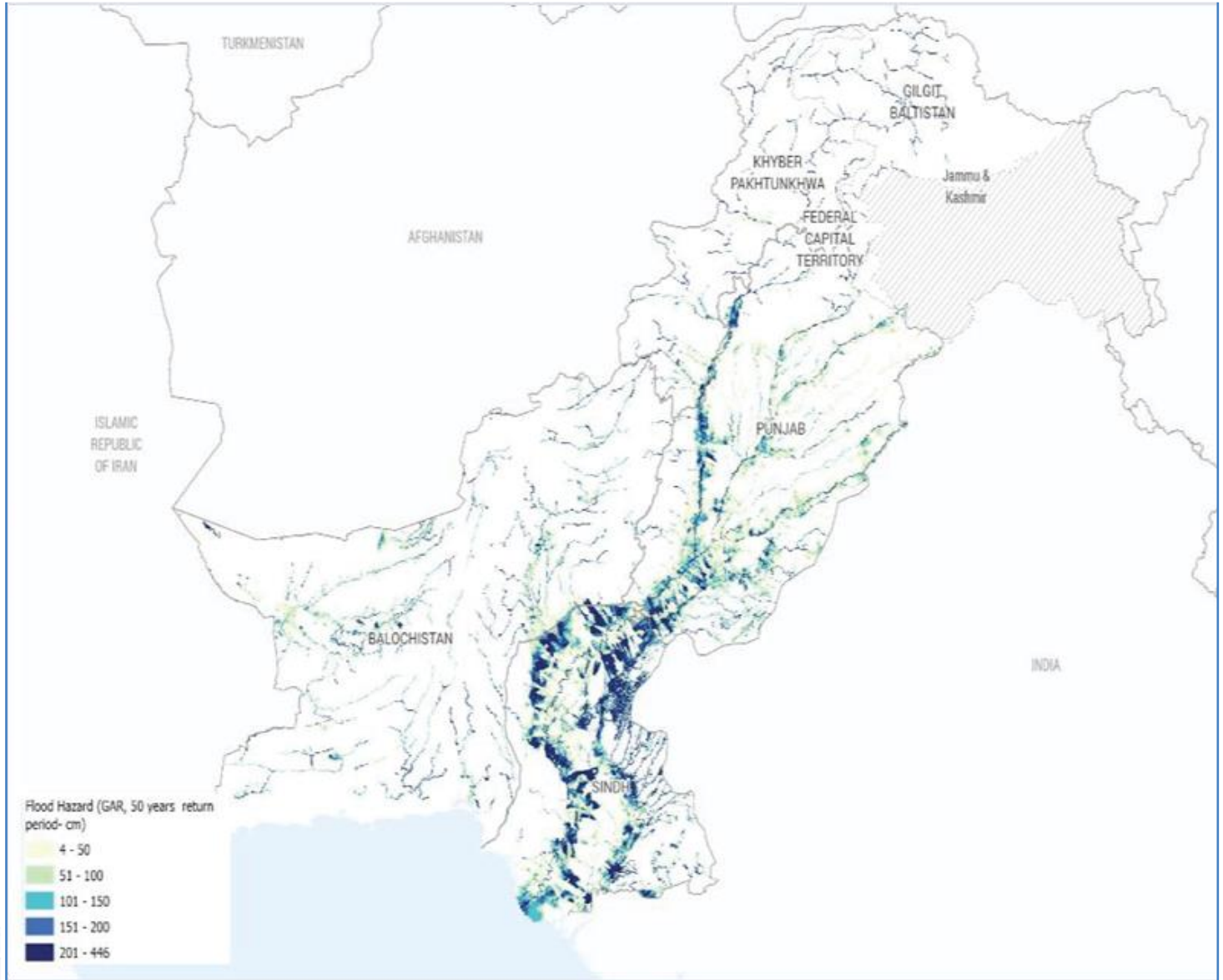


PAKISTAN: Monsoon Contingency Plan 2023

This contingency plan draws from the lessons learnt from 2022 flood preparedness and response, and it focuses on pragmatic preparedness actions/steps for the 2023 monsoon season.



Scenario Overview



While the 2023 Monsoon season forecast points to a normal to below normal season with extreme situations being expected in some areas. This contingency plan is based on the worst case or high severity scale where circa 15 million people will be affected, with 10 million people in need (PIN) and humanitarian community targeting 4 million people in 34 at risk districts of Sindh, KP, Balochistan and Punjab. This is compounded by the fact that vulnerable people in areas hit by floods in 2022 are still facing challenges to bounce back from the impact. Hence, their resilience and capacity to cope remain weak.

Notably, vulnerability in Pakistan is compounded by the fact that 38.3 per cent of the population is classified as poor and an additional 12.9 per cent are borderline poor – some 117 million people living below US\$1.90 per day. Likewise, 36.9 per cent of the population is classified as food insecure. In April 2023, UNICEF reported that one in five children under five years of age is wasted, with prevalence of severe and moderate acute malnutrition standing at 8% and 9.7% respectively. The severe acute malnutrition rate in Pakistan is double the rate for the south Asia region, and four times higher than the global average.



People affected.
15 million (1,666,667 HH)



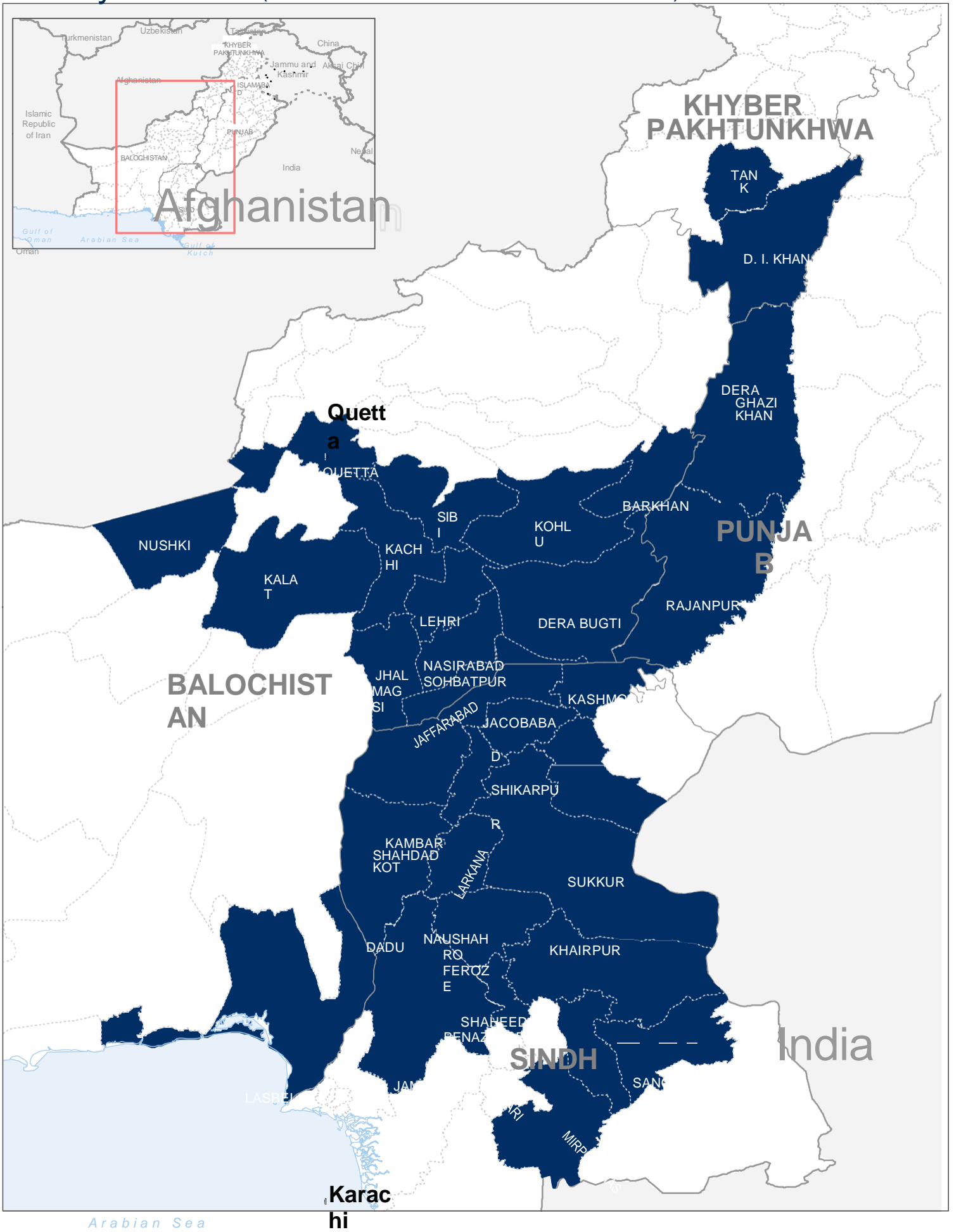
People in Need
10 million (1,111,111 HH)



People Targeted
4 million (444,444 HH)

Requirements
344 million (US\$)

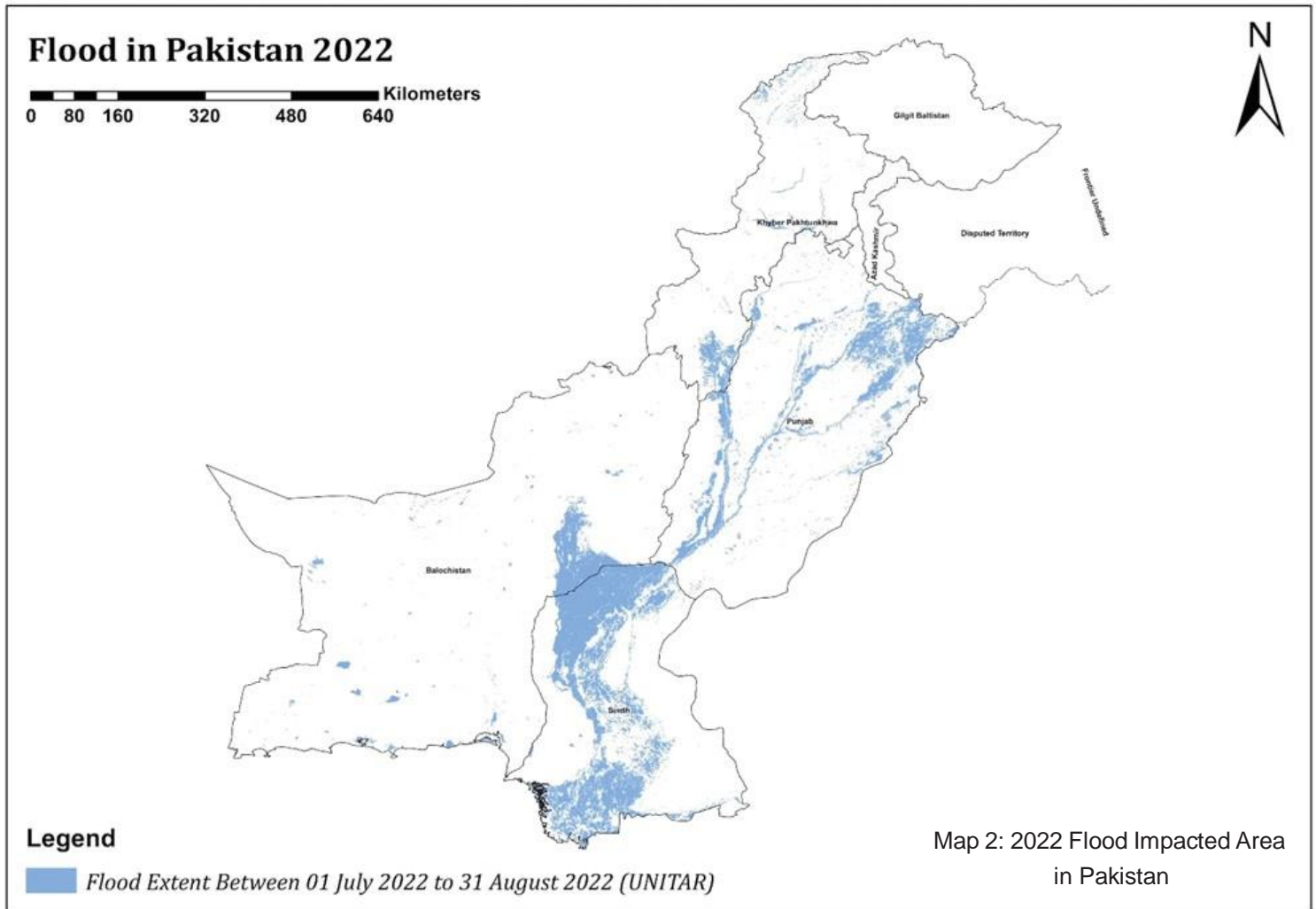
Priority Districts (on basis of 2022 Monsoon induced flood)



The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not been agreed upon by the parties. The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

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Rural regions, especially the southern districts of Sindh and Balochistan, can be devastated by flash floods that wash villages and farmland away while blocking essential roads to remote areas. Urban areas, especially Karachi, have experienced some of the worst urban flooding in the history of the country. Streets and houses are quickly overwhelmed by rain and sewage water due to outdated drainage systems. Urban flooding mostly occurs in major cities including Mianwali, Rawalpindi, Islamabad, Multan, Lahore, Thatta, Hyderabad, Karachi, DI Khan, Mardan, Kohat and Peshawar. Hazard maps show that during monsoon floods, areas in the north of Pakistan, including Khyber Pakhtunkhwa (KP) and Gilgit-Baltistan (GB), are most vulnerable to landslides, avalanche and GLOF events. Melting glaciers are causing rising water levels in the Indus River, which can be further increased by torrential monsoon rains. Areas of northern Pakistan are, of course, at the highest risk of GLOF. According to the NDMA classification of the districts to flood hazard, 66 districts are in low, 39 in medium and 54 in high hazard classes.



This map shows flood hazard area in 2022 which impacted more than 33 million people across Pakistan.

Data Source: OCHA unitar

Planning Scenario

It is assumed that flash flooding and hill torrents in hilly/mountainous areas of Punjab, KP and Balochistan are likely to occur, and the situation may be worsened by the fact that people's capacity to cope remains low after the impact of the major floods in 2022. Flooding impact during the 2023 monsoon is likely to lead to a relapse of vulnerability as capacity to cope remain low in most communities due to the heavy impact on lives, livelihoods, crops, livestock, and social infrastructure by the 2022 floods. Areas at high risk of flooding are KP, Sindh, Punjab and Balochistan provinces. These are the same provinces that were worst affected in 2022.

Extreme hydro-meteorological events (unprecedented torrential rains) over catchment areas are likely to generate riverine floods in major rivers and upstream reservoirs across the country, leading to major flooding that impacts on lives and livelihoods. GLOF from the 33 lakes across Pakistan that are prone to flooding induced emergency.

Further, urban flooding in major metropolis of Punjab, Sindh and KP cannot be ruled out, with Nasirabad division of Quetta being also impacted leading to localized displacement of people to higher ground as areas get waterlogged. This contingency plan is aimed at improving systemwide humanitarian support of coordinated efforts for saving lives and livelihoods of vulnerable and people at risk due to exposure to disasters.¹ In the worst-case or high severity scale, it is projected that based on metrological probability of less rainfall than 2022, more than 15 million people will be affected with 10 million people being in need. In this view humanitarian actors will target 4 million most vulnerable people in 34 worst affected districts based on 2022 assessment. The planning figure of 4 million people being targeted is based on the 2023 NDMA simulation exercise projections.

Strategic Objectives

1. Ensure robust coordination with Government and humanitarian actors is put in place ahead of the monsoon season.
2. Improve systemwide preparedness for response to mitigate impact of floods on vulnerable people.
3. Minimize loss of lives/livelihoods and injury in the initial emergency phase through the provision of immediate lifesaving core relief items and basic humanitarian services.

Response targeting

Highly vulnerable groups to be prioritized for assistance, include:

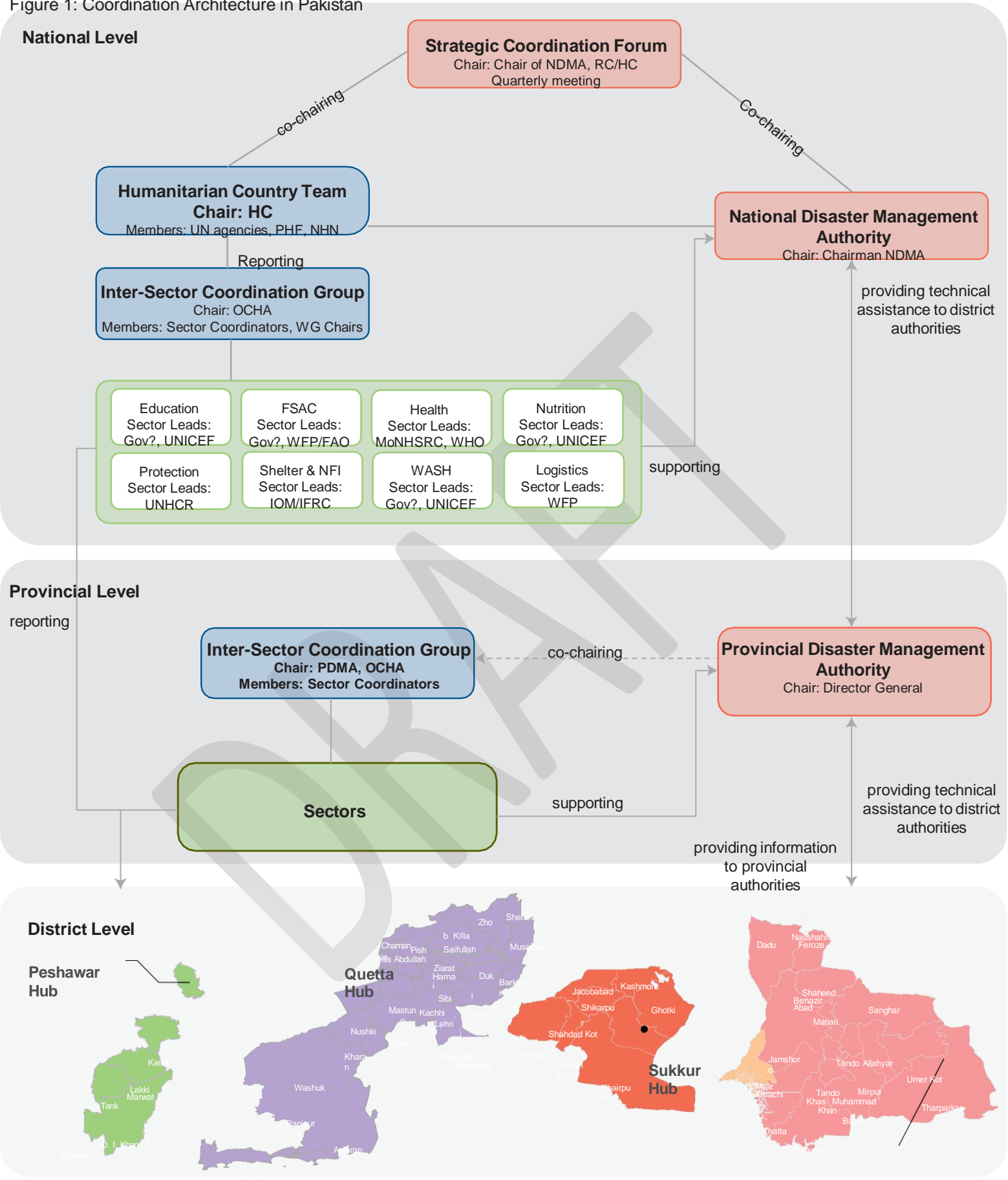
- Newly displaced populations
- People living in poor shelter conditions and groups of people who have lost their livelihood (farmers, laborers) who have lost their means of income for at least three months.
- Female-headed households
- Persons with disabilities (PWD)
- Afghan refugees, ACC holders and undocumented Afghans residing in flood-affected areas in KP and Balochistan.

Humanitarian Coordination and Management Arrangements

The Humanitarian Country Team (HCT) provides strategic humanitarian coordination in Pakistan supported operationally by the Inter-Sectoral Coordination Group (ISCG) at national and provincial levels. OCHA is secretariat to both forums at national and field levels. The HCT is led by the Humanitarian Coordinator with participation drawn from Humanitarian Heads of Agencies and nominated members from the NGO community, while the Red Cross Movement and MSF are observers. There are eight operational sectoral groups in Pakistan namely, Education, Food Security and Agriculture, Health, Nutrition, Protection, Shelter and Non-Food Items, Water, Sanitation and Hygiene (WASH), and Logistics. OCHA facilitates strategic and operational coordination for an effective and principled humanitarian preparedness for response in collaboration with government nodal coordination bodies such as NDMA, PDMA, and DDMA/DCs. See figure 1 for the humanitarian coordination architecture in Pakistan.

¹ The 2030 Agenda and the Sustainable Development Goals (SDGs), adopted in 2015, set out a new ambition: to not just meet needs, but to reduce risk, vulnerability, and overall levels of need, providing a reference frame for both humanitarian and development actors to contribute to the common vision of a future in which no one is left behind. The World Humanitarian Summit (WHS) 2016 in which humanitarian actors agreed to implement a “New Way of Working (NWOW)” that meets people’s immediate humanitarian needs while at the same time reducing risk and vulnerability by working towards collective outcomes across silos, over multiple years, based on the comparative advantage of a diverse range of actors, including those outside the UN system. A collective outcome is a concrete and measurable result that humanitarian, development and other relevant actors want to achieve jointly, in a country to reduce people’s needs, risks and vulnerabilities and increase their resilience to climate-related disasters.

Figure 1: Coordination Architecture in Pakistan



Note: OCHA and Provincial sector leads do not have presence at district level but are supporting district operations from Humanitarian hubs. In support of the humanitarian country team OCHA will:

- Coordinate and facilitate the Strategic Coordination Forum – NDMA, UN, NGOs, Red Cross Movement and MSF.
- Activate sectoral coordination at national and provincial levels.
- Update the 5Ws at both national and field levels (provincial and district) in coordination with NDMA, PDMA and

DDMA.

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- Create a database for female trained enumerators to be activated for rapid needs assessments.
- Map available resources per sector and identify gaps to help in resource mobilization.
- Develop humanitarian advocacy messages targeting multiple stakeholders. (See annex on public information arrangements for details).
- Strengthen strategic (HCT) and operational coordination (ISCG).
- Champion policy on climate related disasters and the impact of climate change.
- Advocate for humanitarian-development nexus.

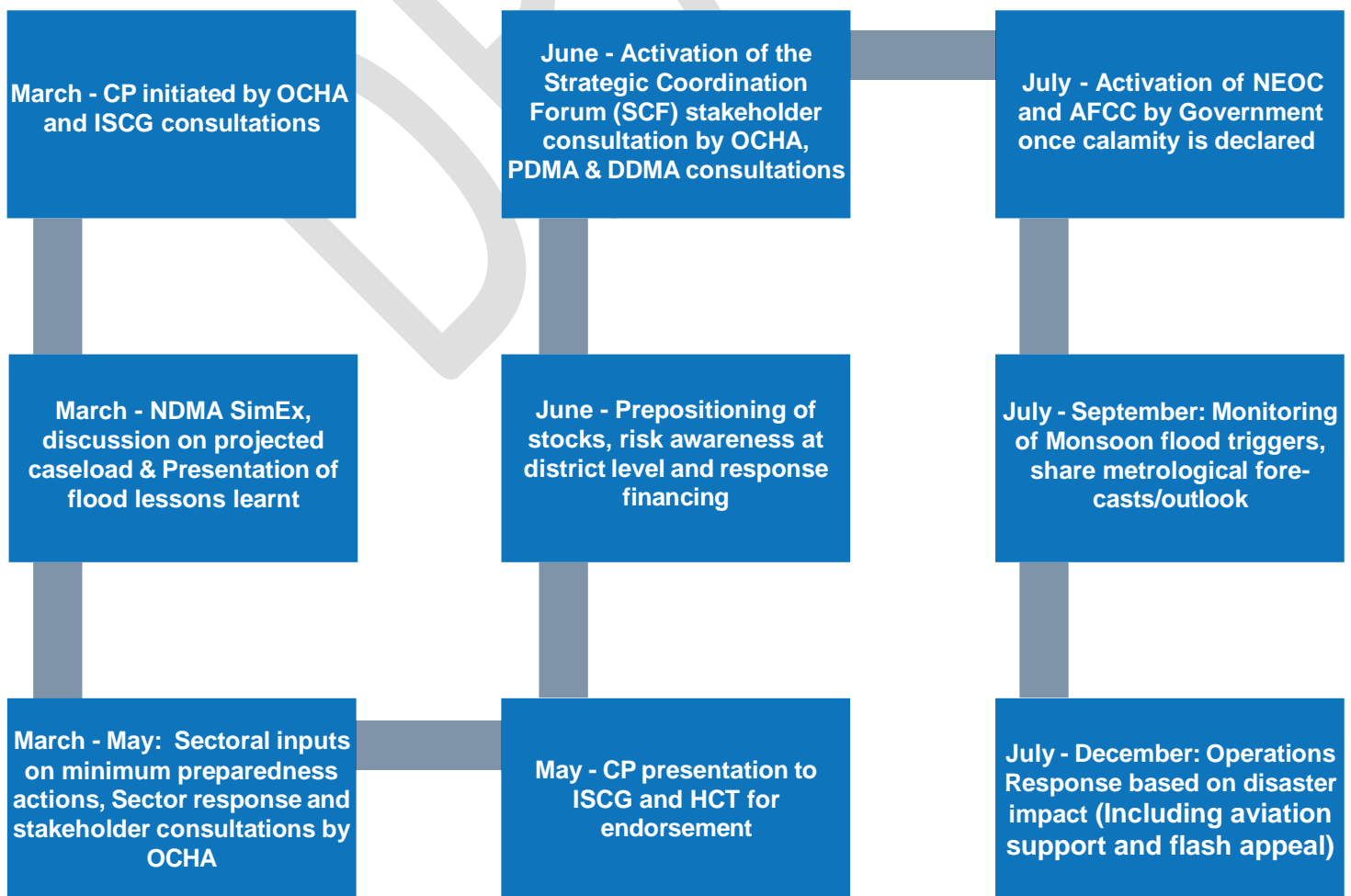
Operational constraints and challenges

- The geographical spread of the flood and limited presence of humanitarian partners causes a challenge on the resources and response capacity.
- Debris, stagnant flood waters in addition to damaged roads and bridges are challenges to access affected areas.
- Local authorities are hampered by lack of preparedness due to shortage of funds and accurate forecasts and early warning.

Early Warning/Early Actions

The Pakistan Meteorological Department has the key responsibility for flood forecasting and early warning. A special cell, Flood Forecasting Division (FFD), collects hydro-meteorological data and after analysis dispatches necessary alerts and flood warnings to various stakeholders. Flood Early Warning System of Pakistan (FEWS-Pakistan) is based on mathematical model composed of two components: hydrological model and hydraulic model. The NDMA, through the Pakistan Telecommunication Authority (PTA), issues SMS alerts through the respective mobile networks to populations at risk in specific areas, 24 hours in advance. These SMS texts are drafted in close coordination with the respective DDMA.

Action Implementation Timeline



Process for Response Activation

- At the request of Government, the HCT coordinated response is triggered when the selected forecast exceeds an agreed threshold for impact of being above normal the seasonal forecast. This is done in close coordination with the NDMA based on a set of triggers that include the amount of rainfall received, the water levels in major rivers, dams, and other reservoirs.
- The trigger is **once more than 1 million people** are impacted by flood; this triggers a government declaration of an emergency. Other triggers include above normal rainfall, a shift in wind patterns drawing moist air across south Asia, causing heavy rainfall over the region including Pakistan.
- The HCT, advised by the ICCG, will review all relevant information on humanitarian impact, rainfall and water level, and short-term forecasts to determine whether to activate the plan.

Gender and Crosscutting Issues

Three cross-cutting themes have been identified as priorities in the process of strengthening preparedness and response frameworks prior to disasters and emergencies like flood: gender and diversity, protection, and community engagement and accountability. The cross-cutting issues are central in all sectoral preparedness and subsequent response to a flood emergency in Pakistan. *For details on gender refer to the annex.*

Response Strategy and Phasing

Generally, the National Disaster Management Authority (NDMA) as the nodal authority under clause 9(a) and 9(b) of NDM Act 2010 (enclosed as Annex) deals with the whole spectrum of disaster management activities in the paradigm of Preparedness, Response, Recovery and Rehabilitation (PR3). NDM Act 2010 is structured such that disaster management is devolved to the provinces, districts, and other federal units. Nonetheless, NDMA gives directions and issues guidelines and early warnings to various federal and provincial departments and disaster management agencies to initiate mitigation measures for potential disaster risks and contingency plans for any likely disaster situation arising out of Monsoon. Recognizing the threat posed by the recurrent disasters vis-à-vis vulnerabilities, NDMA continues to update the National Disaster Management Plans (NDMP) encompassing disaster interventions. In the same context, issuance of Monsoon Contingency Plan is a yearly practice, undertaken before the start of every Monsoon Season by public authorities.

Inter-Agency Actions and Timeline

- The activation of this plan is based on the weather analysis and forecast, and regular updates from the Met Department and NDMA, guided by the Standard Operating Procedures as detailed in the SOP template below.
- The emergency phase begins immediately after heavy rainfall leading to flooding and continues until access is restored. This could be anywhere from 72 hours to several weeks, depending on the severity of the flood event (scope and scale of impact).
- The HCT in Pakistan will work together with the Government of Pakistan to deliver principled humanitarian assistance in the event of a disaster.
- The HCT is supported by the recently re-established OCHA Country Office for Pakistan, while operationally emergency preparedness and response is coordinated through sectors and OCHA led humanitarian hubs in the field.
- Within the Government, the NDMA, Provincial Disaster Management Authorities (PDMA) and District Disaster Management Authorities (DDMA) are tasked with nodal and operational functions for emergency preparedness and response in collaboration with the Government, humanitarian community, private sector, and donors.
- For details refer to the Standard Operating Procedures.

A joint rapid needs assessment commences immediately after establishing access based on a pre-agreed rapid assessment tool preloaded in KOBO. Women enumerators will be involved in rapid needs assessment from a pre-established database kept by OCHA in consultation with UNFPA, UNWOMEN, UNV and women led organization. The results of the rapid need assessment triggers, either a targeted or blanket distribution of core relief emergency items based on sectoral pre-agreed response package.

Standard Operating Procedures (SOP)

Phase	Procedure	Lead
Early Warning Phase	Monitor meteorological alert systems and inform UN RC/HC of potential threat through email and another other established internal communications system	OCHA
	Alert HCT+ and Sector leads	OCHA
	Convene HCT meeting: 1. Assess risk. 2. Review contingency planning and status of preparedness including 3W, maps, contact and mailing lists. 3. Discuss required updates to plans as required.	HC, OCHA
	Activate Contingency Plan and Business Continuity Plan(s), if required	HCT
12 - 24 hours	First meeting with the government/NDMA (Steering Committee) to understand if national emergency has/will be declared and if there is/will be a request for international assistance. Brief Govt on possible assistance that international community can provide	HC, OCHA
	Flash update released	OCHA
	Develop Disaster Impact Model (DIM) using available impact data to identify scale, potential population affected, priority population for targeting.	Assessment working group
	Convene an immediate HCT meeting and provide information on: • Coordination with government (including domestic and foreign military) • Needs assessments. • Need for response plan (Flash Appeal) and/or CERF. • Need for surge support. • Regular HCT meeting schedule	HC, OCHA
	Contact/Update UNDAC on possible need for deployment	OCHA
	Clarify visa and customs regulations for incoming aid worker and relief items advocate for simplified system if required	OCHA, RCHC (On advocacy)
Day 2– 6	Issue situation report, and agree on reporting schedule	OCHA
	Statement by HC, approve spokespeople	HC
	ICWG meeting: - Review of DIM - Contingency plan review and plan for development of Response Plan/Flash Appeal - Priorities for response - Confirm capacity to respond (in-country and global) based on likely caseload derived from DIM, and likely gaps. - Ongoing coordination arrangements - Working groups, including community engagement, information management/assessments/ cash/ humanitarian communications, civil-military coordination to meet	Cluster / sector Leads
	JADE is issued with initial disaster impact estimates initial plan for follow-up assessments is agreed Activate the Initial Rapid Assessment, using agreed methodology and template in coordination with the Gov.	Assessment WG
	Advocate for the mobilization of emergency funds (CERF, etc.)	OCHA
	Develop HCT key messages (media and donors separately) on HCT response, and gaps primarily for resource mobilization.	OCHA
	Draft and Release response plan and flash appeal	OCHA, HCT
After one Week	Communicate or convene a meeting with donors and share response priorities for effective collaboration.	HC, HCT
	Analyse and share information from assessment as soon as possible and provide regular inputs – update the response plan if required.	AWG, OCHA

In consultation with sector lead agencies a standard response package was pre-agreed in May 2023. Details of the core response package are listed in the template below.

Minimum Response Package for floods – Pakistan (23/05/2023)

Food Security and Agriculture	
Emergency Food Assistance <ul style="list-style-type: none"> 100% ration/cash in flood impacted districts with IPC 4 	Livelihood and Livestock Support <ul style="list-style-type: none"> Fodder, vaccination, and animal health support. Crop seeds, fertilizers, gardening, or other agricultural inputs. Rehabilitate damaged irrigation channels and animal shelters.
Shelter & Non-Food Items	Education
<ul style="list-style-type: none"> NFI Kit: (2 Blankets, 2 Plastic Mats, 1 Mattress, and 1 bag for transportation) Emergency Shelter Kit: (1 or 2 Tarpaulin Sheets (4x6m), 1 rope (30m), and 1 pole and pegs set) Hygiene Kit: (2 combs, 1 lota, 1 mug with handle, 14 soap bars, 1 laundry detergent 250g, 1 nail cutter, 3 toothpaste, 7 toothbrush, 2 jerrycans, 1 plastic bucket) 	<ul style="list-style-type: none"> Temporary learning centres Child friendly centres School in a box Flood awareness messages for children and women
WASH	Protection
Standard WASH package <ul style="list-style-type: none"> Aquatabs (225 tabs) with corresponding IEC materials 45 pur sachets (water treatment chemicals) 2 pcs collapsible jerry cans (10 litre volume) 1 x 10 litre-bucket with cover - storage of drinking water Lota (medium size, plastic) Filter cloth (1 pc) 14 pcs soap (200g,) 1 x mug with handle Health and hygiene messages (IEC materials) WASH prepositioned package <ul style="list-style-type: none"> Bladder/plastic tanks (at least 5,000L) Tarpaulin, timber, and squat pans for emergency toilets Tool sets for pit excavation (toilet construction) 	<ul style="list-style-type: none"> Dignity kits (GBV) and key messages MHPSS kits (CP) Recreational kits (CP) Key messages for protection risks and available services Guidelines on dignity kits and women and girls' friendly spaces GBV pocket guide in Urdu language for frontline workers IEC material on PSEA available in local languages GBV/CP case management services High performance tents for space (CP)
Health	Nutrition
<ul style="list-style-type: none"> COVID-19 masks First aid kits at community level Mobile clinics Basic health emergency kit IARH kits (Inter-Agency Reproductive Health Kits) NBBK (New-born Baby Kits) CDKs (clean delivery kits) 	<ul style="list-style-type: none"> RUTF. Therapeutic diet. F75, F100 Therapeutic milk. RUSF, Supplementary Food. Multi-Micronutrient tab and Powders. IYCF educational awareness material. MUAC Tapes and Anthropometric equipment.



Response by Sector

Shelter and NFI



People Targeted
1.6 million



People in Need
13.2 million



Requirements
73 million (US\$)

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

- Shelter NFI CCCM sector is the most underfunded Sector post 2022 floods, and the affected communities continue face challenges. The affected community will need immediate response in terms of NFI kits, dignity kits, emergency shelter kits provided through partners.
- The Sector contingency plan will be instigated, and based partners and stocks mapping exercise completed recently, stocks will be distributed.
- Water is still stranded, and some communities particularly in Sindh would be facing challenges and will be potentially relocated for the second time. Therefore, Shelter NFI CCCM sector is reaching out is in process of awareness at community and DDMA level, identifying safe plots in case of another flood. However due to lack of resources, movement will be limited.
- Coordination with active partners and government partners for identification of crucial gaps and response planning.
- Rapid needs assessment at sectoral and multisectoral levels

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

- Provision of earth moving machinery as part of CCCM in the North for removal of debris, and ensure roads are open for relief supplies.

- Dewatering in waterlogged areas particularly in Sindh and adjacent districts of Balochistan. IOM has provided excavators and machinery to few districts, however in case of potential floods, suction pumps, excavators, dewatering pumps, shovels will be needed.
- Shifting of affected communities to elevated plots and establishment of collective centres.
- Coordination with OCHA and other sectors, ensuring coordinated response.
- Coordination with NDMA, PDMAs, and partners and support through IOM common pipeline for provision of Shelter NFI stocks.

Phase 3: 1-2 month

Sectoral Impact and Key Immediate needs

- Distribution of shelter repair tool kits for repair of shelter and provision of IEC material for repairs, installation of emergency shelter and incorporation of DRR measures.
- Establishment of camps in case of worst-case scenario and activation CCCM sub sector at sub- National level.
- Instigation of response monitoring and gap analysis, and timely sharing of data and information internally and externally with key stakeholders.
- Advocacy and communication for emergency funding appeals.
- Dissemination and resharing of emergency shelter, and kits standards and specifications with partners for standardization and harmonization, ensuring DRR and Do No Harm principal.
- Establishment of technical working group.

Shelter & NFI	Minimum Preparedness Actions	Status
	<ul style="list-style-type: none"> • Consultation with Sector partners on preparedness and contingency planning. 	Implemented
	<ul style="list-style-type: none"> • Map and profile shelter sector partners including their capacity, geographical location, availability of stocks 	Implemented
	<ul style="list-style-type: none"> • Support established by IOM common pipeline for transportation of stocks. 	Implemented
	<ul style="list-style-type: none"> • Appoint Information Management and Liaisons focal points in N/PDMAs 	Implemented
	<ul style="list-style-type: none"> • Monitor weather outlook and regularly update sector partners for immediate actions. • Implement feedback and compliance mechanism and ensure communities have access to sector for any complaints and grievances. 	Partially Implemented
	<ul style="list-style-type: none"> • Conduct Monsoon 2023 preparedness and contingency planning working in coordination with N/PDMAs, P & D, Metrological department, and OCHA and share preparedness plans and standby arrangements. 	Implemented
	<ul style="list-style-type: none"> • Conduct flood awareness sessions at DDMA level in at risk districts and sensitise communities in affected areas. 	Partially Implemented
	<ul style="list-style-type: none"> • Conduct emergency stocks and capacity mapping 	Implemented
	<ul style="list-style-type: none"> • Carryout CCCM- Site improvement activities 	Implemented
	<ul style="list-style-type: none"> • Carryout CCCM- Capacity building trainings to key government departments and local humanitarian organization 	Implemented
	<ul style="list-style-type: none"> • Carryout CCCM-Coordination with local humanitarian partners through CCCM WG. Capacity building of Government partners through trainings. 	Implemented
	<ul style="list-style-type: none"> • Ensure CCCM- Coordination with PDMA & DDMA; providing dewatering support based on need and availability of resources 	Implemented



Food Security and Agriculture



People in Need
2.2 million



People Targeted
1.1 million



Requirements
83 million (US\$)

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

- As per the seasonal forecast from PMD, overall, a near normal monsoon has been predicted in the country. However, due to extreme weather events such as Heat Wave, there is possibility of GLOF, riverine, flash, and urban flooding in various regions of the country.
- Due to unplanned settlements and poor solid waste management, there is a likelihood of urban flooding.
- Most flood risk-prone areas across the country are affected by riverine and flash flooding during monsoon, particularly in Punjab, Sindh, and Khyber Pakhtunkhwa provinces.
- The flooding cause crop damages, livestock losses, damages to the irrigation network, seeds and grain storages, agricultural tools and machinery, food stored for household consumption, and restrict access to markets to buy food and agricultural/livestock inputs from markets.
- Flash floods will compromise access, utilization, and availability of food, therefore, affected population would require immediate relief food assistance upon the onset of emergency.
- The available food stocks will be damaged; therefore, urgent food assistance will be required to support people during the critical period.
- The affected households would immediately need food and cash assistance and livelihood support (for crop producers, livestock holders etc.) to meet their food and livelihood needs.
- In case of livelihoods, affected livestock-holders would need animal health protection related support, such as fodder for livestock, vaccination/deworming of livestock, food supplements/minerals and cash assistance to move their animals to safe locations.

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

- The affected livestock holders would need fodder for livestock and animal shelters which have been damaged due to flooding.
- Monthly relief food assistance will cover the immediate dietary intake requirement of the population affected by the monsoon floods.

Phase 3: 1-2 month

Sectoral Impact and Key Immediate needs

As flooding would also cause damages to crop (food, cash, and orchards), grain storages, irrigation infrastructure and agricultural tools, the affected farmers (crop producers) would need following support:

- Crop inputs (quality seeds, fertilizers, and agricultural tools) distribution specific to the season to restore the agriculture-based livelihoods.
 - De-silting of irrigation channels
 - Monthly relief food assistance will cover the immediate dietary intake requirement of the population affected by the monsoon floods.
- In addition, FS sector will:
- Provide coordination and information management support for Food Security and Agriculture Working Group (FSAWG) members,
 - Conduct food security and livelihoods assessment (FSLA) and IPC acute food insecurity (AFI) training and analysis workshop for the affected areas to generate information on food security status of the affected people.

Food Security & Agriculture	Minimum Preparedness Actions	Status
	<ul style="list-style-type: none"> • Assist national, provincial, and selected district authorities in contingency planning with the integration of anticipatory action. • Support early warning system improvement to make it impact-based forecasting and dissemination to the end user. • Disseminate information on adopting climate-smart agricultural practices. • Initiate forecast-based financing and anticipatory action. • Rehabilitate farm water systems. • Reclaim land and provide seeds to farmers. • Support livestock management through vaccination, feed provision and animal health care. • Clean canals and nullahs for smooth flow of the flood water and strengthen protection bonds on the rivers. • Watch for signs of animal disease such as pneumonia, foot rot or leptospirosis and isolate sick animals. • Arrange livestock vaccinations in case of TDS alert. • Organize regular coordination meetings food security working group. • Conduct vulnerability analysis/GIS mapping/capacity assessment to support government geo-prioritization of areas, rapid needs assessment and response planning. 	Not Implemented
	<ul style="list-style-type: none"> • Roster potential NGO partners after capacity assessment and due diligence process across the country for swift on-boarding when needed. 	Implemented
	<ul style="list-style-type: none"> • Preposition 60 ESFs (with 17.200MT capacity) with DDMA, PDMA and NDMA in flood prone areas. 	Implemented
	<ul style="list-style-type: none"> • Ensure that eight humanitarian response facilities (HRF) with 33,640MT capacity are functional and accessible by PDMA in at risk provinces. 	Implemented
	<ul style="list-style-type: none"> • Ensure establishment and functionality of 10 warehouses with cold chain facilities in AJK, Balochistan, KP and Sindh. 	Partially Implemented
	<ul style="list-style-type: none"> • Update human resource register of 441 staff (142 females and 299 males) in AJK, Balochistan, Islamabad, KP, Punjab and Sindh. 	Implemented
	<ul style="list-style-type: none"> • Conduct Emergency Preparedness Capacity Index (EPCI) in 6 flood risk districts of Balochistan in consultation with government, UN agencies, NGOs, and Academia. 	Partially Implemented
	<ul style="list-style-type: none"> • Scale up disaster risk mitigation targeting 1 million people in flood prone areas ahead of 2023 monsoon season. 	Partially Implemented



Health



People in Need
5.68 million



People Targeted
1.98 million



Requirements
74 million (US\$)

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

- Joint rapid UN assessment (through direct participation or integration of issues of concern into assessment tools, and/or provision of pre-crisis data) including MIRA, profiling exercises, and sectoral assessments.
- Damage to the health facility infrastructure (buildings, water supplies, electric installation etc.), equipment, medicines, and medical supplies thus: disruption of service- delivery.
- Disruption of the disease surveillance structure. Hence, the need to establish early warning system.
- Stockpile medicines and medical supplies in preparation of disease outbreaks
- Injury to the health workforce or displacement of the health work force hence impacting on HR for the health sector. This also affects service provision to the floods affected population.
- Injury to the population resulting into increased demand for surgical services amid compromised capacity of the health facilities to continue providing services. Health facilities and Emergency Room Departments will be overwhelmed with patients while operating with limited capacity. Patients will have to be accommodated outside the hospitals, because building-damage and/or them having become structurally unsound.
- Disruption of provision of health services especially for people on long term treatment (HIV, TB, Diabetics, people on dialysis etc). Hence, the need to identify and reconnect people on long term treatment.
- Displacement of affected population including health workforce away from the health facilities. This affects the provision and quality of health care services.
- Damage to the road network leads to reduced access by the affected population and affecting

supply chain medicines, medical equipment etc. Limited stocks for medicines with increased need for medicines, and equipment to set up emergency triage, medical tents, and beds outside health facilities.

- Mental health and Psychosocial impact of losses including human, animal property and livelihoods.
- Inter-agency and cluster meetings and ensure strong co-leadership in GBV sub- cluster and RH working group coordination.
- Provision for disposal of dead bodies.

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

- Impact on essential health services delivery including maternal and child health services (antenatal services etc.), immunization and nutritional support.
- Continuous need for medicines and health equipment for delivery of health services.
- Continuous need to dispose dead bodies in the first weeks of the emergency.
- Continuous need to prevent transmission of diseases in camps and communities through information campaigns and hygiene campaigns in coordination with WASH cluster.
- Need to identify and reconnect people on long term treatment to treatment facilities.
- Stockpile medicines and medical supplies in preparation of disease outbreaks and conduct RCCE.
- Increased risk of maternal mortality due destroyed/damaged/inaccessible health facilities, which will delay and limit access to basic emergency maternal and neonatal care for pregnant and lactating women.
- Need to re-establish Sexual and Reproductive Health (SRH) services for pregnant women and lactating mothers.
- SRH services including management of cases of GBV at health facilities or mobile

health units, syndromic case management for sexually transmitted infections, obstetric and new-born care, and contraceptive commodities to prevent unintended pregnancies including setting up referral mechanisms.

- Transport/ambulances for referral of emergency cases including complicated cases of pregnancy/delivery.
- Need to re-establish/maintain Essential SRH medicines/family planning commodities/medical supplies for static health facilities/MHUs to provide SRH and GBV Services.
- Engage with adolescent and service providers and address the special need of adolescents for sexual and reproductive health (services and information).
- Trained health care human resources at static health facility/mobile health units/referral points for providing Basic & Comprehensive Emergency Obstetrics and New-born Care Services/FP services/STI management.
- Equip referral points with medicines/supplies/instruments for providing Comprehensive SRH including Comprehensive Emergency Obstetrics and New-born Care Services.
- Clean delivery kits and new-born baby kits for visibly pregnant women preferring home deliveries.
- Disasters and emergencies will impact the mental health and raise psychosocial issues with emergent needs to provide mental health and psychosocial support.
- Establish women and girls' safe spaces (Women Friendly Health Spaces) as an entry point for access to specialized health and psychosocial services for GBV survivors.

Phase 3: 1-2 month

Sectoral Impact and Key Immediate needs

- Continuous need for essential medicines and supplies
- Continuous need to prevent transmission of diseases in camps and communities through disease monitoring and surveillance with mobile or static laboratory diagnostic services.
- Continue strengthening early warning systems for disease outbreaks.
- Support re-establishment of disease surveillance and respond to disease outbreaks.
- Stockpile medicines and medical supplies in preparation of disease outbreaks
- Conduct RCCE activities.
- Conduct information campaigns on health and hygiene campaigns in coordination with WASH cluster.
- Continuing need to maintain SRH services and referral mechanisms.
- Ongoing need to provide mental health and psychosocial support.
- An ongoing need for Sexual and reproductive health services including management of cases of GBV at health facilities or mobile health units, syndromic case management for sexually transmitted infections, obstetric and new-born care, and contraceptive commodities to prevent unintended pregnancies.
- Availability of contraceptive commodities, clean delivery kits, new-born baby kits and interagency reproductive health kits.
- Support for Safe blood transfusion services.
- Continuously assess and monitor the quality of the response and quality of service delivery.
- Regularly liaise with operational partners for the monitoring of emergency response interventions.
- Data collection and other monitoring activities for continuous review of programme implementation and progress

Health	Minimum Preparedness Actions	Status
	<ul style="list-style-type: none"> • Coordinate health activities at Federal and provincial levels and strengthen disease surveillance. 	Implemented
	<ul style="list-style-type: none"> • Strengthen laboratory capacity at provincial and district levels in flood risk areas. 	Implemented
	<ul style="list-style-type: none"> • Ensure RRT readiness for disease outbreak and stockpiling of medical supplies 	Partially Implemented
	<ul style="list-style-type: none"> • Ensure essential health services readiness: <ul style="list-style-type: none"> ◦ Stockpiling of essential medicine and supplies. ◦ Rehabilitation and equipping of health facilities damaged by floods. ◦ Establish a roster of staff for mobile health teams (budget for maintain or scaling up). ◦ Plan for health camps (budget for maintaining/scale up). ◦ Support referral system ◦ MPHSS ◦ Supplies for managing SAM with medical complications. ◦ SRH: Establish BEmONC centres. ◦ SRH: Establish CEmONC centres. ◦ SRH: Ensure functional family planning services. ◦ SRH: CMR ◦ SRH: Stockpiling of RH commodities 	Partially Implemented
	<ul style="list-style-type: none"> • Conduct vaccination outreaches and campaigns (budgeted plan for maintaining/scale up) 	Implemented
	<ul style="list-style-type: none"> • Put in place risk communication system through community engagement prior to health risks (awareness ahead of flood impact in at risk areas) 	Partially Implemented



WASH



People in Need
10 million



People Targeted
4 million



Requirements
69 million (US\$)

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

- Access to sufficient water of appropriate quality and quantity for drinking, cooking, and maintaining personal hygiene.
- Access to toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender appropriate.
- Access to critical WASH-related information to prevent child illness and safe hygiene practices.
- Access to soap for hand washing at critical times.
- Access to menstrual management materials for women of menstruation age

- Provision of WASH services in Health care facilities.
- Dewatering of the flooded residential areas.

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

- Cleaning of drains will add to the needs of 0 to 2 weeks.

Phase 3: 1-2 month

Sectoral Impact and Key Immediate needs

- Provision of WASH in schools will be added to the needs 0 to 2 weeks.

WASH	Minimum Preparedness Actions	Status
	<ul style="list-style-type: none"> • Develop, review, and share emergency WASH standards and guidelines with sector partners and stakeholders. • Identify capacity gaps for WASH sector humanitarian response and provide support for improved preparedness for response. • Carryout training on identified topics/standards/guidelines for floods response. • Include cross-cutting themes in the training – AAP, gender, inclusion, GBV, protection, PSEA, etc. • Support relevant government departments to establish improved early warning system for communities at risk of floods. 	Partially Implemented
	<ul style="list-style-type: none"> • Coordinate and conduct comprehensive assessment to inform needs in flood prone districts (planning is ongoing). • Design WASH assessment tool for rapid assessment. • Review the existing monitoring framework to align with the identified emergency WASH activities for the flood response. • Review and maintain up to date 4W matrix with the participation of WASH Sector actors. • Produce Sector IM products for advocacy, resource mobilization and communication 	Partially Implemented
	<ul style="list-style-type: none"> • Identify national, provincial, and hub-level warehouses – where they do not exist for prepositioning emergency WASH items. • Preposition or top up on prepositioned emergency WASH items. • Review existing LTA with suppliers, contractors, consultants for WASH. • Identify required human resources for the flood response. • Fundraise for emergency WASH services for floods 2023. 	Partially Implemented



Nutrition



People in Need
1.42 million



People Targeted
0.93 million



Requirements
13.3 million (US\$)

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

- Undertake rapid nutrition assessment in the affected area for the needs of the affected population and establish a rapid nutritional status of the affected children under 5 and PLWs in collaboration with the Ministry of Health (MoH) and partner agencies.
- Undertake a mapping exercise to determine number of children & women and locations.
- Provide supplies and equipment, including therapeutic food, micronutrients, and fortified foods for children, lactating and pregnant women.
- Establish Out-patient therapeutic programme and supplementary feeding programme in the affected area.
-

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

- Integrate Infant and Young Child feeding within the treatment of acute malnutrition.
- Immediately protect breastfeeding by preventing general supply of powdered milk or formulas as BMS
- Start supplementary feeding, CMAM, Multi-micronutrients and IYCF in the affected areas.
- Monitor supplementary feeding, CMAM and the general nutritional status in the affected areas, in collaboration with the Ministry of Health (MoH) and partner agencies.

Phase 3: 1-2 month

Sectoral Impact and Key Immediate needs

- Continue provision of treatment of malnutrition through OTPs, TSFPs and NSCs
- Continued monitoring of services.
- Continue monitoring nutritional status in affected areas.

Nutrition	Minimum Preparedness Actions	Status
	Emergency Response Preparedness <ul style="list-style-type: none"> • Map partner projects, capacities, human resources, contingency supplies. • Compile Fundamental Operational Datasets for the Sector/Cluster, including demographic data, malnutrition prevalence disaggregated to the district level and recent nutrition survey findings. • Consult nutrition Sector/Cluster partners on emergency interventions. 	Implemented
	Contingency Stocks and Partner Agreements. <ul style="list-style-type: none"> • Ensure contingency stocks are made available ahead of the monsoon season. • Develop contingency/ Stand by partner agreements. 	Partially Implemented
	Capacity Building of Government Counterparts and Sector/ Cluster Partners. <ul style="list-style-type: none"> • Plan and conduct Nutrition in Emergencies (NiE), IFE with nurturing care and CMAM trainings for NDMA and PDMA nutrition focal points, standby partners, Govt Health/ Nutrition providers, to raise awareness of nutrition interventions in an emergency and operational aspects of the response. • Strengthen linkages between nutrition and food security, WASH, protection, and Health. 	Partially Implemented
	Nutrition Assessment and Monitoring. <ul style="list-style-type: none"> • Develop capacity and identify partners for IRA, SMART, KAP and other appropriate surveys. • Put in place M&E tools that are standardized for the nutrition cluster for monitoring Nutrition programs. 	Partially Implemented
	<ul style="list-style-type: none"> • Maintain/Strengthen Sector / Cluster Coordination at National, provincial and district levels. 	Implemented



Protection, Child Protection and Gender-Based Violence



People in Need
4 million



People Targeted
1.6 million



Requirements
16.7 million (US\$)

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

- The most vulnerable may find challenges accessing emergency assistance including women, girls, persons with disabilities and other marginalized groups including refugees. Ensure community-based protection mechanisms are in place to identify those with barriers to access aid, to conduct, rapid-protection assessments and ensure timely referrals to GBV, Child Protection and other protection services.
- An inter-sectoral approach to the planning of the distribution of NFIs and other material assistance will need to consider how to meet the needs of women, girls and other vulnerable groups and assess challenges to access.
- Existing referral pathways for protection services should be assessed for their capacity to respond to the increased needs that have emerged due to the disaster. Identify gaps in service delivery and provide information to communities on available services.
- Advocacy will be conducted for voluntariness of evacuation/relocations of the affected population where necessary.
- Dignity kits and other NFIs for women, girls and other identified vulnerable individuals will be provided to contribute to the immediate material needs.
- Safe spaces for the disclosure of GBV incidents are likely to be disrupted. Identification of safe spaces in the areas of displacement should be established to ensure that minimum standards for safe disclosure of GBV services, access to information and referrals can be made.
- PSEA prevention and response activities (including complaints mechanisms) mobilized or established with all stakeholders.
- Access to social services education will be

interrupted and protection risks will emerge for children.

- Child and care givers will experience stress and trauma as the result of disaster and will be needing MHPSS services.
- Loss of documentation may result in the depriving the most vulnerable in accessing the humanitarian aid.
- Prevention interventions to reduce the child protection risks such as child harm, child abuse and exploitation.
- Family separation will result in unaccompanied and separated children identified and require family tracing and reunification support.
- Vulnerable groups including refugees may not be able to access cash assistance through government-run mechanisms. Emergency cash assistance to be provided.

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

- Monitoring will be required to ensure the ongoing support to community-based protection mechanisms to refer vulnerable individuals to protection services.
- Implementation of recommendations from protection risk assessments and mobilization of resources for identified gaps including through GBV safety Audits and PSEA risk assessments.
- Ensure GBV, CP and other protection referral pathways are functional.
- Scale up women and child safe spaces and services.
- Through established case management and information management systems that is based on Child protection and GBV guiding principles and survivor-centred approach, systematic monitoring or reported incidents of GBV and trends.
- Mobilize trained pool of HR on GBV case management and Clinical Management of

Rape in the field to ensure provision of quality, safe and ethical GBV services in Women and Girls Safe Spaces and as referral stakeholders.

- Information dissemination on available GBV and protection services to the target communities.
- Strengthen mechanism on protection prevention and response on sexual exploitation and abuse at the community level.
- Scale up the MHPSS and child protection preventive activities to reduce the happening of the child protection rights violation.

Phase 3: 1-2 month

Sectoral Impact and Key Immediate needs

- Coordinate with government stakeholders to address loss/lack of civil documentation (including birth registration certificates) and HLP issues.

- Transition of humanitarian support from partners to government
- Identify where there are needs for strengthening community-based protection mechanisms, including ensuring information dissemination and participation in rehabilitation efforts.
- Continued support in areas where to ensure adherence to international standards for the return and reintegration of those who are internally displaced.
- Ensure that women and other vulnerable groups are supported with livelihood opportunities to protect against trafficking, sexual exploitation and abuse and other negative coping mechanisms such as child marriage and child labour.
- Ensuring functioning alternative care and family tracing mechanisms for unaccompanied and separated children, and others in need.

Protection	Minimum Preparedness Actions	Status
	<ul style="list-style-type: none"> • Put in place sectoral coordination structures (including CP and GBV) at national and provincial level in KP, Baluchistan, Sindh, and Punjab. Put in place coordination structure in Sukkur and Hyderabad level in Sindh and Sibi, eastern Baluchistan. 	Implemented
	<ul style="list-style-type: none"> • Identify gaps in protection service delivery in flood affected districts and identify community-based protection mechanisms 	Ongoing
	<ul style="list-style-type: none"> • Map organizations and services available for older people and persons with disabilities including capacity building of the frontline workers on age, disability, and diversity issue in response. 	Ongoing
	<ul style="list-style-type: none"> • Mobilize resources for age and disability inclusion, provisioning of specialized and dedicated services through established specialized infra-structure 	Partially Implemented
	<ul style="list-style-type: none"> • Establish safe and gender inclusive emergency accommodation for transgender persons with separate facilities such as toilets bathrooms and sleeping areas. 	Not Implemented
	<ul style="list-style-type: none"> • Expand pools of protection partners for rapid scale-up in times of emergency. 	Partially Implemented
	<ul style="list-style-type: none"> • Ensure partnerships and planning with women's organizations to be able to respond appropriately from a gender lens. 	Partially Implemented

GBV	Minimum Preparedness Actions	Status
	<ul style="list-style-type: none"> Conduct GBV safety audits and Rapid Gender Assessment Factor protection assessments/MSRNA/MIRA (tools are available) 	Partially Implemented
	<ul style="list-style-type: none"> Establish new and strengthen existing women and girls' safe spaces and ensure that they adhere to the minimum standards for safe disclosure, safe access to information and referrals to gender-sensitive, specialized, and confidential services. 	Ongoing
	<ul style="list-style-type: none"> Mobilise existing capacities for GBV case management and referrals, the provision of psycho-social support, support for persons with disabilities and other emergency assistance for the most vulnerable. 	Ongoing
	<ul style="list-style-type: none"> Mobilise existing partnerships with national, provincial and district government departments, NGOs, and suppliers to ensure delivery of services and supplies in a timely manner. 	Ongoing
	<ul style="list-style-type: none"> Strengthen GBV multi sectoral referral pathways in target districts and provinces. 	Ongoing
	<ul style="list-style-type: none"> Strengthen and mobilise capacities of stakeholders on GBViE, referrals for case management, CMR shelter homes, MHPSS, GBV helplines. 	Ongoing
	<ul style="list-style-type: none"> Engage community on creating awareness and sensitization on GBViE and facilitate linkages between communities and available services including through dissemination of information and educational material. 	Ongoing
	<ul style="list-style-type: none"> Conduct PSEA risk Assessment at the community level to establish and strengthen protection and response mechanisms on Sexual Exploitation and Abuse. 	Partially Implemented
	Child Protection	<ul style="list-style-type: none"> Coordinate child protection activities in at risk districts.
<ul style="list-style-type: none"> Develop child protection materials and raise awareness on child protection issues, to prevent violations and protect children from harm in emergencies. 		Partially Implemented
<ul style="list-style-type: none"> Collect and analyse information on child protection concerns prior to an emergency, and to use this information to inform the response. 		Partially Implemented
<ul style="list-style-type: none"> Establish Child Safe spaces for provision of MHPSS and other services to children and their caregivers. 		Ongoing
<ul style="list-style-type: none"> Capacity build partners of the child protection rapid assessment. 		Partially Implemented
<ul style="list-style-type: none"> Strengthen the capacity of child protection workers to prevent, report and respond to child protection issues. 		Partially Implemented
<ul style="list-style-type: none"> Strengthen child protection case management and referral mechanism to respond to child protection issues of violence, abuse, exploitation including the family tracing of the unaccompanied and separated children. 80 caseworkers hired and trained for child case management in collaboration with Social Welfare Department in 10 flood affected districts in Sindh. 		Partially Implemented
<ul style="list-style-type: none"> Strengthen the capacity of government stakeholders to address loss/lack of civil documentation. UNDP is funding projects in three flood affected districts in Baluchistan, six in Sindh and one in Islamabad for provision of identity documentation to flood affected women and children. 		Partially Implemented
<ul style="list-style-type: none"> Prepositioning child protection supplies. 		Partially Implemented



Education



People in Need
2.2 million



People Targeted
1.02 million



Requirements
15 million (US\$)

Phase 1: 1-2 weeks

Sectoral Impact and Key Immediate needs

The floods are expected to disrupt children's education due to the interruption of safe learning environment. There is a risk of children dropping out due to displacement and loss of livelihood for their families.

To address the need for Education in Emergencies (EiE) in flooded areas, coordination mechanisms for EIE must be established, activated, and supported in collaboration with the government and other partners to coordinate rapid assessment, mapping, funding, and strategy development.

To protect children and ensure learning in a safe environment in flood-affected areas, temporary learning centres (TLCs) must be established and equipped with the necessary teaching and learning supplies.

Phase 2: 2-4 weeks

Sectoral Impact and Key Immediate needs

Inadequate teaching and learning materials to support continuity of education in flood affected areas.

Psychosocial support will be required to assist flood-affected children in dealing with the trauma of the disaster. To address the impact of food security challenges on school-aged children's nutritional status, on-site feeding will be required for the most vulnerable children.

Development of cross sectors linkages to provide timely water, sanitation, and hygiene services in TLCs/schools, as well as child protection health and nutrition services.

Phase 3: 1-2 month

Sectoral Impact and Key Immediate needs

Local authorities, including School Management Committees (SMC) and teachers, have limited capacity to prepare for the safe reopening of schools and deal with infection prevention and control measures.

Teachers and SMC members are not trained to support Education in Emergencies, there is need to build their capacities in dealing with education in emergencies and safe school reopening and functioning during emergency response periods.

Education	Minimum Preparedness Actions	Status
	<ul style="list-style-type: none"> Train Education Sector Working Group members on flood preparedness 	Partially Implemented
	<ul style="list-style-type: none"> Procure and deliver emergency supplies that facilitate establishment temporary learning centres 	Partially Implemented
	<ul style="list-style-type: none"> Develop contingency agreement with partners for anticipated response 	Partially Implemented
	<ul style="list-style-type: none"> Conduct awareness among children and teachers, before floods on preparedness, and various thematic areas of Education in Emergencies (EiE) 	In progress
	<ul style="list-style-type: none"> Prepare and share guidelines on COVID-19 risk communication 	In progress
	<ul style="list-style-type: none"> Conduct EiE preparedness capacity mapping of Education sector working group members 	Not implemented
	<ul style="list-style-type: none"> Develop and update Government focal persons list for EiE 	Implemented

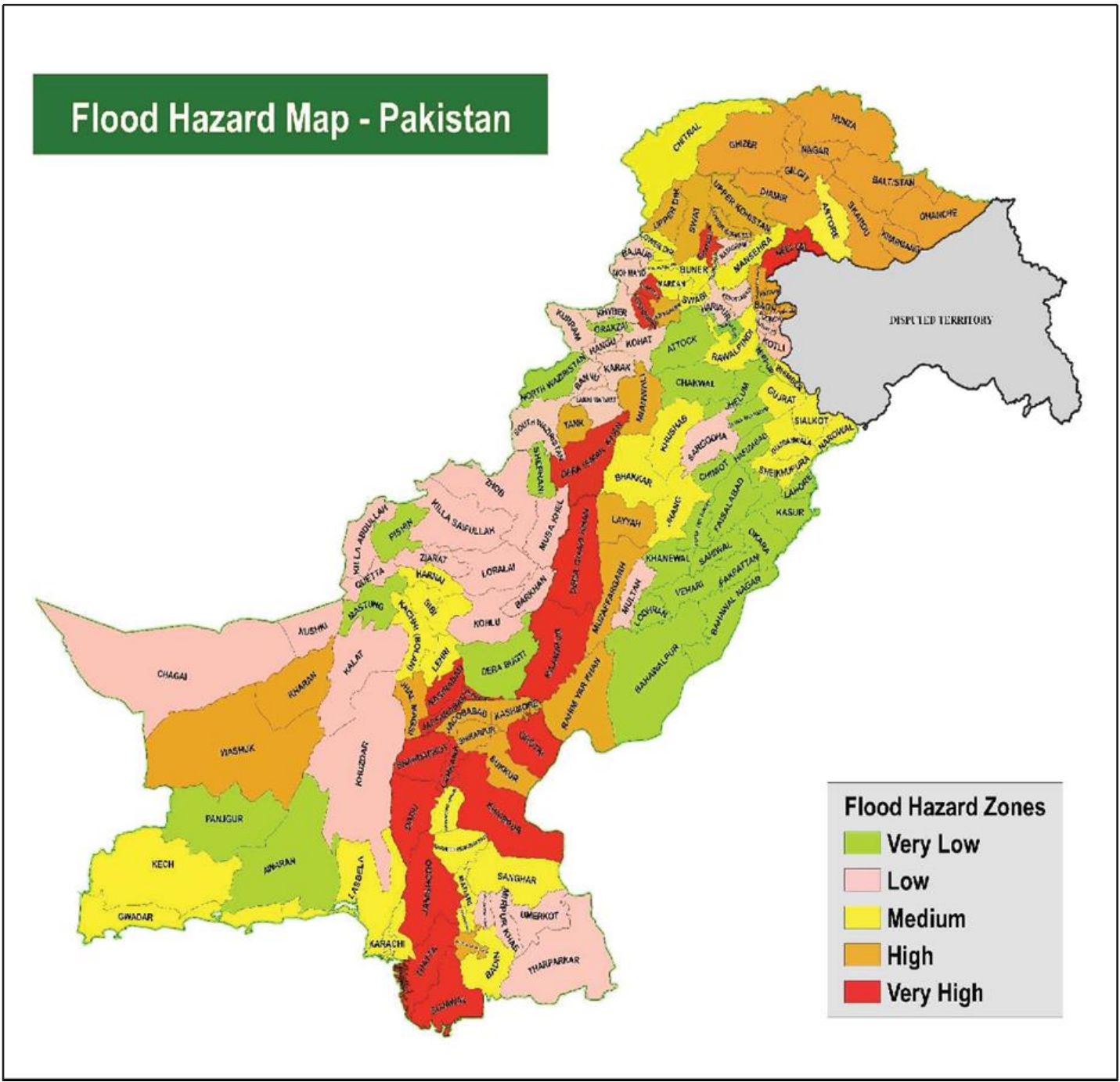
Annex

Additional Minimum Preparedness Actions – Annex A

	Minimum Preparedness Actions	Who will do it	Status	Update/review
1	Strengthen information management including 5Ws and other gender, inclusion, and accountability to affected people products that help in decision making, advocacy, gap analysis and resource mobilization.	OCHA	In progress	
2	Support information management (IM) tools design and capacity for data collection, analysis, mapping/visualization and sharing to improve decision-making.	OCHA	In progress	
3	Support regular analysis and monitoring of country risks in partnership with other entities such as the United Nations Satellite Centre (UNOSAT) and Pakistan Space and Upper Atmosphere Research Commission (SUPARCO).	NDMA		
4	Ensure all PDMA in flood-prone areas have active interactive websites and provide regular situational reports from districts on preparedness for response, early warning, risk mitigation and data analysis.	NDMA & PDMA		
5	Monitor the weather forecast, analyse it, and share early warning information based on the triggers.	Met Dept	In progress	
6	Monitor dam and river levels periodically and warn people on impending flooding risk.	PDMA		
7	To ensure community resilience, develop and implement collective risk communication strategies by mobilizing inter-agency efforts for disaster risk reduction in the 34 districts identified to be at risk based on 2022 flood response plan.	NDMA, PDMA and DDMA	In progress	
8	Metrological forecast is shared in advance with Government, humanitarian actors, development actors, private sector, and donors to ensure adequate preparedness and information sharing with at risk communities.	Met Dept	In progress	
9	Support more credible, comprehensive, and evidence-based situational analysis using Early Warning Systems (EWS) and contribute to the development of impact-based early warning systems.	NDMA	In progress	
10	Implement community feedback mechanisms (AAP) and feed the lessons learnt in humanitarian interventions for enhanced community resilience.	HCT	In progress	
11	Further strengthen and support accountability, inclusion, and protection jointly as government and humanitarian community.	Protection Sector	In progress	
12	Advocate/strengthen joint anticipatory/post needs assessment to address informed priorities and choices of the vulnerable people.	HCT	In progress	
13	Government through District Disaster Management Authorities (DDMA) raise awareness on the likely impact of monsoon to the community in the 34 districts that were worst affected in 2022 flooding.	DDMA	In progress	
14	NDMA and PDMA decentralizes the pre-positioning of emergency relief stocks to 34 at risk districts.	NDMA & PDMA	In progress	
15	Humanitarian actors advocate for resources with donors and preposition emergency stocks to at risk provinces including hard to reach areas. (Particularly food, medicines, and NFIs/shelter.	HCT	In progress	
16	Work on anticipatory action based on triggers and thresholds.	Read PK/PHF/NHN & HCT	In progress	

	Minimum Preparedness Actions	Who will do it	Status	Update/review
17	Engage with PDMA/NDMA to accelerate NOC issuance to humanitarian actors to facilitate swift response in areas identified to be at risk.	OCHA	In progress	
18	Engage mobile phone service providers to share alerts on disaster impact.	NDMA		
19	Update 5Ws and activate operational DDMA and inter-sectoral meetings.	OCHA	In progress	
20	Continue with risk analysis and monitoring, identify, and prioritize humanitarian interventions, review response capacities across all levels (national, provincial and district), and fill identified gaps through the use on minimum preparedness actions.	HCT	In progress	
21	Agree with government on common thresholds and triggers for response/anticipatory action by promoting consensus-based plans/actions.	HCT	In progress	
22	Hold joint capacity building sessions on Emergency Response Preparedness targeting PDMA and DDMA.	HCT	In progress	
23	Engage with donors through regularly and timely situational updates and gap analysis.	HCT	In progress	
24	Work with regional/international organisations like UNOSAT and SUPARCO to analyse trends, forecasts, geo-spatial information, and disaster impact.	NDMA	In progress	
25	Government to advocate with Asia Development Bank and other development/institutional donors for development funding that support resilience building.	NDMA and Min Planning	In progress	
26	Government and humanitarian actors promoted the humanitarian-development nexus that supports community resilience.	HCT and NDMA	In progress	4RF
27	Analyse data and monitor triggers to ensure communities at risk are well informed and prepared for any impact cause by monsoon induced flooding in all at risk communities.	NDMA		
28	Support efforts to operationalize localization through local stakeholders and strengthen engagement in humanitarian coordination efforts at field operational levels.	HCT	In progress	
29	Prepare, disseminate, and advocate for the use of climate change information to improve resilience to climate change at community level.	HCT and NDMA	In progress	
30	Capitalize on indigenous knowledge systems and blend with scientific information to package it for local dissemination to the communities.	HCT, NDMA, PDMA & DDMA	In progress	

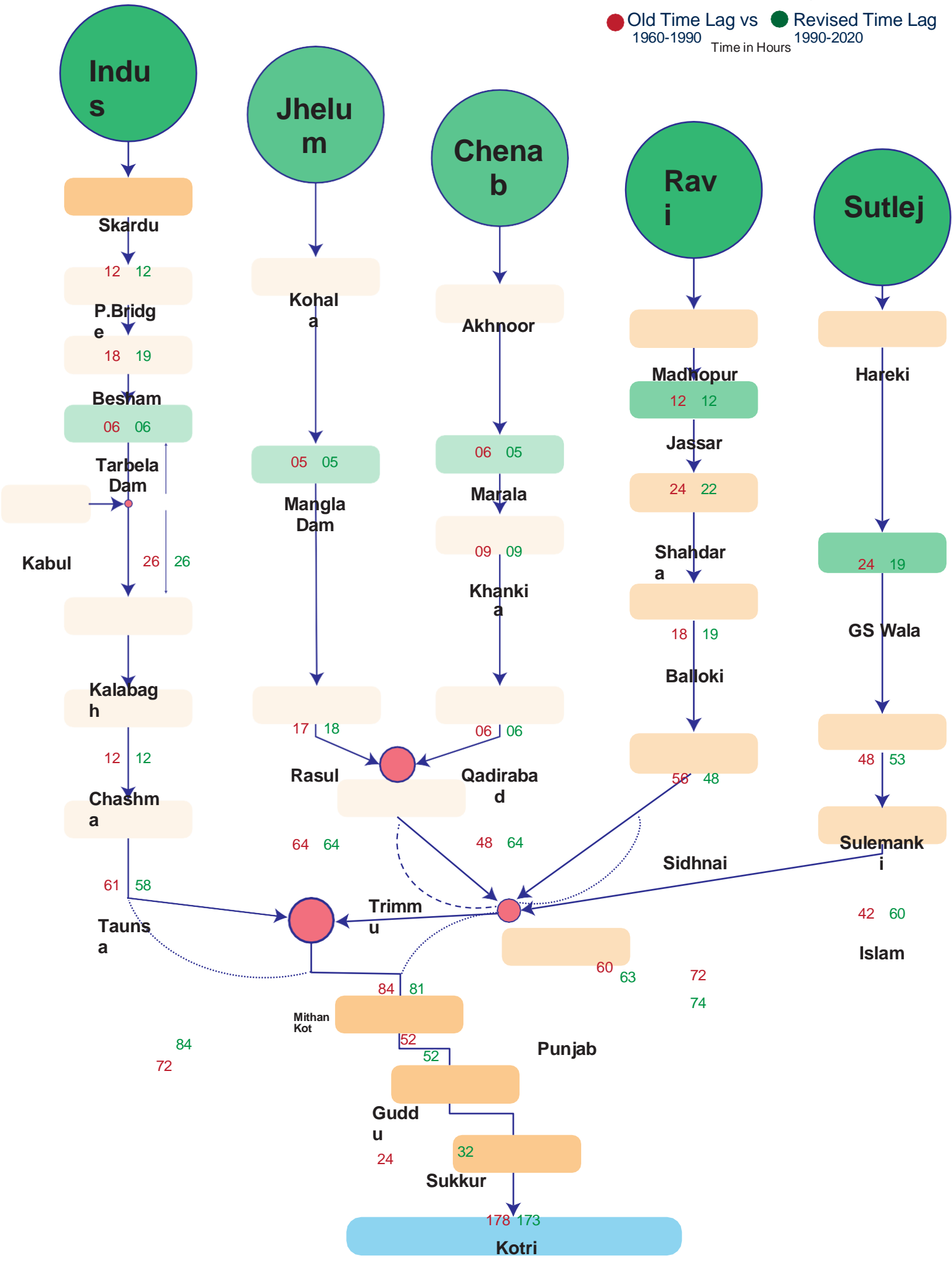
Annex B: Pakistan Flood Hazard Map



Annex C

Flood Routing Map

● Old Time Lag vs 1960-1990
 ● Revised Time Lag 1990-2020
 Time in Hours



ARABIAN SEA

Annex D: Crisis/Contingency Communication Plan for OCHA Pakistan

Objective: The main objective of this communication plan is to provide timely, accurate and reliable information to all stakeholders, including the affected communities, relief workers, government agencies, and media outlets on the monsoon crisis in Pakistan. This helps to ensure that the right information is disseminated, and effective coordination and advocacy is established to support the response efforts.

Key Steps:

1. UNIC Director will invite for a crisis communication meeting with all comms officers from UN agencies. OCHA Head of Office will establish an internal Crisis Team: A dedicated team composed of OCHA's reporting officer, an IM officer with the support of a local coordination officer and an OCHA field office representative – they all will manage or support the crisis communication efforts.
2. The reporting/comms officer shall activate the communication strategy (Annex X), that outlines the key messages, audiences, and channels for communication. The strategy also includes a detailed timeline for communication activities, including the frequency and format of updates.
3. OCHA Comms Officer report immediately to Comms Team in New York to update the team there and coordinate the communications effort. **Utilization and promotion of UN Crisis Response platform to mobilize public fundraising donations from philanthropic, private businesses and individuals (Visuals to be developed in advance).**
4. **Publication of a flash report (in coordination with Global Comms Team in New York), followed as soon as possible by a Situation Report.**
5. Communication Materials: Develop communication materials, including press releases, fact sheets, and social media content in coordination with UNIC director, to ensure that accurate and timely information is disseminated to all stakeholders. Some of communication materials are translated into relevant languages such as Urdu or Sindh (at least Urdu).
6. Update Social Media Platforms: Share updates and infographics on Twitter and Facebook, this includes **creating a dedicated hashtag for the crisis (for instance #Pakistanfloodsagain, #ItHappenedAgain), responding to comments and queries, and monitoring social media for misinformation.**
7. Update Website asap with latest info on the emergency.
8. **OCHA Field offices are to provide in the first days and following weeks of the emergency pictures/videos and other relevant information to the comms/reporting officer for dissemination.**
9. Coordinate with UNIC: UNIC director to hold an emergency comms meeting in Islamabad with all communications officer in Islamabad as soon as possible after the floods. Hold a joint press conference with the RC, inviting media outlets to ensure that accurate and timely information is shared with the public. The media briefings should provide the media access to relevant officials and experts and responding to media queries.
10. **The reporting/comms officer travels as soon as possible to the affected areas, generating content and getting an overview of the situation and report back from the field.** All pictures and videos must be published on social media. Pictures must be uploaded asap on the server:
11. **IM officers to provide relevant information/infographics** on Reliefweb.
12. **Monitor and Evaluate Communication Efforts:** The reporting/comms officer and/or a delegate should continuously monitor and evaluate the communication efforts to ensure that the communication strategy is effective and relevant. This includes tracking media coverage and monitoring social media.

Target Audience:

1. Government agencies and officials
2. Humanitarian organizations
3. Donors
4. Media
5. General public
6. UN OCHA Pakistan staff

Key Messages:

1. Information about the Monsoon crisis and its potential impact on the affected areas.
2. Information on the response efforts by the Pakistani government, humanitarian partners and other stakeholders and UN OCHA Pakistan's coordinating role in it.
3. Details about the assistance provided to affected communities and how to access it.
4. Regular updates on the situation and its evolving nature.
5. Develop advocacy messages to raise funds for victims.

Channels of Communication:

1. Email: Updates will be sent via email to all stakeholders (IM officer will have to do it).
2. Website: The UN OCHA Pakistan website will be updated regularly with the latest information about the crisis.
3. Social media: Social media channels such as Twitter and Facebook will be used to disseminate information and updates to a broader audience.
4. Press Releases: Press releases will be issued to update the media on the latest developments.
5. Press briefings led by UNIC will be used to update the media and answers Q&A by the media.
6. Usage of UN Crisis Response platform to mobilize public fundraising donations from philanthropic, private businesses and individuals (Visuals to be developed in advance).

Roles and Responsibilities:

1. UN OCHA Pakistan: UN OCHA Pakistan will be responsible for developing and disseminating key messages to all stakeholders, coordinating with other stakeholders, and ensuring timely updates on the crisis. It also will develop.
2. Government Agencies: The government will be responsible for disseminating information to the public and coordinating with other stakeholders.
3. Humanitarian organizations: Humanitarian organizations will be responsible for providing assistance to affected communities and sharing information with other stakeholders and UN OCHA.
4. Donors: Donors will be responsible for providing financial and other support to the response efforts.
5. Media: The media will be responsible for disseminating information to the public and reporting on the crisis.

Monitoring and Evaluation: The effectiveness of the communication plan will be monitored and evaluated regularly. Feedback from stakeholders will be collected and incorporated into the plan to improve its effectiveness.

Key Messages:

1. UNOCHA Pakistan is closely monitoring the situation and working with the Pakistani government and humanitarian partners to inform and respond to the needs of those affected by the Monsoon floods.
2. Our priority is to coordinate the joints efforts to ensure the safety and well-being of all affected individuals, particularly vulnerable groups such as women, children, and the elderly.
3. We urgently need the support of the international community to provide emergency shelter, food, water, and essential supplies to those affected by the floods.
4. The Pakistani government and humanitarian partners are also supporting local health services to address any health needs resulting from the floods.
5. We call on all stakeholders to support the ongoing relief efforts and provide necessary assistance to those affected by the floods.
6. We appeal to donors to contribute to the relief efforts and help us provide immediate assistance to those in need.
7. UN OCHA will continue to disseminate important facts and information through its website, Reliefweb, and its social media channels Facebook and Twitter. We will also share updates with our partners and the Pakistani government to ensure an effective response to the crisis.

Advocacy messages:

- The people of Pakistan are once again facing the devastating impact of floods. This is the second time in just two years, and the need for assistance is urgent again.
- The floods have destroyed homes, crops, and livelihoods, leaving families struggling to survive who have already lost everything last year. Your donation can help provide emergency shelter, food, water, and other essential supplies to those affected.
- The floods have particularly affected vulnerable groups such as women, children, and the elderly. Your support can help ensure their safety and well-being during this difficult time.
- The Pakistani government and humanitarian partners are working to address the immediate needs of flood-affected communities, but they cannot do it alone. Your contribution can make a real difference in providing life-saving assistance to those in need.
- Every donation counts, no matter how small. Your support can help the Pakistani government, UN agencies and humanitarian partners provide critical assistance to those affected by the floods.
- With your help, we can ensure that families receive the support they need to recover and rebuild their lives. Please donate today to make a difference in the lives of those affected by this disaster.
- We urge you to act now and donate to support the flood victims in Pakistan. Together, we can provide the necessary assistance to help them recover and rebuild their lives.

OCHA Information Management Commits to undertake the following in the event of an emergency:

- **Lead** the IMWG for addressing ongoing activities and issues and for planning upcoming activities.
- **Update** Common Operational Datasets (CODs).
- **Resource Mapping:** OCHA is leading the Assessment Working Group which is responsible for conducting the assessment in case of emergency on government demand.
- **Assessment tool:** prepared a rapid need assessment tool.
- **5W data compilation:** OCHA has an online data collection tool.
- **Situation overview:** OCHA's IMO will produce daily situation overview snapshots.
- **Capacity building:** OCHA regularly builds the capacity of different stakeholders present in the field.
- **Assessment Registry:** OCHA used to compile the assessment conducted by different stakeholders during or after an emergency.
- **Product publication:** OCHA IMO are used to publish different products e.g 5W dashboard, people reached dashboard and Gap analysis dashboards etc.

Annex E: Women's Participation and Inclusion Plan for OCHA Pakistan

Objective: To ensure the participation of women and women's organizations in all emergency assessments, preparedness, contingency planning, and anticipatory action discussions, through to response implementation and management, at national, provincial and district levels.

Key Steps:

- Review IASC, OCHA, organizational and government policies on gender equality and participation in humanitarian settings.
- Check that women are not only significantly represented in all meetings, but actively participating and their ideas being taken on board.
- Engage with and seek advice from Gender and Child Cells at NDMA, PDMA and DDMA.
- Where women are under-represented, brainstorm alternative measures to ensure presence and meaningful participation.
- Ensure diversity for better decisions and programs.

- Facilitate discussions at interagency, sector, provincial, district, and community levels on how to engage more women.
- Facilitate discussions at interagency, sector, provincial, district, and community levels to remind partners of their responsibility for gender equality and the empowerment of women and girls in humanitarian settings.
- Research and solicit participation from organizations involving and/or led by women.
- Resourcing: Research, facilitate discussion with agencies and donors, and ensure budget to increase the participation and roles of women.
- Ensure the sector or organization will be able to field at least 30% female staff in any assessment or activity.
- Reach out to Government Women's Ministries and Departments, UN Women, community women's organizations and UN OCHA for assistance in identifying relevant women actors.

Key Message:

1. Substantially, increased participation of women at all levels will improve the chronic underachievement of humanitarian response in Pakistan attributable to their absence. This has resulted in unnecessary loss of life and waste of resources and cannot be allowed to continue.
2. Humanitarian actors must work to reciprocate their participation in women's lives and the country's restorative and transformative process. Decolonial approaches that acknowledge the wisdom, knowledge, expertise, and skills employed by women in crises will help enable equal partnerships that can collaboratively shift the status quo.

Target Audience:

1. Humanitarian organizations
2. Emergency responders, including CSOs, voluntary organizations, community groups and activists.
3. Government agencies and officials
4. Donors

MONSOON CONTINGENCY PLAN - 2023