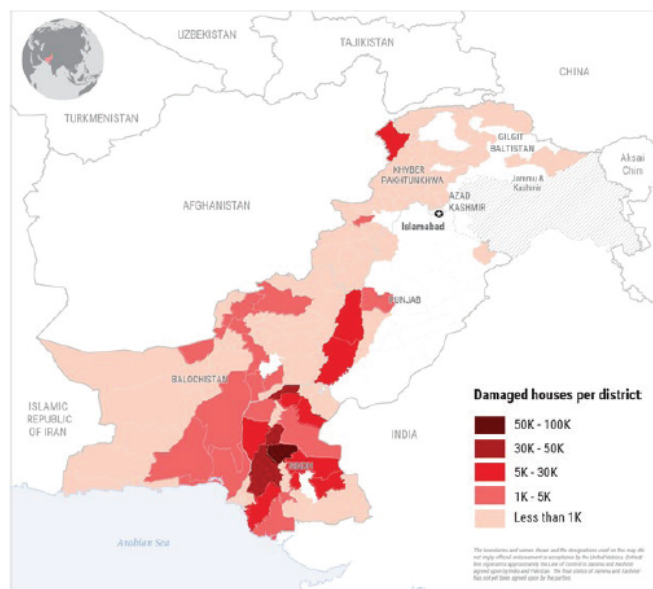


Country:	<i>Pakistan</i>
Crisis:	Monsoon Floods
Covering period:	Aug 30-Sep 23, 2022
Crisis Location:	Sindh, Balochistan, Punjab, and Khyber Pakhtunkhwa (KP)
Date issued:	September 23, 2022
Contact Name(s):	Bakhtior Kadirov, Representative (a.i.) bakhtior@unfpa.org; Rasheed Ahmed, Humanitarian Programme Analyst raahmed@unfpa.org; Pilirani Semu-Banda, International Communications Specialist, semu-banda@unfpa.org

Map of the affected area



FAST FACTS

- Total number of people affected - 33 Million
- Total number of people in need of humanitarian assistance - 6.4 Million
- Total number of fatalities - 1,498
- Total number of injuries - 12,830
- Women of Reproductive Age (age 15-49, estimated) - 1.6 million
- Pregnant Women (estimated) - 127,642
- Currently pregnant women who will experience complications- 6,382
- Births expected in the next months (estimated)- 14,182

PAKISTAN 2022 FLOOD RESPONSE PLAN (01 Sep 2022 - 28 Feb 2023)

TOTAL APPEAL
REQUIREMENTS

USD 160.3 million

HEALTH SECTOR
REQUIREMENTS

USD 22.8 million

PROTECTION SECTOR
REQUIREMENTS

USD 13.2 million

TOTAL AMOUNT
CONFIRMED

USD 59 million

<p>1</p>	<p>Situation overview:</p> <p>The flood-affected areas of Pakistan, especially Sindh and Balochistan, continue to experience a catastrophic humanitarian situation, with many people displaced following the monsoon thunderstorms and heavy rains that caused insurmountable deaths, displacements, and destruction to property. The emergency situation has caused over 1,500 deaths, 12,800 injuries, and severe repercussions for people's livelihoods¹.</p> <p>Almost 664,000 people have reportedly been displaced and are living in relief camps, while many more are living with host communities. Women and girls continue to bear the brunt of the impact of the floods. Of the 6.4 million people in need of humanitarian assistance, more than 1.6 million are women of reproductive age, with an estimated 127,642 currently pregnant women (based on the MISP calculator).</p> <p>The destruction to health facility infrastructure is extensive across the affected provinces- a total of 1,946 health facilities have been affected, with 1,543 partially damaged and 403 fully damaged². This includes damage to buildings but also water supplies, electricity, equipment, medicines, and medical supplies. The damage to health facilities is disrupting the availability of and access to essential health services, putting the lives of women and girls, and particularly pregnant women at significant risk. Without urgent support and access to lifesaving medical and health services, particularly reproductive health services, the lives of affected women are at great jeopardy. Cases of malaria, dengue, diarrhea and cholera are being reported in flood affected areas, and are projected to increase due to stagnant flood waters across the affected provinces, adding stress to an already strained health system and compounding the health impacts on the affected population.</p> <p>Damaged roads and bridges are also preventing access to health centers and hospitals and preventing essential supplies and medicines from reaching these facilities. Over the past week, roads reported to be damaged or destroyed nationwide nearly doubled to over 12,700 kilometers. The number of damaged or destroyed bridges increased by 40 percent to 375 affected ones.</p>
<p>2</p>	<p>Humanitarian Needs (Population/ Vulnerable Population/ Displaced Population)</p> <p>The heavy rains and flooding have damaged numerous health facilities across the affected provinces- a total of 1,946 health facilities have been affected, with 1,543 partially damaged and 403 fully damaged, disrupting the availability of and access to essential sexual and reproductive health services, including maternal health services and contraceptive services.</p> <p>Over 1.14 million houses have been partially or fully damaged, according to the National Disaster Management Authority (NDMA), and half a million displaced people are staying in relief camps and host communities. The forced displacement, compounded by disruption of systems and essential services, place women and girls at an increased risk of exposure to gender-based violence and harmful practices, including child marriage. Without urgent support and continued access to essential health and protection services, the lives of women and girls and other vulnerable populations will be at great risk.</p> <p>Additionally, more than 800,000³ refugees living in calamity-declared areas are affected or at risk. The provinces of Balochistan and Khyber Pakhtunkhwa host the vast majority (81 per cent) of the Afghan refugee population in the country, where of the 1.45 million registered Afghan refugees in Pakistan, some 44 per cent are children and 26 per cent are women, and 15 per cent are people with disabilities. Observations shared by</p>

¹ [OCHA 2022 Monsoon Floods Situation Report #6](#) (as of 16 September, 2022)

² According to the preliminary NHEPRN and WHO assessments, and reflected in the WHO revised Health Sector Plan

³ <https://www.unhcr.org/news/briefing/2022/9/63297ee24/unhcr-humanitarian-needs-remain-acute-displaced-flood-hit-areas-pakistan.html>

partners and community level information collected from refugees in Quetta in Balochistan highlight increasing concern among the community about child marriage, intimate partner violence and behavioral changes in children, as well as a lack of adequate information on available services⁴.

Current situation in priority areas:

The table below shows the latest estimates of Women of Reproductive Age (WRA), adolescents girls and pregnant women among the affected and displaced population, in the 4 most flood-affected provinces (based on the MISP 2.0 calculator, against the PIN per the Flood Response Appeal):

Indicator	Sindh	Balochistan	KP	Punjab
Total affected	14,563,770	9,182,616	4,350,490	4,844,253
Total PIN	5,422,661	397,414	141,501	430,589
WRA	1,355,665	99,354	35,375	107,647
Pregnant women	108,150	7,926	2,822	8,588
Adolescent girls (10-19)	542,266	39,741	14,150	43,059
Live births in the next month	12,017	881	314	954

3 Government, UN, and other Stakeholders' response

The humanitarian response is progressing under the leadership of the Government of Pakistan. So far, the Government, through Benazir Income Support Programme (BISP), has planned to distribute PKR 57 Billion (USD 248 Million) among 2,301,054 beneficiaries. As of 21 September 2022, BISP has already distributed PKR 26 Billion (USD 113 Million) among 1,054,749 beneficiaries in four provinces⁵.

Around 70 NGOs (members of National Humanitarian Network-NHN) are providing assistance in terms of evacuations, temporary shelter arrangements, cooked food and dry ration distribution, non-food items distribution, health, water & sanitation and other support in the flood affected areas. Moreover, 34 International NGOs (Members of Pakistan Humanitarian Forum-PHF) are active in 31 districts involved in providing food and ration, NFIs, shelter, education, cash grant, protection, health including SRH and WASH services. IFRC and Pakistan Red Crescent Society has reached to around 55,000 people with emergency response support⁶.

UN agencies are supporting the Government of Pakistan in the areas of coordination, supply chain management, multi-sectoral rapid need assessments, education, food security and agriculture, health, protection, nutrition, food security & agriculture, water, sanitation and hygiene and logistics.

On 30 August 2022, the Government of Pakistan, UN and humanitarian actors jointly launched the 2022 Floods Response Plan⁷ appealing for USD 160.3 million to provide 5.2 million affected people with protection and health services, livelihood, shelter, nutrition, water sanitation and hygiene assistance. The

⁴ [OCHA 2022 Monsoon Floods Situation Report #6](#) (dated 16 September, 2022)

⁵ NDMA Monsoon Sitrep 2022-Dated 21 September 2022

⁶ OCHA 2022 Monsoon Floods Situation Report #6 (dated 16 September 2022)

⁷ [Pakistan 2022 Flood Response Plan](#) (1 September 2022- 28 February 2023)

	<p>Health Sector requirements are USD 22.8 million, targeting 1.2 million people, and the Protection Sector requirements are USD 13.2 million, targeting 5.2 million people. To date, almost USD 59 million (37.1%) has been mobilized according to the OCHA Financial Tracking Service⁸.</p> <p>A revision of the Flash Appeal is currently underway with planned finalization by September 30, 2022. Inputs from agencies are being consolidated through the various sectors.</p>
4	<p>UNFPA Country Office Response</p> <p>UNFPA is leveraging long-standing partnerships and humanitarian presence in the country, working in close collaboration with the federal and provincial government institutions, non-governmental organizations and other humanitarian actors to prioritize provision of lifesaving sexual and reproductive health, and gender based violence risk mitigation and response services. Services will target the most vulnerable populations among the IDPs, particularly pregnant women, single females, and young girls and boys, in close consultation with local governments in Sindh and Balochistan. Existing programmes in affected areas are being pivoted to ensure continued provision of essential services, and resources mobilized for the emergency response will enable UNFPA to scale up services and additionally expand coverage in other affected districts.</p> <p>UNFPA is contributing to the Post Disaster Needs Assessment (PDNA) process, initiated by the Ministry of Planning, Development and Special Initiatives, in collaboration with World Bank, ADB, UN agencies, donors and other key stakeholders. The PDNA will include a Disaster Recovery Strategy, enabling the Federal and Provincial Governments in recovery and restoration efforts.</p> <p>UNFPA is also part of the Assessment Working Group (AWG) led by UNOCHA, providing technical support in data analysis for the Multi-Sectoral Rapid Needs Assessment (MS-RNA), particularly for the health sector (RH/FP) section. The assessment was conducted in three provinces (Sindh, Punjab and KP). UNFPA also facilitated a session on the MS-RNA tool for enumerators in Sindh on the GBV and Health Sector sections.</p> <p>Sexual and Reproductive Health:</p> <ul style="list-style-type: none"> ● UNFPA is scaling up SRH response to affected populations through engaging existing partners to provide immediate services. Mapping of the health facilities are ongoing in Balochistan and Sindh provinces to mobilize the required human and financial resources. <ul style="list-style-type: none"> ○ In Sindh, UNFPA is supporting Director General Health Services, Sindh through the deployment of 6 mobile health units to conduct SRH services in two districts. Aga Khan University Hospital is engaged in delivering SRH services in District Sanghar and Shaheed Benzeer Abad. Pakistan National Forum for Women’s Health (PNFWH) is another implementing partner for delivering SRH services in Thatta. ○ In Balochistan, UNFPA is supporting People’s Primary Health Care Initiative (a local NGO) for delivery of SRH services through Basic Health Units (BHUs). In total 7,834 male, female and children have received SRH services including 322 normal deliveries. 100 pregnant women were identified for birth preparedness and planning support. ○ In KP, UNFPA secured funding from FCDO by reprogramming resources allocated for development activities to support two districts most affected by floods – Tank and D.I. Khan. The resource will be used for ensuring availability of FP and EmONC services through mobile service units and static facilities in collaboration with provincial departments of health and population. ● Partnership with UNICEF: <ul style="list-style-type: none"> ○ UNICEF and UNFPA are ensuring a joint approach to provision of essential health services. UNICEF has 33 mobile services equipped and functional in Sindh and Balochistan. UNFPA will support the SRH/FP/GBV health response aspects of service delivery in these mobile health units, and provision of supplies including contraceptives.

⁸ [OCHA Financial Tracking Service](#)

- The agencies agreed on coordination for procurement of kits and distribution plans to avoid duplication.
- Additionally, discussions are ongoing to collaborate on women and adolescent safe spaces for provision of psychosocial support and essential services.
- The two agencies are also ensuring a joint approach to advocacy with federal and provincial government, data collection and reporting including ensuring that government sitreps reflect issues of maternal health, newborn health, family planning, medicines/supplies for prevention and treatment of STI, and malaria focusing on pregnant women.
- **Partnership with WHO:**
 - WHO and UNFPA agreed on joint cooperation to ensure synergies for the ongoing flood response in Balochistan and Sindh provinces. WHO organized field operations hubs in Nasirabad (Balochistan) and Larkana (Sindh) with enough space available to UN agencies including UNFPA for deployment of additional technical staff closer to the most affected districts.
 - Further, UNFPA and WHO agreed to map out geographic coverage and activities to enhance complementarity and continued sharing of who is doing what and where.
 - UNFPA was offered support to engage its implementing partners and staff to join RMNCH services. UNFPA will integrate MISP interventions related to maternal health care, STI and HIV prevention and treatment.

GBV response:

The UNFPA Country office is scaling up GBV risk mitigation and response interventions in the flood affected areas. The response efforts have so far reached a total of 19,177 beneficiaries in 11 districts of 3 provinces (2,000 in Sindh, 6,929 in Balochistan, and 10,248 in KPK) with interventions involving engagement of affected communities, awareness raising, dignity kit distribution and provision of psychosocial support. UNFPA so far has distributed 8,837 dignity kits as part of GBV response programming which includes (791 in Punjab, 2,075 in Balochistan, 3,971 in KP and 2,000 in Sindh) . In addition, 6 women friendly health spaces, through existing programming, are functional in Balochistan and supporting flood affected communities.

Gender safety audits of displacement sites have been carried out in Sukkur and Hyderabad, which highlight increased safety and protection risks due to inadequate lighting of WASH facilities, water points, lack of available female medical personnel and overall lack of critical services for women, girls and persons with disabilities. Many of the displacement sites are located along roadsides without any clear boundaries, which increase risks of gender based violence, and sexual exploitation and abuse, especially for women and adolescent girls. UNFPA is supporting the Rapid Need Assessment led by OCHA, and also undertaking a dedicated Rapid Gender Assessment in flood affected locations in partnership with CARE International.

There is an urgent need for additional dignity kits, women and girls friendly spaces, addressing the needs of persons with disabilities, trained human resources to be mobilized for community engagement, awareness raising and provision of psychosocial support. The CO is revising the content of the dignity kits based on inputs received from affected communities from the initial distribution. Strengthening existing referral systems and helplines are critical for affected women and girls at increased risk of exposure to GBV within the flood context.

Coordination:

1. Health/RH WG:

Health Sector Working Group meetings are being conducted on a daily basis (between 14:00 to 16:00 hours). The Ministry of National Health Services Regulation & Coordination (MoNHSRC) is chairing the meeting with WHO as co-chair. UNFPA is supporting MoNHSRC in conducting Reproductive Health WG meetings which are planned on a weekly basis. Agreement has been made in Health Sector Working Group meetings

for UNFPA to present regular updates on behalf of National and Provincial Reproductive Health Working Groups.

2. Protection/GBV WG:

The GBV sub-working group has been activated in the 3 provinces of Sindh, Balochistan and KP. A total of 9 national partners and relevant government stakeholders working in the area of GBV are actively engaged in the coordination mechanism. The National Commission on the Status of Women (NCSW) is working closely with UNFPA to advocate at national and provincial levels for GBV risk mitigation and response measures to be put in place in the flood affected districts and to ensure appropriate government leadership for the coordination effort. UNFPA, with the federal chairperson of NCSW, is planning a high level mission with Women Development machineries to visit South Punjab. UNFPA is planning to activate the GBV sub-working group of Punjab in early October, to enable meaningful participation of relevant stakeholders throughout relief efforts.

The 5Ws matrix has been put in place to support service delivery (such as geographic targeting, types of services required) to fill gaps and avoid duplication for GBV risk mitigation and response interventions on the ground. The sub-working group coordinators are also being trained on coordination core functions by the REGA team.

Additionally, UNFPA will work closely with partners to strengthen interagency PSEA networks and mainstream PSEA throughout coordination mechanisms, including scaling up human resource capacity through PSEA Specialists, particularly in the 2 interagency humanitarian hubs established in Sukkur and Hyderabad.

Staffing:

The Country Office, upon mapping the existing human resource capacity, has formed an interim organogram to undertake the flood emergency response functions. Meanwhile, significant staff shortages remain, particularly in humanitarian coordination, operations management, procurement, HR management, SRH programming and coordination, and GBV programming and coordination. The CO has submitted surge requests to the Humanitarian Office for 3 profiles (Humanitarian Coordinator, GBV programme officer and operations manager). The operations manager profile has been identified.

APRO is supporting the response with an in-country technical mission by the Regional Humanitarian Advisor. Additionally, the Asia Pacific REGA team is providing remote support in GBV interagency coordination and information management, with an in-country mission confirmed for next week for the REGA. The CO has identified the below key human resources required to support the flood response. This will be included in the upcoming FTP activation request.

Title	Contract Type	Int/Nat.	Location	Fund	Level
SRH Coordinator, Sindh	SC	National	Sindh	CERF	NOC
Programme Associate	SC	National	Sindh	CERF	GS6
SRH Analyst	TA	National	Punjab	TBD	NOB
GBViE analyst	TA	National	Sindh	Included in the submitted Japan	NOB

				proposal	
GBViE analyst	TA	National	Punjab	TBD	NOB
GBViE analyst	TA	National	Balochistan	Included in the submitted Japan proposal	NOB
Project Coordinator	TA	National	Sindh	Included in the submitted Japan proposal	NOC
Project Coordinator	TA	National	Balochistan	Included in the submitted Japan proposal	NOC
SRH, M&E and data experts	IC	National	Multiple locations	TBD	SB4-SB 5
PSEA field specialist	IC	International	Sindh, Sukkur	TBD	TBD
PSEA field specialist	IC	International	Sindh, Hyderabad	TBD	TBD
HR Associate	IC	National	Islamabad	TBD	G6

Resource Mobilization:

CO has successfully mobilized USD 2.18 million for the flood response in Balochistan and Sindh provinces to date, with ongoing engagement with donors and partners to mobilize additional funding.

Project Area and Focus	Donor	Amount (USD)	Status
Life saving reproductive health services, including basic and comprehensive EmONC and integrated GBV services in the floods affected districts in Balochistan	CERF	447,646	Received
Life saving reproductive health services, including basic and comprehensive EmONC and integrated GBV services in the floods affected districts in Sindh.	CERF	802,354	Received
Integrated SRH and GBV services for the flood affected population in Sindh	UNFPA EF	437,305	Received
GBV risk mitigation and response, received through the Oslo “Ending Sexual and Gender-Based Violence in Humanitarian. Crises” Conference pledge	Norway	500,000	Confirmed
Total Funds Mobilized		2,187,305	

	<p>The CO has reprogrammed USD 220,000 from regular resources, and received regional support for an additional USD 117,000 for the response. FCDO approved reprogramming of USD 170,000 from an existing development project to support response activities in KP.</p> <p>UNFPA Pakistan has submitted proposals to Japan, South Korea and FCDO. Additionally, UNFPA SCMU supported the Country Office to submit a justification for procurement of 90,000 Jadelle and 100,000 DMPA-subQ to cover critical contraceptive commodity gaps under one of the pipeline projects ‘PRM UNFPA Supplies Proposal’.</p> <p>Communication/Advocacy:</p> <p>UNFPA Pakistan is actively participating in weekly Humanitarian Communications Team (HCT) meetings and contributing to UN joint communications efforts pertaining to the UN’s response to the Monsoon floods. The HCT is holding weekly media briefings to update the media on the UN flood response and answer questions from the media. Each week the briefing is focused on specific thematic areas of the response. UNFPA has contributed on reproductive health and GBV issues to statements being shared with the media. UNFPA-mandated areas on SRH and GBV are also highlighted by the Representative, a.i., in Humanitarian Country Team meetings.</p> <p>The communications unit continues to facilitate local and international media coverage to bring more attention to the needs of women and girls affected by the floods. At the beginning of September, the UNFPA Executive Director Dr. Natalia Kanem issued a statement on the devastating floods in Pakistan: https://www.unfpa.org/press/statement-unfpa-executive-director-dr-natalia-kanem-devastating-floods-pakistan.</p> <p>A human interest article was published on the UNFPA global website on 21 September to bring more attention to the plight of pregnant women affected by the floods and how UNFPA is responding to their needs: https://www.unfpa.org/news/women-and-girls-pakistan-need-urgent-health-and-protection-services-amid-epidemic-flood-disaster.</p>
5	<p>Security</p> <p>Protests are continuing in flood affected areas mainly in Sukkar, Umarmkot, Thatta and Badin areas. These demonstrations may increase further with the potential to turn violent due to the ongoing humanitarian and socioeconomic constraints.</p> <p>One incident of looting of a contracted truck of a UN agency by a mob in Qambar district has been reported- the crew of the truck was also assaulted by the mob. Such instances are likely to reoccur until more substantial relief efforts reach affected populations.</p> <p>Destroyed and badly damaged road infrastructure including bridges are barring access to and within affected areas and add road safety hazard concerns to the relief efforts.</p>
6	<p>UNFPA actions required from HQ:</p> <p>UNFPA Pakistan has been receiving technical, programme and operations support from APRO, and engaging in regular weekly calls. Given the scale of the emergency, the Country Office requests the following support from HQ:</p>

- **HR surge:** Identification of surge candidates for 2 profiles of Humanitarian Coordinator, GBV Programme Specialist and Operations Manager A candidate for the Operations Manager profile has been identified.
- **Kit specifications:** Based on the current context and needs, and a local market assessment conducted by the CO on the quality, specs and prices of available goods, the CO submitted a request to HO for clearance of kit specifications for customized dignity kits, newborn kits and clean delivery kits on September 22. We would be grateful for swift review and approval.
- **Fast Track Procedures:** the CO is preparing an FTP activation request, and would be grateful for swift review and approval once submitted.
- **Procurement:** the CO is preparing a comprehensive procurement plan for the flood response (includes both international and local procurement) which will be submitted with the FTP request. This will require support from SCMU.
- **Advocacy:** Ongoing advocacy at the global level is required to ensure adequate attention from partners and stakeholders on the urgent needs.
- **Resource Mobilization:** Support from HQ will be appreciated to mobilize additional funding from donors and partners to support the UNFPA response.