSU assessment shows that the average temporary settlement contains 324 people with the highest number of people at one site being 12,000. It is assumed that 162,000 reside in temporary settlements.¹⁷

The vast majority of those in spontaneous roadside settlements require an immediate multi-sectoral response whereas those currently residing in schools and other collective centers immediately require NFIs and some shelter. Based on previous experience in Sindh, the uprooted population will vacate

¹³ Sphere standards recommend 3.5m² covered spaces per individual. In Sindh, the average family size is 6-7 which would require tents to be 21-24.5m². Initial reports show tents being smaller than 21m² with possibly two tents being provided per family. If confirmed, this will increase shelter gap by an additional 75,000 households.

¹⁴ The Shelter/NFI Cluster is using six of the seven scenarios presented within the September 10-12 Protection Working Group Report.

¹⁵ NDMA Summary of Losses/Damages 14 September.

¹⁶ Figure created by combining NDMA statistics regarding number of formal camps and collective centres and temporary settlements finding that 57% of all displacement sites were spontaneous.

¹⁷ September 10-12 Temporary Settlements Rapid Assessment.

the schools shortly and those returning home to destroyed houses will require shelter kits and those facing extended displacement may move to formal camps and will be requiring tents.

Support those whose homes have been seriously damaged or destroyed in the floods, by ensuring that they have access to basic shelter that provides basic protection from the rain and sun, as well as provide privacy and dignity. The Cluster will also provide protective learning spaces that offer a safe, communal space where educational, psycho-social, recreational and informational services are provided to children, adolescent girls and women in a holistic and integrated way.

Strategy and proposed activities

The Cluster strategy is divided in an emergency and early recovery phase recognizing that these phases are interconnected and overlapping. Additional specific shelter sector assessments and a review of successful methodologies in response to the 2010 floods are required to define a realistic and most cost-effective response to support post-emergency shelter. These additional assessments are ongoing and will form the basis for a revised appeal in one month time. This current appeal is limited to the life-saving phase and neither includes post-emergency shelter nor winterization requirements.

Beneficiaries

It is estimated by the NDMA that a total of 924,777 houses have been damaged by the floods with 423,919 having been destroyed.¹⁸ The maximum level of emergency shelter response anticipated by the Government of Pakistan is the provision of 150,000 tents leaving a minimum estimated gap of 273,919 families whose houses have been destroyed assuming that one tent can provide shelter for one family.¹⁹ The Shelter/NFI Cluster will provide emergency shelter for an initial caseload of 273,919 households prioritizing vulnerable populations taking into consideration the necessary accommodations required to ensure distribution reaches women and children.

Approximately 3,500 temporary settlements have been created as a result of the floods.²⁰ In many cases the affected populations have lost personal belongings such as clothing, bedding, and personal hygiene articles. The TSSU assessment shows that the average temporary settlement contains 324 people with the highest number of people at one site being 12,000. It is assumed that 162,000 reside in temporary settlements.²¹ Those residing in temporary settlements without adequate shelter will be prioritized.

In accordance with Protection Cluster's vulnerability criteria as agreed in the floods 2010 response, the Shelter/NFI Cluster specifies the most vulnerable as those households that:

- have a completely destroyed house
- have no salvaged materials and no means to provide construction materials and/or labour
- may not return to their place of origin and face extended displacement for at least for six months
- lives are endangered by weather conditions

Combined with at least one of the following criteria:

- female-headed HH
- child-headed HH
- older-person headed HH
- HH headed by person with disabilities (physical, intellectual, sensory)
- HH headed by person with a chronic disease

¹⁸ NDMA Summary of Losses September 14.

¹⁹ Sphere standards recommend 3.5 m² covered space per individual. In Sindh, the average family size is 6-7 which would require tents to be 21-24.5m². Initial reports show tents being smaller than 21m² with possibly two tents being provided per family. If confirmed, this will increase shelter gap by 75,000 households.

²⁰ Figure created by combining NDMA statistics regarding number of formal camps and collective centres and temporary settlements finding that 57% of all displacement sites were spontaneous.

²¹ September 10-12 Temporary Settlements Rapid Assessment.

The response will be graduated and appropriate, based upon regularly assessed need as the flooding recedes, access improves, and return is possible.

Emergency relief phase: initial three month plan

The strategy is based on assisting all of those whose homes have been destroyed or otherwise can not access emergency shelter. To contribute to the early recovery of the lives and livelihoods of those affected, the Cluster will provide materials with maximum utility during the recovery phase. For some, the emergency phase may last multiple months as they remain far from their homes until water recedes.

The initial caseload to receive emergency shelter is approximately 273,919 households. For this caseload to be addressed by the appeal, 25% are targeted to receive tents and NFI kits while 71% will receive shelter kits and NFIs. The remaining 4% receive context specific shelter packages highlighted within the individual project submissions.

Within the emergency phase, the Shelter/NFI Cluster will ensure that sufficient cost-effective emergency shelters and NFIs are provided to those whose homes have been seriously damaged or destroyed by the monsoon or those who cannot otherwise access adequate shelter at this time. The Cluster strategy emphasizes the use of materials such as plastic sheeting and framing material which will have the maximum utility during the recovery phase.

The Cluster will also ensure, through its TSSU, that the needs of people in the estimated more than 3,500 temporary settlements are met. This will be done by monitoring population movements and mobilizing shelter, health, WASH, and food support as required. The unit will also support the government, upon request, in the management of temporary settlements, with support ranging from site planning to decommissioning.

Provision of adequate space is particularly important for the well-being of children, adolescent girls and women, whose safety and protection is threatened by overcrowded shelters and lack of privacy. The inclusion of protective learning spaces particularly in the temporary settlements in the shelter response offers a safe, communal space where educational, psycho-social, recreational and informational services are provided to children and adolescent girls in a holistic and integrated way.

The Cluster will also ensure that an early recovery strategy is developed based on best practices from the 2010 response and reflective of current needs on the ground. This appeal does not include the costs associated with post-emergency shelter, winterization, nor repeat damage/impacts upon 2010 flood response programming.

Access to information is critical and the Shelter/NFI Cluster will work with the ongoing humanitarian communications programming in Pakistan to ensure important information such as location of distribution sites, basic technical assistance on how to most effectively use plastic sheeting and other items, and other key messages is disseminated. Humanitarian communications will also ensure that a feedback mechanism exists to allow the affected population to actively participate in the prioritization process and to flag key issues.

Shelter Sector assessments (including self recovery, best practices, identification of 2010 versus 2011 damage of shelter for DRR and funding purposes, available capacity, market analysis) will be conducted in the early stages of the emergency to collect necessary data for a realistic and cost effective shelter recovery strategy / intervention. This strategy will be developed over the next month and will be the basis for a revised appeal.

Recovery can start immediately where families have the resources and are able to find land on which to rebuild and this should be supported as quickly as feasible. Those whose houses have been damaged should be assisted with the appropriate technical or material assistance to create safe and habitable shelter.

The temporary settlements support unit with the shelter cluster will support the government, upon request, in the setup and management of the temporary settlements ranging from site planning to decommissioning. Vulnerable populations naturally gravitate to temporary settlements due to their lack of alternative coping mechanisms and therefore protection requirements and strategies to address the needs of women and children are required.

The following shelter and NFI packages are proposed and have been agreed on by the Shelter/NFI Cluster Strategic Advisory Group (SAG). These packages are based on international standards applied during the Floods 2010 response with the addition of lighting in settlements to enhance protection of vulnerable populations including women and children and to allow for school work to be performed at night in emergency shelters without the need for an open flame. Poles (in combination with tarpaulins) have also been added to improve the applicability and user friendliness of this cost-effective emergency shelter solution and foster protection of the environment.

Location type	On site		Uprooted			
	Destroyed houses	Partially damaged houses	Host families / dispersed settlement	Spontaneous camps (such as roadsides)	Collective centres**	Planned (tenting) camps*
Emergency phase	Tarpaulins and poles / fixings / tents, tool kits, household kits	Tarpaulins and poles/ fixings, tool kits, household kits	Tents, tarpaulins and fixings, tool kits, household kits	Tents, tarpaulins and poles / fixings, tool kits, household kits lighting	Tarpaulins and poles / fixings, tool kits, household kits lighting	Tents tarpaulins and poles / fixings, tool kits, household kits lighting

*Government policy is against the formation of planned camps as they require significant resources, are only a temporary solution, can act as a pull factor, and tend to last for longer than planned.

** It is acknowledged that planned camps and collective centres are options of last resort only, when all other options are exhausted.

Coordination with WASH and Health Clusters indicated that hygiene kits, jerry cans and mosquito nets will not be provided or monitored by the Shelter/NFI Cluster.

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

- Clean up kits will be provided to individual families and communities to help with removal of mud
- Specific gender considerations must be made in selecting, targeting, distributing and following on shelter support including safe spaces to ensure safety and privacy of women and girls
- There will be a need for winterization of shelters since the temperatures in central Sindh will drop considerably already in the early fall. It is assumed that those who remain uprooted or return to destroyed houses will require winterization assistance
- Operational organizations will need to closely follow displacement so that coverage can be given to the maximum number of families
- Tents may be required for some over-congested collective centres

In addition to this the Shelter/NFI Cluster will provide the following to the protective learning spaces:

- Identification of sites for protective learning spaces in the most severely and densely populated areas and ensuring inclusion and access of vulnerable groups particularly, previously out-of-school children and adolescent girls
- Establishment of protective learning spaces that are safe, child-friendly and are learner centred (with coordination Protection Cluster)
- Provision of teaching and learning supplies to support quality teaching and learning, including school-in-a-box, recreation and ECD kits to the protective learning spaces
- Provision of safe drinking water and gender-sensitive sanitation in all the protective learning spaces (with coordination with WASH Cluster)
- Provision of health and hygiene kits and IEC material to all the protective learning spaces (in coordination with Health Cluster)
- De-worming, school health nutrition promotion, monthly health check up and health messages through IEC material activities in coordination with the Health cluster

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

- Clean up kits will be provided to individual families and communities to help with removal of mud
- Specific gender considerations must be made in selection, targeting, distribution and follow on shelter support
- There will be a need for winterization of shelters since the temperatures in central Sindh will drop considerably already in the early fall
- Operational organizations will need to closely follow displacement so that coverage can be given to the maximum number of families
- Tents may be required for some over-congested collective centres

Recovery phase

Interventions designed in the emergency phase will subsequently support the provision of post-emergency shelter for those whose homes have been seriously damaged or destroyed in the floods or rains and fulfil mutually agreed vulnerability criteria. People residing within the temporary settlements will be supported in their return to their home villages or suitable and accepted relocation sites. For some this will occur immediately. For others it will not be possible for six months or longer.

The Cluster will advocate and, capacities permitting ensure that all of those whose homes have been seriously damaged or destroyed in the floods / rains will have adequate shelter to protect them from the winter, as well as support people to maintain their privacy and dignity. Certain models such as one room shelter have been successful in response to the 2010 floods and the applicability of this owner-driver approach with an emphasis on cash transfer, disaster risk reduction, and technical assistance as required will be reviewed.

In this phase the TSSU will support the Government of Pakistan in developing an exit strategy for those suffering from extended displacement and residing within temporary settlements and monitor the progress of that plan. Support for a free, voluntary, informed, and sustainable returns process will be provided.

Within the early recovery phase, which actually started from the onset of the emergency response, the Cluster will ensure that all of those whose homes have been seriously damaged or destroyed in the floods / rains will have adequate shelter to protect them from the winter, as well as provide privacy and dignity to the vulnerable within the established safe learning spaces. Lessons learned from the 2010 floods will be incorporated in the response.

In this phase the TSSU will support the Government of Pakistan in developing and an exit strategy for the temporary settlements and monitor the progress of that plan in coordination with the other stakeholders.

Additional recommendations have been made with regard to the early recovery interventions.

- Cash and vouchers should be considered as an option where markets can support the demand. It is unknown at this time what type of government sponsored cash compensation for early recovery/reconstruction phases will be available.
- Some people may have lost land and so rebuilding their house may not be possible. Specific support will be required to find longer-term shelter solutions for the landless / newly landless.
- Pending more and detailed information on available capacity / resources and based on best practices of 2010 floods interventions it is well possible that support through 'self recovery' is the most feasible option to support the large number of affected families. In that scenario specific gender and vulnerability considerations will have to be addressed sufficiently.
- Effective humanitarian communications will be essential to allow flood-affected victims to make informed choices.

The Shelter/NFI Cluster will coordinate and support the Government and Education Cluster in the resumption of formal education through provision of temporary learning spaces, temporary structures

and renovation and rehabilitation of schools (especially schools used as shelters) and for the capacity building of education officials.

The following (in addition to ones mentioned for the emergency phase) should be noted with regard to the early recovery interventions:

- Cash and vouchers should be considered as an option where markets can support the demand.
- Many people may have lost land and so rebuilding their house will not be possible.
- Pending more and detailed information on available capacity /resources and based on best practices of 2010 floods interventions it is well possible that support through 'self recovery' is the only feasible option to support the large number of affected families. In that scenario specific gender and vulnerability considerations will have to be addressed sufficiently.
- Tents may be required for some over-congested collective centres, especially in educational facilities used as shelters.
- Dissemination of health hygiene materials and messages to children in protected learning spaces.
- Provision of educational supplies to protected learning spaces including school in box kits, recreation kits, seating mats, teachers' furniture, water coolers and tarpaulin rolls.
- Provision, dissemination and orientation of MEENA materials on proper use of school buildings occupied by uprooted people.

Expected outcomes

- 273,919 families whose houses have been fully damaged with receive adequate emergency shelter and the most vulnerable people have access to emergency shelter.
- Adequate support will be provided to the inhabitants of the approximately 3,500 temporary settlements.
- Families will have shelter that provides a secure habitable living environment, privacy and dignity for those within it, as well as access to livelihoods and ability to maintain family and community space.
- A comprehensive assessment will be conducted and technical guidelines will be created in order to determine post-emergency shelter requirements.
- Shelter is provided in coordination with other sectors.
- Children have access to educational facilities.

The response will be graduated and appropriate, based upon regularly assessed need as the flooding recedes, access improves, and return is possible.

4.5 LOGISTICS CLUSTER

LEAD AGENCY: WORLD FOOD PROGRAMME

CLUSTER PARTNERS: all humanitarian organizations

Overall cluster objective

Augment the humanitarian community's capacity to provide uninterrupted delivery of life-saving relief assistance to the most affected populations in Pakistan in a rapid manner by facilitating logistics coordination and providing services to cover identified logistics gaps.

Strategy and proposed activities

The Logistics Cluster is currently engaged in assessing the needs of humanitarian actors working in the affected areas, and in identifying logistics gaps that have the potential to impair delivery of life-saving relief items. These initial assessments indicate a need for effective logistics coordination and the possible provision of additional transport and storage capacity to augment the efforts of humanitarian actors and the Government of Pakistan. The Logistics Cluster will support the humanitarian response to the flooding in southern Pakistan by providing coordination of logistics activities undertaken by humanitarian organizations, through ensuring the availability of humanitarian hubs located throughout the affected area, and by augmenting transport capacity as needed to ensure timely delivery of relief items to the affected populations. These activities will facilitate a coordinated, efficient, and effective response to the crisis by allowing for information sharing and the establishment of common services to benefit the relief efforts of the humanitarian community.

The activities of the Logistics Cluster will include:

- facilitation of regular coordination meetings with humanitarian partners and government counterparts to share information on the logistics situation, bottlenecks and gaps
- provision of information management services, and production of relevant information management products (meeting minutes, Sitreps, Snapshots, etc.) with the aim of supporting operational decision making to improve the efficiency of the logistics response
- provision of logistics related geographic information systems (GIS)/mapping tools and products. Mapping products will include general maps, road accessibility maps, maps for logistic infrastructure, etc
- establishment of 10 strategic storage facilities throughout the affected area to provide for the storage and consolidation of humanitarian relief items
- provision of overland transport to augment the capacity of humanitarian partners where identified gaps in capacity exist
- coordination of transport services via boats, where necessary to access cut off areas, and in response to a demonstrated need of the humanitarian community to supplement in-place logistics capacity

Expected outcomes

Minimum required logistics capacity and services available to the humanitarian community to ensure uninterrupted supply of life-saving relief items to the uprooted population in Pakistan.

- Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community to the current crisis.
- Effective response to new developments, and the sharing of geographic information between humanitarian partners to facilitate a coordinated relief effort.
- Adequate secure facilities available to the humanitarian community for effective humanitarian response.
- Uninterrupted delivery of sufficient humanitarian relief to address the needs of the affected population.
- Access to all of the affected areas, with sufficient capacity to meet the needs of the humanitarian community.

4.6 COORDINATION AND COMMON SERVICES

Organizations leading coordination activities are: OCHA, IOM, and UNDSS

Cluster objectives

- 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.
- To provide timely and accurate, life-saving information to flood-affected population on aid available/provided by the humanitarian community and how to access it.
- Providing information and a coordination mechanism to increase the vulnerability targeting and effectiveness of corporate and private philanthropic efforts in support of the flood-affected population.
- Ensure delivery of humanitarian assistance and carrying out of assessment missions in a safe and secure manner.

Strategy and proposed activities

Coordination

- Leading and/or supporting coordination mechanisms at the global, national and local levels.
- Development and revisions of the humanitarian response plan in consultation with the Government of Pakistan.
- Provision of timely multi-cluster needs assessments.
- Gender assessments and needs analysis to inform relief programming.

Humanitarian communication

- To provide timely and accurate, life-saving information to flood-affected population on aid available/provided by the humanitarian community and how to access it.
- To provide information and a coordination mechanism to increase the vulnerability targeting and effectiveness of corporate and private philanthropy efforts in support of the flood-affected population.
- Provide a common service to clusters and the government authorities for the identification, development and dissemination of key messages for the flood-affected population.
- Ensure continuity and a coordinated approach about common issues regarding relief and early recovery activities, with particular emphasis on addressing special needs of the vulnerable populations.
- Support the government, in coordination with the humanitarian clusters, for provision of information to the affected population in line with the humanitarian guiding principles.

Security

- Facilitate the delivery of humanitarian assistance and the carrying out of assessment missions in a safe and secure manner, in line with Minimum Operating Security Standards (MOSS).
- Monitor security environment and share information on security developments as they arise, including the impact on humanitarian operations.
- Provide security awareness to local and international partners responding to humanitarian needs in risk potential environments.

Expected outcomes

- Improved coordination and transparency of humanitarian response.
- More coherent, effective and efficient delivery of humanitarian assistance.

- Stronger advocacy on humanitarian principles.
- Improved reporting and accountability on gender results in the flood response.
- At least 100 private and corporate philanthropic organizations are better informed regarding identified needs and gaps, humanitarian standards and practices, and coordination mechanisms, leading to better targeting of vulnerable groups with assistance.
- Better understanding of the security situation among local and international agencies and partners.

Beneficiaries

Partners and the broader humanitarian community in Pakistan.

5. ROLES AND RESPONSIBILITIES

The Government of Pakistan leads the response to the floods, with the NDMA assuming responsibility for all coordination at the federal level. At the provincial level, PDMA coordinate the disaster response.

To coordinate the contribution of the humanitarian community, at federal level NDMA co-chairs the Inter-cluster coordination mechanism with OCHA, while at provincial level, PDMA co-chairs with OCHA.

Four clusters were immediately activated, Health, WASH, Food Security and Shelter/NFI. To support those activities the Logistics Cluster was also activated. Cluster-based needs assessments and cluster response strategies include mainstreamed elements of Nutrition, Protection and Early Recovery/Community Restoration activities. Based on the findings of the rapid needs assessment, additional clusters may be rolled out. Cross-cutting issues such as gender, environment will also be mainstreamed.

NDMA, PDMA and relevant line ministries co-chair the clusters, which operate under the overall leadership of a HC and the HCT.

Cluster	Governmental Institutions	UN lead agency (for cluster partners, see cluster response plans)
Food Security	NDMA/PDMA	WFP/FAO
Health	MoH/National Health Emergency Preparedness and Response Network	WHO
Shelter & NFIs	NDMA/PDMA	IOM
WASH	NDMA/PDMA	UNICEF
Logistics	NDMA/PDMA	WFP
Nutrition	National Health Emergency Preparedness and Response Network	UNICEF
Protection	NDMA/PDMA	UNHCR

ANNEX I. TABLE III. LIST OF PROJECTS GROUPED BY CLUSTER

Pakistan Rapid Response Plan Floods 2011 as of 17 September 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by appealing organizations.

Project code	Title	Appealing agency	Requirements (\$)
COORDINATION AND SUPPORT SERVICES			
PAK-FL-11/CSS/43103/5139	Enhancement of safety and security of humanitarians and displaced people & field safety collaboration	UNDSS	225,504
PAK-FL-11/CSS/43104/298	Humanitarian communications – Information outreach to 2011 flood-affected in Sindh and Balochistan	IOM	300,000
PAK-FL-11/CSS/43222/119	Humanitarian coordination and advocacy for Pakistan floods response	OCHA	-
Sub total for COORDINATION AND SUPPORT SERVICES			525,504
FOOD SECURITY			
PAK-FL-11/A/43136/123	Emergency assistance to support agriculture-based livelihoods of vulnerable flood-affected households in Sindh	FAO	18,900,000
PAK-FL-11/A/43144/5162	Emergency mobile veterinary services	Mercy Corps	129,500
PAK-FL-11/A/43200/6079	Immediate relief through cash transfer (conditional cash transfer for food items only) and farming based livelihoods support to 45,000 flood-affected most vulnerable families in Sindh Province, Pakistan	SC	7,978,548
PAK-FL-11/F/43113/5186	Emergency food security and livelihoods relief intervention for 2011 flood-affected populations of Tando Muhammad Khan and Thatta Districts, lower Sindh, Pakistan	ACF	550,000
PAK-FL-11/F/43120/5645	Emergency food provision and livelihood in rain-affected districts of Sindh	CARE International	2,076,179
PAK-FL-11/F/43123/5357	Improving food security and prevent hunger and for flood-affected communities in four districts (Mirpurkhas, Badin, Thatta, Umarkot) in Sindh Province	CWS	645,357
PAK-FL-11/F/43130/8498	Emergency food security support to flood-affected populations in Sindh, Pakistan	CW	1,041,082
PAK-FL-11/F/43148/12950	Provision of food items for the rain-affected in Districts Badin, Sindh for a period of three Months	MHI	450,500
PAK-FL-11/F/43155/5120	Emergency assistance to preserve livelihoods of flood-affected in Sindh	OXFAM GB	2,194,642
PAK-FL-11/F/43164/5524	Provision of Food support to flood-affected population of Badin	Plan	1,144,800
PAK-FL-11/F/43172/12692	Food assistance for flood-affected people of worst affected districts of Sindh 2011	QC	1,188,017

PAKISTAN FLOODS RESPONSE PLAN 2011

PAK-FL-11/F/43179/8502	Pakistan Flood Emergency Food Assistance Project	WVI	3,610,205
PAK-FL-11/F/43185/561	Emergency food assistance to families affected by monsoon floods in Pakistan	WFP	132,630,301
PAK-FL-11/F/43193/14880	Restoration of livelihoods opportunities in the flood-affected area of Umar Kot District of Sindh Province (RLU)	SSP	374,345
PAK-FL-11/F/43197/14167	Emergency food assistance to families affected by monsoon rain/floods-2011	SDTS	519,658
PAK-FL-11/F/43205/14895	Enabling food availability to response hunger and nutrition deficiency for worst flood-affected households at Nawabshah, Sindh	Shah Sachal Sami Foundation	507,650
Sub total for FOOD SECURITY			173,940,784
HEALTH			
PAK-FL-11/CSS/43134/122	Strengthening disaster preparedness and response system in Pakistan	WHO	353,100
PAK-FL-11/CSS/43146/122	Health Cluster coordination and operations of hubs for coordinated response in all floods-affected districts of Pakistan	WHO	1,843,557
PAK-FL-11/ER/43190/5104	Emergency livelihoods restoration through CFW Programme	ILO	2,100,000
PAK-FL-11/H/43110/14113	Provision of emergency nutrition services to the flood-affected communities of Badin, Mirpur Khas and Sanghar Districts - Sindh Province Pakistan with a special focus on pregnant and lactating women and children under five (Nutrition)	GPP	647,709
PAK-FL-11/H/43114/5160	Bolstering the nutritional status of flood-affected communities in Lower Sindh Province (Nutrition)	IMC	300,000
PAK-FL-11/H/43117/5195	Provision of emergency life-saving nutrition services for the treatment of acutely malnourished children (6-59months) and pregnant & lactating women in the flood - affected population of Sindh through static health facilities, mobile health teams, referral services and establishment of strong surveillance system (Nutrition)	MERLIN	1,069,738
PAK-FL-11/H/43119/13105	To treat, prevent and manage escalating SAM among the children (6-59 months of age) pregnant women and lactating mothers in the flood affected area of Sindh Province (Nutrition)	Relief Pakistan	350,000
PAK-FL-11/H/43122/6079	Emergency nutrition assistance for flood-affected children and pregnant and lactating women in Sindh Province (Nutrition)	SC	1,177,000
PAK-FL-11/H/43127/124	Emergency assistance to HIV positive families in flood-affected districts of Sindh, Pakistan	UNICEF	61,000
PAK-FL-11/H/43131/5186	Emergency nutrition support to flood-affected populations (Nutrition)	ACF	304,950
PAK-FL-11/H/43137/124	Nutrition response (Nutrition)	UNICEF	10,699,218
PAK-FL-11/H/43139/122	Life saving interventions for reducing excess morbidity and mortality among the highly vulnerable population groups due to recent floods (Nutrition)	WHO	3,111,988

PAKISTAN FLOODS RESPONSE PLAN 2011

PAK-FL-11/H/43140/122	Surveillance and response to epidemics and other public health events of national concern; prevention, control and treatment of vaccine preventable and endemic diseases in the flood affected areas of Sindh	WHO	3,001,350
PAK-FL-11/H/43152/122	Scale-up health community-based interventions to increase access to health care and reduce vulnerability of the floods affected communities in 22 districts in Sindh.	WHO	205,975
PAK-FL-11/H/43154/124	Emergency health, child protection and GBV response for children and women in flood-affected districts of Sindh	UNICEF	1,100,000
PAK-FL-11/H/43156/122	Provision of essential emergency package of PHC including MNCH/RH/FP, psycho-social support and HIV treatment and care for the population living in flood affected districts	WHO	1,795,514
PAK-FL-11/H/43158/124	Emergency assistance to flood-affected mothers, newborns and children in Pakistan	UNICEF	5,268,277
PAK-FL-11/H/43166/122	Maternal, newborn & child health (MNCH)	WHO	2,555,389
PAK-FL-11/H/43167/1171	Scaling up of provision of life-saving maternal and newborn healthcare and GBV services for 4.5 million flood-affected population in seven districts of Sindh	UNFPA	3,806,089
PAK-FL-11/H/43170/8502	Comprehensive PHC response for flood-affected population of Sindh	WVI	780,000
PAK-FL-11/H/43175/6079	Health, nutrition and child protection support to flood-affected populations in four flood-affected districts of Sindh Province	SC	1,976,890
PAK-FL-11/H/43177/5370	Health support initiatives for all especially women in Pakistan rain emergency 2011	Muslim Aid	350,523
PAK-FL-11/H/43180/5160	Emergency comprehensive healthcare, nutrition and mental health services for the flood-affected population in Sindh	IMC	800,000
PAK-FL-11/H/43181/5195	Provision of life-saving and emergency health services to the flood-affected population in Sindh through static health facilities, mobile health teams, referral services and addressing emerging health threats through early warning and response system	MERLIN	212,908
PAK-FL-11/H/43184/5357	Emergency health assistance for women, men, girls, boys and the most vulnerable flood-affected families in district Thatta, Mirpurkhas, Umar Kot, & Badin, Pakistan	CWS	212,910
PAK-FL-11/H/43195/298	IOM Pakistan PHC strengthening programme for flood-affected communities in Southern Sindh	IOM	756,766
PAK-FL-11/H/43199/14892	Provision of integrated PHC and nutrition services to the most vulnerable population in four districts of Sindh affected by Monsoon Rains Flood 2011	Shifa Foundation	910,528
PAK-FL-11/H/43202/12839	Provision of comprehensive PHC services in flood-affected Districts of Balochistan	HHRD	160,000
Sub total for HEALTH			45,911,379

PAKISTAN FLOODS RESPONSE PLAN 2011

LOGISTICS			
PAK-FL-11/CSS/43203/561	Logistics Cluster augmentation and coordination in support of the humanitarian community's response to flooding in Southern Pakistan	WFP	1,859,502
Sub total for LOGISTICS			1,859,502
SHELTER/NFIs			
PAK-FL-11/S-NF/43124/6079	Provision of NFI /emergency shelter to flood -affected families in Sindh, Pakistan	SC	7,380,900
PAK-FL-11/S-NF/43126/8498	Emergency shelter assistance to flood - affected populations in Sindh, Pakistan	CW	964,969
PAK-FL-11/S-NF/43133/14284	Enhancing humanitarian support by providing shelter and NFIs to flood-Affected population of district Nawabshah.	GRHO	2,351,755
PAK-FL-11/S-NF/43138/7039	Humanitarian shelter response to address immediate life-saving shelter needs of vulnerable flood-affected people	UN-HABITAT	4,209,970
PAK-FL-11/S-NF/43142/12692	Humanitarian response to the flood-affected population in District Badin, Tando Muhammad Khan, Mirpur Khas Sindh	QC	1,026,000
PAK-FL-11/S-NF/43143/298	Support to the Shelter and NFI Cluster, TSSU and District focal points	IOM	638,400
PAK-FL-11/S-NF/43145/298	Emergency shelter and non food items support to the flood-affected population in Pakistan prioritizing vulnerable populations and incorporating multi-sectoral response targeting temporary settlements	IOM	14,004,195
PAK-FL-11/S-NF/43149/14216	Emergency shelter response to flood-affected people in Sindh, Pakistan	KWES	250,000
PAK-FL-11/S-NF/43151/8958	Distribution of NFIs and shelter kits to the most vulnerable communities of the flood - affected areas of Badin (Sindh)	Solidar	1,390,000
PAK-FL-11/S-NF/43153/5370	Provision of basic shelter support to flood-affected population of Sindh	Muslim Aid	3,085,838
PAK-FL-11/S-NF/43157/12950	Provision of tents and food in UC Bitaro Tehsil Diplo District Tharparker	MHI	553,225
PAK-FL-11/S-NF/43160/5834	Providing emergency NFIs and shelter assistance to the flood affected population	NRC	3,100,000
PAK-FL-11/S-NF/43163/8223	Providing humanitarian support in shape of temporary settlements/shelters and NFIs to 1,000 rain stricken families in District Mirpurkhas of Pakistan	SPO	200,000
PAK-FL-11/S-NF/43165/5120	Emergency shelter response programme to meet immediate needs due to the 2011 floods in Sindh, Pakistan	OXFAM GB	2,752,942
PAK-FL-11/S-NF/43169/13101	To provide emergency shelter support to 21,000 people (3500 flood-affected families) of ten UCs including six UCs of Tando Allahyar District and four UCs of Nawab Shah District, Sindh	PAIMAN	988,300

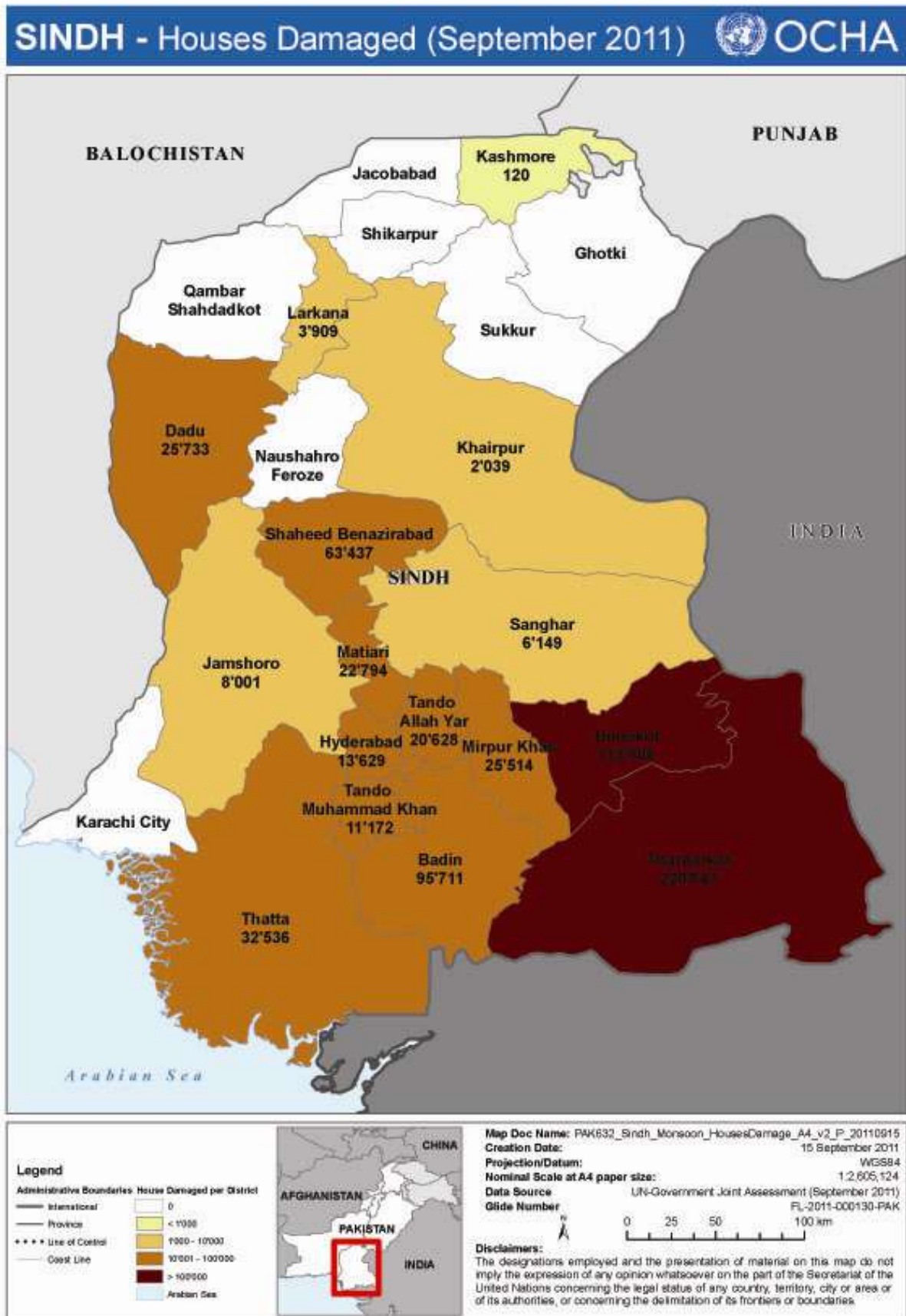
PAKISTAN FLOODS RESPONSE PLAN 2011

PAK-FL-11/S-NF/43171/14162	Provide emergency humanitarian assistance (Emergency Shelter and NFIs) to the flood-affected displaced families who lost their homes in Tando Allah Yar and Sanghar district	SRO	312,400
PAK-FL-11/S-NF/43174/5524	Providing adequate shelter to people displaced in Thatta and Badin due to floods	Plan	356,500
PAK-FL-11/S-NF/43176/14891	Shelter Ensuring Actions for the Most Vulnerable (SEAM)	ISM	148,402
PAK-FL-11/S-NF/43182/776	Critical governance structures for life-saving relief and early recovery interventions and CBIs in Balochistan	UNDP	1,878,385
PAK-FL-11/S-NF/43187/120	Emergency response for assistance in shelter and NFIs	UNHCR	10,850,825
PAK-FL-11/S-NF/43189/776	Critical governance structures for life-saving relief and early recovery interventions and CBIs	UNDP	4,296,250
PAK-FL-11/S-NF/43191/124	Protective learning spaces for children in flood-affected districts of Sindh	UNICEF	2,700,000
PAK-FL-11/S-NF/43192/14889	Emergency response to the rains/flood-affected populations in Sindh	APSD	300,000
PAK-FL-11/S-NF/43194/12835	Shelter emergency support and assistance to Pakistan's flood-affected people in Sindh	WVP	1,807,708
PAK-FL-11/S-NF/43196/14890	Provision of shelter to flood-affected for living with dignity	SAMI Foundation	478,500
PAK-FL-11/S-NF/43201/14894	Life-saving emergency shelter support for flood affected - Balochistan	Tameer-e-Khalaq Foundation	426,550
Sub total for SHELTER/NFIs			66,452,014
WATER, SANITATION, HYGIENE			
PAK-FL-11/CSS/43118/124	Water, Sanitation and Hygiene Cluster Coordination	UNICEF	500,000
PAK-FL-11/WS/43108/5162	Emergency access to safe water supply and sanitation for flood-affected people in districts Badin and Khaipur in Sindh Province	Mercy Corps	610,026
PAK-FL-11/WS/43109/7039	Immediate WASH assistance addressing the life-saving needs of 26,440 most vulnerable flood-affected families in eight districts of Sindh Province and priority districts of Balochistan	UN-HABITAT	3,696,417
PAK-FL-11/WS/43111/124	WASH interventions for flood-affected populations in Sindh and Balochistan	UNICEF	30,000,000
PAK-FL-11/WS/43121/122	Water quality surveillance, waterborne disease prevention and control	WHO	1,968,415
PAK-FL-11/WS/43128/5186	Emergency Humanitarian Water, Sanitation and Hygiene (WASH) response for vulnerable flood-affected populations in Sindh Province	ACF	999,461
PAK-FL-11/WS/43132/8498	WASH assistance for flood-affected populations in Sindh	CW	515,473

PAKISTAN FLOODS RESPONSE PLAN 2011

PAK-FL-11/WS/43135/5160	Improving WASH conditions in flood-affected Lower Sindh	IMC	1,777,894
PAK-FL-11/WS/43141/5179	Relief and early recovery WASH interventions for flood-affected populations in Sindh province	IRC	750,000
PAK-FL-11/WS/43147/5370	Provision of basic WASH support to flood-affected population of Sindh	Muslim Aid	3,085,838
PAK-FL-11/WS/43150/5120	Pakistan flood emergency WASH response in Sindh and Balochistan Provinces	OXFAM GB	9,925,000
PAK-FL-11/WS/43162/5362	Emergency WASH assistance in Sindh	OXFAM Netherlands (NOVIB)	680,177
PAK-FL-11/WS/43173/14812	GBV prevention through gender-sensitive WASH facilities	UN Women	280,000
PAK-FL-11/WS/43178/776	Rubble removal through CFW and provision of de-watering units	UNDP	9,369,206
PAK-FL-11/WS/43183/8502	WASH emergency support and assistance to Pakistan's flood-affected people in Sindh	WVI	1,124,664
PAK-FL-11/WS/43186/14893	Emergency water supply, sanitation services and hygiene promotion support for flood-affected population in Sindh (Benshir Abad district, four talukas)	Solidarites International	600,001
PAK-FL-11/WS/43198/6079	To provide assistance to the flood-affected communities through improved access to clean water, sanitation and hygiene practices	SC	2,187,914
Sub total for WATER, SANITATION, HYGIENE			68,070,486
Grand Total			356,759,669

ANNEX II. MAP OF DAMAGED HOUSES



ANNEX III. ACRONYMS AND ABBREVIATIONS

ACF	<i>Action Contre la Faim</i> (ACF International)
ACTED	Agency for Technical Cooperation and Development
AGDM	age and gender diversity mainstreaming
APSD	Action for Peace and Sustainable Development
AWD	acute watery diarrhoea
CBIs	community-based infrastructures
CDO	Community Development Organization
CFS	child friendly space
CMAM	community management of acute malnutrition
CNIC	computerized national identity cards
CORDAID	Catholic Organization for Relief & Development Aid
CRS	Catholic Relief Services
CWS	Church World Service
DAD	Development Assistance Database
DCO	District Coordination Officer
DDMA	District Disaster Management Authorities
DEWS	Disease Early Warning System
DLA	Detailed Livelihood Assessment
DoH	Department of Health
DRR	Disaster Risk Reduction
EAD	Economic Affairs Division
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
ETC	emergency telecommunications
FANS	Food-Affected Nutrition Survey
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FRD	Foundation for Rural Development
FTS	Financial Tracking Service
GAM	global acute malnutrition
GHI	Global Hunger Index
GIS	geographic information system
GPP	Global Peace Pioneers
GRHO	Gender and Reproductive Health Organization
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDF	Human Development Foundation
HH	household
HHRD	Helping Hand for Relief & Development
HI	Handicap International
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFPRI	International Food Policy Research Institute
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMC	International Medical Corps
INTERSOS	Intersos
IOM	International Organization for Migration
IR Pakistan	Islamic Relief Pakistan
IRC	International Rescue Committee
ISM	The Institute for Social Movements
JPI	Just Peace International
KWES	Kohsar Welfare and Educational Society
LBOD	Left Bank Outfall Drain
MAM	moderate acute malnutrition
McRAM	Multi-cluster Rapid Assessment Mechanism
MERLIN	Medical Emergency Relief International

MHI	Muslim Hands International
MISP	minimum initial service package
MNCH	maternal, newborn and child health
MoH	Ministry of Health
MOSS	Minimum Operating Security Standards
MoSW	Ministry of Social Welfare
MTs	metric tons
MUAC	mid-upper arm circumference
NDMA	National Disaster Management Authority
NFIs	non-food items
NGO	non-governmental organization
NHEPR	National Health Emergency Preparedness and Response
NIH	National Institute of Health
NRC	Norwegian Refugee Council
NRSP	National Rural Support Programme
OCHA	Office for the Coordination of Humanitarian Affairs
OPV	(children received)
OTP	outpatient therapeutic feeding programme
OXFAM GB	OXFAM GB
PAIMAN	Pakistan Initiative for Mothers and Newborns
PDMA	Provincial Disaster Management Authority
PHC	primary health care
PHED	Public Health Engineering Department
PI	Plan International
QC	Qatar Charity
RC/HC	Resident Coordinator/ Humanitarian Coordinator
SAG	Strategic Advisory Group
SAM	severe acute malnutrition
SC	stabilization centre
SCI	Save the Children International
SDF	Salik Development Foundation
SEAM	Shelter Ensuring Actions for the Most Vulnerable
SGBV	sexual and gender-based violence
SHIFA	Shifa
SPDO	Sustainable Peace and Development Organization
SPHERE	Humanitarian Charter and Minimum Standards in Humanitarian Response
SPO	Strengthening Participatory Organization
SRH	sexual and reproductive health
SRO	Self Regulatory Organization
SSP	Social Services Programme
STC	Save the Children
TMA	Taluka Municipal Administrations
TSSU	Temporary Settlements Support Unit
TWG	technical working group
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNWOMEN	United Nations Entity for Gender Equality and Women's Empowerment
WASH	water, sanitation and hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization
WVI	World Vision International

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organizations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM) and United Nations agencies. As such, it presents a snapshot of the situation and response plans and is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP)
- resource mobilization leading to a Consolidated Appeal or a Flash Appeal
- coordinated programme implementation
- joint monitoring and evaluation
- revision, if necessary
- reporting on results

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- a common analysis of the context in which humanitarian action takes place
- an assessment of needs
- best, worst, and most likely scenarios
- a clear statement of longer-term objectives and goals
- prioritized response plans, including a detailed mapping of projects to cover all needs
- a framework for monitoring the strategy and revising it if necessary

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organization for Migration, the International Red Cross and Red Crescent Movement and NGOs that belong to International Council of Voluntary Agencies, Interaction, or the Standing Committee for Humanitarian Response), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilization. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on <http://fts.unocha.org>.

In sum, the CAP is how aid agencies join forces to provide people in need the best available Protection and assistance, on time.

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