A woman with her child at a camp site in flood affected Balochistan. (Photo: Turkish Red Crescent)

According to Pakistan’s National Disaster Management Authority (NDMA)

<table>
<thead>
<tr>
<th>Appeal No: MDRPK023</th>
<th>IFRC Secretariat Funding requirements: CHF 40 million</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Federation-wide Funding requirements: CHF 55 million</td>
</tr>
<tr>
<td>Glide No: FL-2022-000270-PAK</td>
<td>People affected: 33 million¹ people</td>
</tr>
<tr>
<td></td>
<td>People to be assisted²: 1,000,000 people</td>
</tr>
<tr>
<td>DREF allocation: CHF 1,000,000</td>
<td>Appeal launched: 28/08/2022</td>
</tr>
<tr>
<td></td>
<td>Appeal ends: 31/12/2023</td>
</tr>
<tr>
<td>Emergency Appeal Revision</td>
<td>Revision #: 1</td>
</tr>
<tr>
<td></td>
<td>Revision Date: 06/10/2022</td>
</tr>
</tbody>
</table>

¹ Target for the IFRC Secretariat Appeal of CHF 40 million
² Target for the IFRC Secretariat Appeal of CHF 40 million
SITUATION OVERVIEW

Starting from mid-June 2022, unprecedented monsoon rain triggered one of Pakistan's worst floods in decades. The country received nearly three times more rainfall during this monsoon than the national 30-year average.\(^3\) The Government of Pakistan officially declared the floods a “national emergency” on 25 August 2022. The situation has evolved close to a public health crisis, and millions are faced with acute food insecurity for a long time to come.

One-third of Pakistan's territory and around 33 million people have been impacted by the floods in 84 calamity-declared districts, of which 32 are in Balochistan, 23 in Sindh, 17 in Khyber Pakhtunkhwa (KP), 9 in Gilgit-Baltistan (GB) and 3 in Punjab. The number of people affected represents the entire population of Sweden, Finland, Norway, Denmark, Ireland, and Slovakia combined.

Between 26 September and 2 October, almost 25 per cent of the country was still underwater \(^4\) and there are still about 15 million individuals who could be affected by flooding or live nearby. In KP, waters have receded and people are slowly returning to their home areas in need of early recovery support. In Sindh and Balochistan receding has also begun, but especially in parts of Sindh, the emergency continues, and flooding may still occur in the southern parts. According to provincial authorities, completion of the receding of waters will take 3-6 more months.

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\(^3\) Multi-Sector Rapid Needs Assessment KP, Punjab and Sindh, PDMA and UNO, September/2022

\(^4\) Preliminary Satellite Derived Flood Evolution Assessment, UNOSAT, 04/10/2022
More than 2 million houses have been damaged or destroyed leaving approximately 8 million people displaced and approximately 600,000 people living in relief camps. Almost 88 per cent of the destruction of houses occurred in Sindh, which has borne also the brunt of the damage to roads and bridges, leaving people stranded in many places\(^5\).

Destruction of water, sanitation and health facilities has caused a heightened risk of a public health crisis. Assessments are illustrating increased trends in water- and vector-borne diseases, with outbreaks of diarrheal diseases, measles, skin infections, respiratory tract infections, malaria, and dengue, particularly in Sindh and Balochistan. In Pakistan's largest city of Karachi, hundreds of dengue patients are being admitted to hospitals daily. Over 134,000 cases of diarrhoea and 44,000 cases of malaria are reported in Sindh\(^6\).

Access to already limited health services is constrained further due to the damage to over 1,400 health facilities across Sindh and Balochistan\(^7\). There is a shortage of particularly female doctors. Maternal and child health care require immediate attention as restrictions related to physical access, combined with deteriorating health systems, pose additional risks. There have also been 20 cases of children paralyzed by wild polio\(^8\) – Pakistan is a polio-endemic country.

Access to safe drinking water, sanitation and hygiene are of serious concern. According to estimates, 20 per cent of water systems are damaged in KP, around 30 per cent in Baluchistan, and up to 50 per cent in the flood-affected areas of Sindh\(^9\). Unprotected water sources and disrupted waste disposal systems increase the risk of disease transmission.

In the newest projections\(^10\), more than 8.6 million people will face crisis or emergency levels of food insecurity (IPC 3+) mainly in Sindh and Balochistan. The acute food insecurity in the coming months is driven by the destruction of crops, agricultural land, livelihood assets, and livestock. Many households confide in agriculture and livestock for their livelihoods in the flood-extended areas. Therefore, livestock losses and widespread crop damage have a major impact on the economy. Most of the 1.2 million livestock loss has been reported in Balochistan, while 73 per cent of the 2.6 million hectares of standing “Kharif” crops adversely affected were mainly in Sindh. The area affected by floods represents about 35 per cent of the total area planted for cereals, sugarcane and cotton during the 2022 “Kharif” season. \(^11\)

The priority needs are preventative public health interventions, including rehabilitation of water and sanitation facilities and hygiene campaigns for the prevention of disease transmission, increased access to health services, maternal and child health care interventions, shelter items and winterization support in the cold areas, and assistance to meet basic needs and to recover livelihoods. Detailed assessments will be carried out to ascertain the recovery needs more in detail.

Protection concerns underpin the overall picture. Enhanced attention is required on reaching the most vulnerable, including the refugees, undocumented migrants and other marginalised groups, as well as on prevention of sexual exploitation and abuse, the risk of which is increased during displacement and in the face of food insecurity.

\(^5\) Daily Situation Report, NDMA, 04/10/2022  
\(^6\) Pakistan Humanitarian Situation Report No.3, UNICEF, 20/09/2022  
\(^7\) Early Need Assessment KP, IRC, 07/09/2022  
\(^8\) Pakistan Polio Eradication Programme, 30/09/2022  
\(^9\) Pakistan: 2022 Monsoon Floods Situation Report No. 4, OCHA, 02/09/2022  
\(^10\) Revised, 2022 Flood Response Plan Pakistan, OCHA, 04/10/2022  
\(^11\) Food Security Snapshot FAO, 04/10/2020
EMERGENCY APPEAL REVISION

Since the launch of the Emergency Appeal in August 2022, the number of damaged homes has tripled, totalling now over two million, leaving nearly 8 million people displaced, and there are serious public health risks that require urgent upscaling of response. The emergency appeal is revised to reflect the evolving humanitarian context and needs in different provinces of Pakistan. The revised appeal increases its target from 324,040 individuals and aims to reach at least one million individuals with assistance and awareness raising. The IFRC Secretariat funding ask is raised to 40 million Swiss francs to match the increased needs and target figure. The Federation-wide funding ask is increased to CHF 55 million to reflect the close engagement and contributions by the membership. The Revised Operational Strategy will detail the Federation-wide achievements and revised plans.

The revised operational strategy will upscale activities in all sectors to reach more people. Special focus will be given to scaling up preventative public health interventions, including improved access to sanitation and hygiene awareness to respond to the emerging health crisis, as well as on meeting basic needs through cash programming. It will also adjust response in each province/district according to the phase, moving to early-recovery assistance where waters have receded, and people are returning home. This 16-month emergency response will continue to maintain its strong focus on relief, early recovery and recovery of affected communities. It will continue to leverage the Pakistan Red Crescent Society (PRCS) existing presence and outreach to the most vulnerable in the affected communities and consider also longer-term climate change mitigation efforts.

TARGETING

The revised Emergency Appeal aims to reach at least one million flood-affected people in five provinces across Pakistan, prioritising the most affected provinces – Sindh, Balochistan and KP. PRCS has been providing assistance since July and reached already nearly 270,000 people through the Federation-wide response in 34 districts.\(^\text{12}\)

The operation targets the most vulnerable people whose houses have been destroyed or considered unliveable, and who have not received support from the government or other actors. Priority will be given to women, children, the elderly, persons with disabilities, transgenders, displaced individuals, migrants and other marginalized groups.

Pakistan hosts approximately 1.3 million registered Afghan refugees, out of whom an estimated 800,000 are hosted in more than 45 calamity-hit districts out of 80 affected locations\(^\text{13}\). Four of the worst affected districts in Sindh, Balochistan and KP host the highest number of refugees who already struggled to access basic necessities prior to the floods which have only further been exacerbated.

PRCS has an added value to reach these marginalized communities with assistance because it has been working with some of them already prior to the floods, particularly to meet their health needs.

As the situation evolves and particularly as the health needs increase, the geographical targeting will be adjusted accordingly. The selection of districts considers the level of flood impact, health needs as well as PRCS capacity in those districts, complementing the government efforts and those of other humanitarian actors. Targeting of affected communities within districts is done through coordination with the District Disaster Management Authority and health authorities.

Targeting for early recovery and recovery assistance will be based on detailed assessments prioritizing

\(^\text{12}\) For further details on achievements so far, please refer to the second Operation Update

\(^\text{13}\) UNHCR Briefing Note, 20/09/2022
marginalized communities and is also meant to be complementary to other possible assistance distributed.

PRCS has both a presence and access to many of the worst affected and hard-to-reach locations, for example in Balochistan. The National Society has ongoing programmes and community relationships in these locations through local staff, volunteers and branches that are linked to local and national disaster management structures. This allows for a more effective response considering also possible logistical and security challenges present in the context.

**PLANNED OPERATIONS**

The operational strategy by large remains similar to the earlier, providing immediate relief, early recovery and recovery assistance to flood-affected people over 16 months. Through this Revised Emergency Appeal, the PRCS will further scale up its response. The revised strategy places enhanced focus on preventative public health intervention efforts to contain the spread of vector- and water-borne diseases, and on food security and livelihoods, while continuing and scaling up much-needed support also for immediate shelter needs.

**Integrated assistance**  
*(Shelter, Livelihoods and Multi-purpose Cash)*

In the rural areas, the houses were mostly made of mud, bamboo, reeds or thatch rendering them very vulnerable to heavy rains and flooding. The floods have washed away entire villages. The operation will continue to respond to urgent shelter needs by distributing tents, tarpaulins, shelter tool kits, and winter clothing in selected areas.

The operation will provide unconditional cash grants to the flood-affected population including migrants and Internally Displaced Persons (IDPs) in the target areas to address multi-sectoral immediate and early recovery needs. Once the flood water has receded, the PRCS will focus on cash-for-work activities to support the communities in their rehabilitation, and livelihood recovery activities.

**Health & Care including Water, Sanitation and Hygiene (WASH)**  
*(Mental Health and Psychosocial support/Community Health)*

The revised Emergency Appeal operation will scale up interventions to address the growing health needs. Primary Health Care (PHC) needs are addressed by the increased number of Mobile Health Teams (MHTs)/Static centres, including a daily outpatient department with a focus on maternity and child health services, provision of essential medicines, the establishment of Oral Rehydration Points (ORP), community mobilization and community health awareness as well as first assistance for those who have been injured. The aim will be to reduce mortality and morbidity of the most vulnerable communities unable to access health care services in the impacted areas.

To control the water and vector-borne diseases, PRCS will concentrate on scaling up health, cleanliness, and illness prevention, along with providing mosquito nets to lower dengue and malaria cases. This includes also increased focus on the provision of sanitation and safe water: Emergency latrines will be installed in IDPs camps and communities where the floods affected the houses, while durable latrines will be constructed during the early recovery phase. Mobile water treatment plants will be deployed for the emergency phase, and for early recovery, water facilities will be rehabilitated or improved, and household water treatment methods will be promoted.
To reduce the burden of epidemics, hygiene promotion will transverse every WASH intervention, chasing long-term transformation of habits.

The affected people will be provided with psychosocial assistance, and psychological assistance in the form of psychological first aid, as well as community empowerment via first aid training and equipment.

**Protection and Prevention**  
(*Protection, Gender and Inclusion (PGI), Community Engagement and Accountability, Environmental Sustainability, Risk Reduction, Climate Adaptation and Recovery*)

Displacement, inadequate access to livelihood and basic necessities, and fractured social protection practices have increased protection risks, particularly for vulnerable women and children. The response will contribute to securing the safety and well-being of the affected communities, in particular for the most marginalized including displaced and refugee populations. This will be done through establishing protection mechanisms including Prevention of Sexual Exploitation and Abuse (PSEA), Safeguarding and Sexual and Gender Based Violence (SGBV) referral mechanisms.

The operation will ensure accessible and inclusive assistance throughout technical sectors by the application of the Dignity Access Participation and Safety (DAPS) framework and Minimum Standards for PGI in Emergencies. Mental health needs will be supported through PRCS psychological first aid volunteers in communities inclusive of planned two-way referral mechanisms. Where appropriate, the operation will be closely coordinated with another ongoing Emergency Appeal focusing on Afghan migrants and migration preparedness in Pakistan.

Community Engagement and Accountability (CEA) is being integrated and will be scaled up by engaging communities and understanding their needs throughout the operation’s life cycle. Direct face-to-face contact will be the major source of information in the initial stages as the targeted population will be looking forward to immediate relief. At the later (recovery) stage, feedback mechanisms and engagement via committees/groups apart from face-to-face interactions will be incorporated into the programme to ensure the relevance of the assistance.

The operation incorporates community resilience activities for the recovery phase. The focus will be on community preparedness, community risk reduction, environmental sustainability and climate change risk mitigation.

**Enabling approaches**

The sectors outlined above will be supported and enhanced by the following enabling approaches:

**Coordination and partnerships**

PRCS has maintained close coordination with the NDMA at the national level, Provincial Disaster Management Authorities (PDMAs) and district administrations at the provincial and district levels. IFRC and PRCS also coordinate with the UN/HCT and other humanitarian actors to avoid duplication of efforts and to standardize assistance approaches were appropriate.
Shelter Cluster coordination
As a key member of the Global Shelter Cluster, the IFRC in Pakistan is closely communicating with the IOM on coordinated shelter sector efforts to collect and share information on shelter activities.

IFRC Secretariat services
IFRC will support the PRCS in terms of membership coordination, resource mobilisation, external communications, financial management, logistics and procurement, planning monitoring and reporting as well as technical expertise in the thematic sectors, the overall coordination of the operation, and coordination with other international agencies. A particular added value of the IFRC is to support PRCS in setting a service quality standard that can be replicated in activities supported by partners too.

National Society Strengthening
The operation will continue to invest in and support the strengthening of the National Society systems and structure at all levels. This support will help bridge gaps related to financial management, logistics, HR Management, ICT, Planning, Monitoring, Evaluation and Reporting (PMER) and volunteer management systems. It will also contribute to the branch development in the geographical areas of operations. The operation will link the appropriate preparedness for effective response (PER) activities to the response while National Society strengthening will be reflected as elements of capacity enhancements within all sectoral interventions.

The planned response reflects the current situation and is based on the information available at the time of the revision of this Emergency Appeal. Details of the operation will be updated through the Operational Strategy to be released in the upcoming days. IFRC is ensuring a Federation-wide approach and plan in the revised Operational Strategy, integrating all membership efforts under one plan led by PRCS, ensuring complementarity and collaboration.

RED CROSS RED CRESCENT FOOTPRINT IN COUNTRY

Pakistan Red Crescent Society

Founded in 1947, the PRCS is the leading humanitarian organisation in the country. As an auxiliary to the public authorities, its core expertise and areas of focus are disaster management, healthy and safe living, climate change adaptation and resilience, youth and volunteering and organisational development. With its national headquarters in Islamabad, seven provincial/state branches and 67 branches, the PRCS has a roster of active volunteers with a rapid deployment capacity at national, provincial and district levels in all the affected areas, utilising their expertise. It has also warehouses at national, regional and local level with emergency stocks that have already been utilized in this operation. The PRCS has a strong portfolio implementing long-term programming alongside responding to disasters.

<table>
<thead>
<tr>
<th>Core areas of the operation</th>
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<tbody>
<tr>
<td>Number of staff:</td>
<td>664</td>
</tr>
<tr>
<td>Number of volunteers:</td>
<td>almost 3,000 active volunteers</td>
</tr>
<tr>
<td>Number of branches:</td>
<td>67 (7 provincial and 60 district branches)</td>
</tr>
</tbody>
</table>
and health emergencies within the country, including a large-scale response operation to floods in 2010, and a population movement operation targeting vulnerable Afghan refugees and migrants that focuses on the hard-to-reach Afghan border areas. PRCS is preparing a single response plan for this flood operation.

IFRC Membership coordination

The IFRC Pakistan Country Delegation (CD) and the IFRC Asia Pacific Regional Delegation (APRO) are providing technical support to the PRCS. IFRC has scaled up its capacity and that of PRCS with technical and coordination profiles through the rapid response system locally and globally and is supporting the PRCS in coordinating a Federation-wide response together with in-country Participating National Societies (PNSs) - the German Red Cross, Norwegian Red Cross and Turkish Red Crescent. Some other national societies are also directly supporting the PRCS's response multilaterally and bilaterally outside of the IFRC Secretariat emergency appeal.

IFRC Secretariat and the in-country PNSs are working in a Federation-wide approach, whereby the best-positioned member, with proximity to affected communities and PRCS branches, will lead the implementation support to PRCS in that geographical area. IFRC is providing leadership in standardization and consistency in services. A membership coordination mechanism has been drafted, to ensure a more efficient and coordinated response, avoid duplication, and to strengthen membership coordination that reinforces the auxiliary role of the PRCS.

IFRC produces Federation-wide Situation Reports, demonstrating the collective support of the IFRC membership towards providing humanitarian assistance to the affected population. Also, technical support is being provided to PRCS in developing a “PRCS Floods Response Plan”, in coordination with the PNSs and ICRC.

International Red Cross and Red Crescent Movement coordination

Regular Movement coordination meetings are ongoing per the existing Movement Cooperation Agreement, ensuring a coordinated Movement approach to support the PRCS in preparedness, readiness and response efforts in the flood affected areas. IFRC and ICRC are collaborating to support PRCS in emergency health, and reinforcing first aid, restoring family links and, community-based risk education and communication.

External coordination

The national flood response is led by the government of Pakistan. The IFRC CD and PRCS are working at different levels with the NDMA, PDMAs, district authorities, UN-led Humanitarian Country Team, UN agencies, and other stakeholders, to closely coordinate their efforts and avoid duplication. The IFRC is participating in sector coordination meetings ensuring complementarity with the planned response by the UN and other humanitarian actors.
Contact information

For further information specifically related to this operation, please contact:

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Reference

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