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Emergency Plan of Action

Pakistan: Balochistan Floods/Snowfall 2017



International Federation
of Red Cross and Red Crescent Societies

DREF Operation n° MDRPK013	Glide n° FL-2017-000017-PAK
Date of issue: 8 February 2017	Date of Disaster: Started 30 January 2017
Operation Manager: Abdul Basit, Manager – DRM, IFRC, Pakistan	Point of contact: Abaid Ullah Khan National Programme Coordinator, PRCS
Operation start date: 10 February 2017	Expected Timeframe: 3 months
Overall operation budget: CHF 299,911	
Total number of people affected: 60,000	Number of people to be assisted: 10,500¹ (1,500 Families)
National Society presence (n° of volunteers, staff, branches): Staff at Pakistan Red Crescent PRCS PHQ in Balochistan, NDRTs, BDRTs and DDRTs and active volunteers already supporting the operation and others on standby to deliver services as outlined the proposed plan.	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC.	
Other partner organizations actively involved in the operation: Provincial/District Disaster Management Authorities PDMA/DDMA.	

A. Situation analysis

Description of Disaster

Continuous heavy rains and snow fall has broken the record of many years caused widespread flooding across 3 districts of Balochistan from 17th to 22nd January 2017, Government declared the emergency in 3 most affected districts and demanded assistance for 60,000 people of affected in Balochistan. The Government also made an official request to PRCS for support of 6,000 families on 30th January 2017. PRCS teams did rapid assessments of over 6,000 households in the affected districts. Authorities reported 13 deaths and 650 people injured. PRCS provincial branch upgraded the disaster management response level and established disaster control room in PHQ Quetta and coordinated with other stakeholders.

The situation is evolving in most of areas, falling snow and cold weather where people are still in stranded condition and waiting for assistance. Assessments continue to be carried out in most affected districts; and 6 teams have already been deployed in affected areas and assessments are in progress and teams shared the initial information to PHQ. The findings of the PRCS assessment teams, the critical problems faced by the affected population are as under:

- **Provision of basic (primary) health care services through mobile health units (MHUs).**
- **Provision of cash grants for immediate food needs (markets are functioning).**
- **Provision of safe drinking water through water purification tablet and household (HH) level water filter.**

¹ Average family is 7 people per family.

Summary of the current Response

As per the need, PRCS, Balochistan branch distributed 10,000 sleeping bags and 5000 Blankets in affected areas namely Mastung and Kalat through helicopter operation and non-food items for 7,000 people distributed in Kharan.

Provincial Disaster Management Authorities (PDMA) has also distributed food² and other necessary essentials (tarpaulin, sheets, blankets etc.) and supported the districts affected by recent disaster.

Overview of Host National Society

The Pakistan Red Crescent Society has developed a Monsoon Contingency Plan in Jun/July 2016 which has guided development of this Plan of Action. In the past ten years, the National Society has trained a core group of disaster response teams at national, provincial and district levels, equipping them with skills to effectively carry out the response activities. The PRCS Balochistan branch has less number of distribution items to respond to the needs of the affected population in three districts. PRCS provincial branch has very firm coordination with all the stakeholders including provincial and districts level disaster management authorities.

PRCS response actions already undertaken in response to the ongoing situation including:

- Emergency Need Assessments conducted in three districts.
- Distribution of non-food items to 7,000 affected people of Kharan district by PRCS Balochistan while district administration has demanded 7,000 people more for affected.
- Distribution of 10,000 sleeping bags and 5,000 blankets by Balochistan branch with PDMA in Kalat and Mastung through helicopter supported by provincial government.
- There is immediate need of stocks to the affected areas to cater to the immediate needs of the affected population in terms of food, health and WASH.

Overview of Red Cross Red Crescent Movement in country

In addition to the International Federation of Red Cross and Red Crescent Societies (IFRC), in-country Movement partners include International Committee of the Red Cross (ICRC), Canadian Red Cross Society, Danish Red Cross, German Red Cross, Norwegian Red Cross, Turkish Red Crescent and UAE Red Crescent. All in-country Movement partners always remain supportive and ready to support the National Society's response if the situation escalates.

The IFRC has a Country Office in Pakistan and receives technical support, when needed, from the Asia-Pacific Regional Office in Kuala Lumpur, Malaysia. Since the inception of the heavy rains and the snowfall, IFRC has been closely monitoring the situation, and providing technical support to the PRCS. IFRC has also supported PRCS in the preparation of PRCS EPoA for this response operation. The response outlined in this DREF request will be led by the PRCS with technical support from IFRC.

Movement Coordination

Overview of non-RCRC actors in country

At provincial level the PDMA has taken the lead in coordinating the response. At district levels, the response is being coordinated by the respective provincial and district disaster management authorities. Summary of the assistance so far provided by PDMAs as of 31st January, 2017:

² The food ration are from National Disaster Management Authorities standard food packages constituted of 20 kg flour, 5 kg pulses, 5kg lentil, 5 L oil and 10 kg rice per family.

Relief Items	NDMA/ PDMA	Provincial / State Disaster Management Authorities						Total
		Kharan	Mastung	Kalat	Pishin	Loralai	Ziarat	
Shelters/Tents	4,200	200	500	1,000	1,000	1,000	500	4,200
Tarpaulin ³ Sheets	9,000	2,000	1,000	2,000	1,000	1,000	2,000	9,000
Blankets	12,500	3,000	1,500	2,000	2,000	2,000	2,000	12,500
Food (tons)	4,500	1,000	1,000	500	1,000	500	500	4,500
Aqua tabs	0	0	0	0	0	0	0	-
Water container (20L jerry can)	3,500	500	500	500	500	500	1,000	3,500

Aqua tabs were not available from the government and therefore PRCS will cover this gap as part of this operation.

Keeping in view the scale of disaster in affected districts, Government has requested the available humanitarian actors to extend their support to provincial government in response and rehabilitation activities. Out of eight total affected districts, PRCS planning to respond in three districts based on the request made by provincial government on 30th January. (Annexed)

Since there is security and accessibility issues in Balochistan, PRCS is one of the few humanitarian actors that has the community outreach and response capacity to launch operation in the affected areas. The response actions taken by organizations thus far is as follows;

- UNICEF, UNWFP and UNFAO are also present in the affected areas and closely observing the situation, however they have not yet responded.

Needs Analysis, Beneficiary Selection, Risk Assessment and Scenario Planning

The recent floods and snowfall have so far affected 250 villages in 8 districts across Balochistan Pakistan, leaving 13 dead, injuring 650, damaging 1,050 houses while affecting 60,000 people. NDMA, Pakistan's official focal agency for managing calamities, is quoting the following damage and loss statistics. In the current situation markets are open and working in main cities, but the floods have disconnected the families from the markets and the livelihoods of these families is badly affected. It also noted however there is a strong indicator that markets most especially in the affected districts will soon revive the soonest as the floods receded and will be in time for the cash distribution. This requires emergency assistance for the affected families to cope with the existing situation. Similar, is the case for health services which are located in the central parts of the cities while the population living in the peripheral parts cannot access them due to disrupted communication in the form of damaged roads. The average size of a family is 7 people comprising of parents, children and elders. Adult males are usually the only ones taking care of the livelihoods of the family as well as other matters related to social engagements. Therefore, they usually do not go far away from their families/villages in search of work. In this situation cash grants support seems to be the most appropriate option as it will provide them the means to fulfill their daily food requirements for some time before things come to normal again.

A review of media reports and PRCS assessment teams, has highlighted the following needs.

- **Emergency Health:** The state of Health services in the areas were never very good even before the disaster but the situation has further deteriorated with the populations in the affected areas left with very limited options in terms of health services access and delivery. The affected population is facing health issues such as cold, flu, hypothermia, upper respiratory tract infections and pneumonia. There is also an

³ 2 tarpaulins per family

increased risk of malnutrition among children due to food shortages in the short-term. While the compromised and congested living conditions pose a threat for skin infections and spread of communicable diseases especially among children. The people are in need of basic (primary) health services along with provision of medicines free of cost. Three PRCS mobile health teams (comprising of male medical officer, female medical officer, a lady health visitor, a dispenser, a vaccinator, a male health educator, a female health educator and a helper/cleaner) will be deployed to cater for these needs while the medicines will be utilized from the existing PRCS stocks later to be replenished. Medical consultations by male and female doctors for health issues, ante-natal and post-natal check-ups and care by female medical officers and LHV, growth monitoring and nutritional status assessment, immunization services, provision of medicines and health education sessions to promote health awareness will be provided through the MHUs.

- **Food shortages:** Due to flood water inundation, residents of floods affected villages tried to salvage grain stock before leaving their homes. Carrying large loads of grain was not an easy task and many of the displaced families are without food. Concerns of possible food shortages mean that short-term food assistance is vital. Malnutrition is a chronic issue in this area and risk to be exacerbated by the current emergency.
- **Emergency WASH services:** The water reservoirs in the affected areas have been contaminated by the floods and scarcity of clean drinking water is being observed. Although water is available for drinking, it needs to be treated before human use for which household water filters or water purification (Aqua) tabs are required. Keeping in view the current need and possible worse impact on human health and life, distribution of household water filters along with aqua tabs to the affected community has been planned on emergency basis in order to ensure safe drinking water. Sessions and activities for hygiene promotion will also be conducted in order to encourage good hygiene practices among the populations affected by floods.

Risk assessment

In some areas, such as Kalat and Ziarat, accessibility is an issue, as critical infrastructure remains highly compromised.

Mobilization of trained staff and volunteers is prerequisite to the success of this response operation. PRCS senior management will ensure that the mobilization of volunteers and staff will be done in a timely manner and on a regular basis. Portion of the budget is allocated for the provision of emergency food through cash grants to complete the operations in the stipulated timeframe.

In the coming days, there is a high likelihood of the occurrence of rain in Balochistan and adjoining areas. As the situation is evolving, the scope of the situation may likely escalate and it is hoped that further requests for support will be extended to partners.



District rapid assessment conducted in Balochistan in February 2017, (Photo: PRCS)

Along with other interventions there is strong need of raising awareness amongst the population with regards to health and hygiene through H/health & hygiene awareness sessions. The male as well as female health educators from the mobile health teams will conduct these sessions with the support of staff and volunteers. The hygiene awareness was always needed in these areas but with recent floods inundations, the situation became worse. Although major behaviour change takes a longer time to be achieved, mere sensitization and inspiration can have a huge impact on quitting the mal-practices prevalent in the population in terms of hygiene. The same goes for sanitation as the current situation has worsened the already inadequate sanitation facilities in the affected areas. The staff assessing the situation in the areas will point-out the areas

with worse sanitation and will ask the volunteers to coordinate with the health educators of MHUs to conduct a hygiene sessions in that locality on daily basis in addition to the health education sessions being conducted at the MHU.

B. Operational strategy and plan

Overall objective

The immediate needs of flood and heavy snowfall affected population are met through provision of emergency health services, improved access to clean drinking water and emergency food items.

Proposed strategy

The proposed duration of this response operation is three months focusing on emergency health services, improved access to clean drinking water, along with Health & Hygiene Promotion activities as well as short-term food assistance (through cash grants). PRCS, in coordination with the NDMA and respective disaster management agencies in the affected region, has initiated rapid assessments and has started responding to the immediate needs of the affected population. The staff members and volunteers from PRCS provincial branch were mobilized to carry out the assessments, ascertain the situation and identify the needs on ground. The mobilization of staff and National Disaster Response Teams (NDRT) and Branch Disaster Response Teams (BDRT) from the provincial headquarters has also taken place.

This DREF operation (based on the assessment reports, situation and needs analysis, existing PRCS presence and response capacity in the affected areas) seeks to support 10,500 affected people in Balochistan province with interventions focused on provision of:

- Emergency Health Services.
- Improved access to clean drinking water.
- Short-term food assistance (through cash grants).

The table below provides details of the tailored interventions which will be implemented.

Region/ Province	District	Target Beneficiaries (No. of people)	Target Geographical Areas	Sector/ Area of Intervention
Balochistan	Pishin	3,500		<ul style="list-style-type: none"> ▪ Food ▪ Health services ▪ HHs water filter & hygiene promotion
	Ziarat	3,500		<ul style="list-style-type: none"> ▪ Food ▪ Health services ▪ HHs water filter & hygiene promotion
	Killa Abdullah	3,500		<ul style="list-style-type: none"> ▪ Food ▪ Health services ▪ HHs water filter & hygiene promotion
Total		10,500		

The table below shows the beneficiary selection criteria which will be adopted for each intervention;

Intervention	Beneficiary Selection Criteria
Short-term Food assistance	10,500 people in 3 affected districts will be provided with short-term food assistance through cash grants. In the food package amounting to 12,000 PKR per family will serve the need of family for one month.
Emergency WASH services	Families provided with short term food assistance will also be targeted for WASH interventions and they will be provided with HHs water filter and aqua tabs. 10,500 people will be covered through WASH component. The people in these communities will also be trained on safe water storage and safe use of water treatment products. Continuous monitoring of practices regarding the safe water storage and use will be evaluated through household surveys. Hygiene promotion activities will also go along with the hard component to ensure encourage positive hygiene practices among the affected populations.
Emergency Health services	Three mobile health units will be providing basic (primary) health care services (along with provision of medicines free of cost) in three affected districts. These MHUs will be open to whole of the population for their health care needs as support to government health department. The services through these MHU will include Medical Consultations, ante-natal and post-natal check-ups and care, reproductive health services, immunization services, growth monitoring & nutritional assessment and provision of medicines free of cost as well as Health Promotion sessions for health awareness.

At the district level, PRCS branches are coordinating with the District Deputy Commissioners who are coordinating the overall response at the district level.

Operational support services

Human resources

Under the direct supervision of Secretary General PRCS, at National Headquarters Islamabad the National Programme Coordinator will monitor and support the overall DREF operation through response focal person.

At province level, Provincial Secretary will be in-charge of the operation, coordinating with Provincial and District colleagues and reporting to National Programme Coordinator on operational developments.

No new paid staff will be engaged for this operation except for the Mobile Health Units as for those the HR needs are more than the existing capacity of the branch thus these will be skilled volunteers on short-term (2 months); implementation will be supported by volunteers and staff members existing in PRCS PHQ. volunteers and staff per diem are covered in the operational budget. PRCS has already insured 9 volunteers who will be mobilized for this operation. As such, volunteer insurance costs are not included in the budget.

An RDRT from a NS in the region will be deployed for one month, to support response activities of cash grants, health and WASH.

Logistics and supply chain

Logistics activities aim to effectively manage the supply chain, including, procurement, customs clearance, fleet, storage and transport to distribution sites in accordance with the operation's requirements and aligned to IFRC's logistics standards, processes and procedures.

Medicines and other relief items from the existing PRCS stocks will be transported by PRCS to the affected areas with the support of IFRC CO logistics department. The distribution of all relief items related to this operation will be done by the NS volunteers and staff.

As the local supply chain is still up and running, the replenishment of HH Water filters *and Aqua tabs* will be done locally by the PRCS with the support of IFRC CO and IFRC Regional Logistic Unit (RLU) in Kuala Lumpur. The replenishment of medicines will be also done locally by the NS following the MoU between PRCS and IFRC. IFRC logistics management department in Geneva will support NS with local supply of medicines as per needed.

Communications

The PRCS will regularly share information and updates on the operation with key stakeholders. The National Programme Coordinator will be responsible for communication to external stakeholders. At the operational level, the communication department will undertake communication activities aimed to increase visibility of the PRCS and to show impact of our contribution. The IFRC will support with the documentation and publication of stories on the IFRC website.

Security

The PRCS operation team is familiar with the proposed operational areas and have advised on the current acceptance and acceptability of these locations. Once in the field, staff have been advised to take note of the security environment and report back on road conditions, acceptability of the organization in the target areas, as well as any other security issues which may arise. Before embarking on field visits, all staff will be briefed on safety protocols. Briefing will be facilitated by the IFRC Country Office Security Focal Person. Any security concerns will be handled with local authorities as per the existing IFRC, security framework.

Planning, monitoring, evaluation and reporting (PMER)

The plan has been developed based on the needs identified in the field. Emphasis is made on encouraging continuous assessment of the situation, monitoring of the services being provided as well as looking at monitoring of the feedback from beneficiaries. Analysis of monitoring observations will help with timely decision-making. Attention will be paid to data management, inclusive of collection of disaggregated beneficiary data, storage and analysis. Continuous communication with the field teams, along with weekly situation updates will support timely reporting on the operation. A Lessons Learnt workshop will be held to reflect on the intervention to help improve future actions where necessary and contribute to organisational learning.

Complaint Handling and Feedback Mechanism

As part of an on-going process to ensure the accountability, Pakistan Red Crescent Society is committed to implement a complaints handling & feedback mechanisms in our programmes and humanitarian response to enable individuals to have their feedback. PRCS is committed to work in an open and responsible way that builds the trust and respect beneficiaries, and striving to meet the highest quality in its development and humanitarian programming and seek to work with affected communities and populations in the best way possible.

Beneficiaries will be provided the opportunity to register their complaints and feedback. It can be lodged through different means. Beneficiaries are encouraged to lodge their complaints directly through i) complaints/suggestion boxes and/or ii) Phone Calls / Hotline & Short Message Service (SMS) on dedicated landline and mobile number. PRCS will dedicate the person to handle these complaints and feedback, and investigation will be carried out in short-time from complaint lodging keeping in view the timeframe of response.

Administration and Finance

Operational expenses such as staff and volunteer per-diem, transportation, communication and coordination activities are factored into this DREF application. Emergency food through cash grants will be done through already pre-selected telecom partners. Finance and administration support to the operation will be provided by PRCS national headquarters, with backing from the finance team of the IFRC Country Office.

C. DETAILED OPERATIONAL PLAN

Quality programming / Areas common to all sectors

Cash Grants:

Needs analysis:

The affected population is having an increased risk of malnutrition among children due to food shortages in the short-term, to fulfill this need the most vulnerable families will be provided with 12,000 Pakistani Rupees cash grants for one month as per criteria defined by the NS.

Population to be assisted:

10,500 people including vulnerable groups such as women headed households and older persons will be assisted through cash grants to fulfill the immediate need on food in 3 districts of Balochistan.

Outcome 1: Provision of emergency food service to address the immediate needs of affected population in 3 x districts of the flood and snow affected areas.								
Output 1.1 Development the criteria for CTP and assessment in the areas for beneficiary selection and coordination with telecom partners.								
Activities planned	Week 1	Week 2	Week 3	Week4	Week 5	Week 6	Week 7	Week 8
Development of beneficiaries' criteria for food response	x							
Conduct initial assessment by response teams (trained staff and volunteers)		x	x					
Verification of beneficiaries by PRCS staff & volunteers		x	x	x				
Disbursement of cash through CTP				x	x	x	x	
Establish complaint response & feedback mechanism	x	x	x	x	x	x	x	x
Post distribution monitoring								x

Health & Care

Needs analysis:

The affected populations are presenting with health issues such as cold, flu, upper respiratory tract infection and pneumonia while fungal and skin infections are not uncommon. There is also an increased risk of malnutrition among children due to food shortages and poor WASH and access to health services in the short-term and diarrhea and abdominal conditions are also likely to occur if the populations are not provided with safe drinking water and hygiene through adequate sanitation.

Population to be assisted:

10,000 people including vulnerable groups such as children, women and older persons will be assisted through deployment of a mobile health unit in 3 districts of Balochistan.

Outcome 2: The immediate risks to the health of affected populations are reduced								
Output 2.1: Target population is provided with rapid medical management and prevention of injuries and diseases								
Activities planned	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Establishment of Mobile Health Units (MHU) as per PRCS MHU guidelines.	x							
Warehousing and transportation of medicines/equipment for the deployed MHUs	x	x						
Replenishment of medicines utilized during the response (2 to 3 months)	x	x	x	x	x	x	x	x
Health awareness sessions	x	x	x	x	x	x	x	x

i: Procurement of Medicines is estimated around 2 to 3 months.

WASH Awareness Activities:**Need Analysis:**

The common sources of drinking water in the affected area are hand pumps and tube wells, which have been damaged due to flooding. Open defecation is the common practice in affected area and it has been observed that due to flooding, animal & human faeces contaminate the drinking water sources which can create hazard of water borne disease and while the stagnant water contributes to the increase in the incidences of vector borne diseases. The affected population needs immediate support in terms of access to clean drinking water through provision of water purification tablets, HH water filters for affected families along with health & hygiene sessions for healthier living practices.

Population to be assisted:

10,500 flood affected people in Balochistan to be provided with tailored support, such as HH water filters and water purification tablets and hygiene promotion.

Outcome 3: Provision of clean drinking water through provision of household's water filters and Aqua tablets.								
Output 3.1 Daily access to safe drinking water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population.								
Activities planned	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Registration of the beneficiaries & coupons distribution	x	x						
Provision and transport of HH water filter from PRCS existing stock	x	x	x					
Orientation on use of HH water filter at distribution sites	x	x	x	x	x	x	x	x
Collection and sharing of data regarding registration of beneficiaries and distribution with government authorities			x	x	x	x		
Output 3.2 Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population								
Activities planned	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Conduct trainings with local volunteers to continue hygiene promotion activities	x	x						
Conduct emergency hygiene promotion activities and clean up campaigns in the flood and snow affected area	x	x	x					
Distribution of water purification tablets on need basis	x	x	x	x	x			

Replenishment of HH water filters and aqua tabs ⁴	x	x	x	x	x	x	x	x
Train population of targeted communities on safe water storage and safe use of water treatment products			x	x	x	x	x	x
Monitor treatment and storage of water through household surveys				x	x	x	x	x

⁴ 2 boxes of 30 aqua tabs are planned for the 1500 most vulnerable families.

DREF OPERATION

08/02/2017

MDRPK013 Pakistan : Balochistan Floods / Snowfalls

Budget Group	DREF Grant Budget CHF
Water, Sanitation & Hygiene	53,862
Medical & First Aid	9,814
Cash Disbursements	176,955
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	240,631
Transport & Vehicle Costs	8,592
Total LOGISTICS, TRANSPORT AND STORAGE	8,592
National Society Staff	25,042
Volunteers	457
Total PERSONNEL	25,498
Travel	6,647
Office Costs	188
Communications	51
Total GENERAL EXPENDITURES	6,886
Programme and Supplementary Services Recovery	18,304
Total INDIRECT COSTS	18,304
TOTAL BUDGET	299,911

Contact information

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Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.
