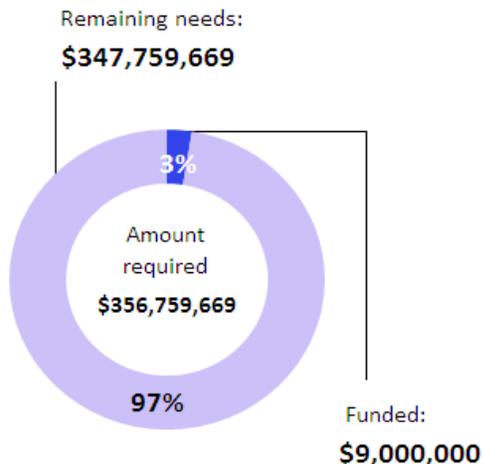


*This report is produced by OCHA in collaboration with humanitarian partners and issued by OCHA Pakistan.*

## Funding Update as at 23 September 2011

### I. HIGHLIGHTS/KEY PRIORITIES

- The number of people affected by the monsoon rains reaches at least 5.44 million with 1.8 million displaced. As the needs assessments continue the number of people in need of assistance is likely to increase.
- So far, USD 9 million has been received in response to the Rapid Response Plan launched on Sunday, 18 September 2011 for a total amount of USD 357 million.



## II. Situation Overview

Following the rapid needs assessment undertaken jointly by UN and the Government of Pakistan, the WASH cluster has started the comprehensive needs assessment in Sindh. In Balochistan, the rapid needs assessment will be finalised on 24 September. Initial findings reveal a total affected population of less than half a million.

## III. Humanitarian Needs and Response



### EMERGENCY SHELTER

**Needs:** The Shelter Cluster conducted a Temporary Settlement Rapid Assessment from 10<sup>th</sup> to 11<sup>th</sup> September of 2,547 temporary settlements in 14 districts in Sindh province, a portion of the 6,000 temporary settlements currently estimated to exist in Sindh. In total, 57 per cent of the assessed temporary settlements are spontaneous settlements along roadsides, on embankments, farmland and other higher ground. Displaced populations living in these spontaneous settlements are the priority group for the cluster members: 82 per cent among reported immediate shelter and non food item needs. Other temporary settlements include settlements in public buildings (mostly schools) and tented settlements. Populations in these settlements require urgent non food items. Those currently residing in schools will require emergency shelter as soon as they leave.

On average 324 individuals live in any given settlement, but there were particularly large settlements in Sanghar, Tando Muhammad Khan and Umerkot . The two largest settlements were composed of 16,000 individuals in one location in Umerkot and 12,000 individuals in another location in Tando Muhammad Khan. Large concentration of population leads to potential issues such as overcrowding and health concerns.

**Response:** The Shelter Cluster aims to regularly update data collected on temporary settlements and a technical working group has been formed to prepare a comprehensive shelter assessment to inform a revised cluster strategy with a special focus on early recovery.

To date, the shelter cluster and the Government of Pakistan have reported distributions of emergency shelter to 314,000 households (2.1 million people), representing 21 per cent of the current NDMA figures of affected

populations whose houses have been damaged or destroyed in Sindh. The shelter cluster and Government of Pakistan have also distributed 95,558 blankets, 19,871 kitchen sets, 24,924 jerry cans and 13,268 buckets.

	Households served with emergency shelter	Individuals served with emergency shelter	Households served with emergency non food items	Individuals served with emergency non food items
<b>Shelter Cluster and Government of Pakistan response</b>	112,530	787,710	19,871	139,097

**Gaps & Constraints:** Agencies report that pipeline and contingency stocks have been distributed and additional resources are urgently required to meet the massive shelter and non food item needs in Sindh province.



## FOOD SECURITY

**Needs:** According to the UN-Government joint assessment more than 2.75 million people are in immediate need of food assistance in the monsoon affected areas.

After the third spell of rains ending in the second week of September, nearly 88,000 livestock have perished, depriving families of a vital source of meat, milk, income and draught/tillage power. At least 5 million surviving animals are now at risk, lacking feed and shelter while facing increased exposure to debilitating diseases and parasite infestations. Livestock often represents a rural family's entire life-savings. It is vital to reach animals with emergency feed rations, vaccination and de-worming supplies. Over 20,000 irrigation structures are submerged and likely to be damaged - 80 percent of crops are irrigated. This all puts the upcoming Rabi (winter) wheat planting season in doubt.

Hundreds of thousands of household primary income earners have also lost employment related to harvesting and post-harvest processing due to the loss of crops. Delayed assistance to agriculture will lead to increased livestock losses, heightened food insecurity, increased public health threats and longer-term dependence on food aid.

**Response:** Since 12th September, WFP has provided 1,944 metric tons of monthly family food rations to more than 158,000 beneficiaries (22,800 Households) in the districts of Badin, Mirpur Khas, Nawabshah and Sanghar. The food basket consists of: wheat flour, pulses, rice, vegetable oil, salt, high-energy biscuits, wheat-soya blend and ready-to-use supplementary food for infants (there have been variations in the food basket subject to availability of commodities).

**Gaps & Constraints:** Access to the affected areas is a challenge. While primary and secondary roads in Sindh across affected areas are intact, it is still difficult to ascertain the extent of damage to the road infrastructure across the affected districts. Access therefore is an issue for transporting food to some affected areas.

There is an urgent need for additional NGO partners to scale-up the ongoing food assistance.



## HEALTH

**Needs:** The health situation in Naushahro Feroze, Sangar, Tando Mohamdd Khan, Tando Alla Yar, Tharparkar remains serious and require continuous monitoring and assistance from the health cluster partners. There is a need to strengthen malaria control program including provision of bed nets and RDTs in all affected districts. Serious gap exists in nutrition, water and sanitation, Meternal and New Born Health (MNCH) and Lady Health Worker (LHW) coverage, immunization and restoration of health facilities. There are serious gaps in MNCH and LHWs coverage not only in officially registered camps for displaced population but for general population. Local authorities request assistance in further fumigation of affected areas as well as distribution of mosquito nets.

The data collected through Rapid Health Assessment shows that 32 per cent of affected health facilities have adequate stocks of medicines, vaccines, equipments and other consumables at least for one to four weeks, while 50 per cent of health facilities reported having marginally adequate stocks. However 18 per cent health facilities have insufficient medicines and consumables to provide Primary Health Care services to the affected population.

**Response:** During week 37, a total of 383,488 patient consultations were reported through DEWS, Trends for suspected malaria and other acute diarrhea are on rise (1-2 per cent) this week.

Disease diagnosed	Number of consultations
Acute Respiratory Infection (ARI)	71,328 (18.6 per cent)
Upper respiratory tract infections (URTI)	57,139 (14.9 per cent)
Lower respiratory tract infections (LRTI)	14,572 (3.8 per cent)
skin diseases	67,493 (17.6 per cent)
Acute Diarrhea	47,552 (12.4 per cent)
malaria	45,251 (11.8 per cent)
Others	80,153 (20.9 per cent)
<b>Total</b>	<b>383,488</b>

The Health Cluster is continuing with its ongoing emergency response activities in the affected districts, addressing the immediate health needs of the population with focus on control of communicable diseases, including water and vector borne diseases such as Acute Watery Diarrhea, Dengue Fever, malaria as well as ARI and skin infections. This includes intensive surveillance in the affected areas, environmental health interventions and provision of essential medicines and supplies to health facilities and other health care providers and partners.

The risk of disease outbreaks may further increase as a result of the current flood. WHO in collaboration with the department of health is monitoring the local epidemiological trend to timely investigate, respond and control epidemic prone diseases through effective control measures. From the onset of current emergency (12 August 2011) till now a total of 227 alerts for different DEWS priority diseases were generated, investigated, and 46 outbreaks were identified, responded and controlled effectively. WHO has responded to the situation in close coordination with government and other health partners with EHKs (46), DDKs (56) and assorted medicines covering population of 304,000 individuals. In addition, hygiene kits, Jerry Canes, filters, ASVs, aqua tablets, gas cylinders, mosquito nets (103,000) and basic family kits have also been provided to respond the situation.

**Gaps & Constraints:** Many health facilities are surrounded by water, limiting population's access to health services. There is a further need to build the capacity of Government health workers for better epidemiological surveillance of communicable diseases, (giving priority to those with a short incubation period), water analyses and treatment as well as daily analyses of water samples, with priority given to schools and health institutions, health education and informing the general public.



## WATER, SANITATION AND HYGIENE

**Needs:** Preliminary information from the rapid assessments indicates that access to safe drinking water is a critical issue in flood affected areas with access to water as low as 36 per cent in some areas. WASH related needs in temporary settlements are significant and hygiene conditions are poor, further exacerbating vulnerabilities of the affected population to water, sanitation and hygiene related diseases. The WASH Cluster estimates at this time that approximately 2.5 million people are in need of WASH assistance. A comprehensive, detailed WASH assessment is currently under planning.

**Response:** So far assistance provided by the WASH cluster is as follows:

Assistance	Population assisted
Safe drinking water- Through Water Tankering and installation of water treatment Units	179,404
WASH non-food items (jerry cans and plastic buckets with lids)	57,700
Sanitation Facilities	20,000
Hygiene Promotion sessions	9,000
Hygiene Kits	57,700

**Gaps & Constraints:** The WASH cluster also continues to support response to suspected outbreaks of acute water diarrhea and is currently supporting water quality testing and water disinfection of numerous water sources. The Cluster Provincial level coordination meetings are being held on a weekly basis in Hyderabad. District focal point for WASH cluster have been identified and being oriented by WASH Cluster for better coordination at the district level while scaling up the WASH interventions.

#### IV. Coordination

The Inter Cluster Coordination Meeting in Karachi will be held every Friday at 900 hrs. The General Coordination Meeting (GCM) will be held every Tuesday while WASH cluster coordination meetings will be held every Thursday in Hyderabad. The remaining clusters will soon decide the specific day of the week for their meetings. GCMs were held in seven of the affected districts during 13<sup>th</sup> to 17<sup>th</sup> of September 2011. OCHA is present and undertaking coordination activities in Mirpur Khas, Tando Allahyar, Umer Kot, Shaheed Benazir Abad, Badin, Tando Muhammad Khan and Sanghar.

The Inter-Cluster Coordination Meeting in Islamabad will be held every Thursday at 16 hrs.

3Ws data collection is in progress and support facility for producing maps for humanitarian agencies has been established at OCHA Karachi office. Development of Civil Military Coordination framework for Sindh floods response 2011 is in progress.

#### V. Funding

Following the request for international assistance from the Government of Pakistan, the Rapid Response Plan for the floods in Pakistan was launched by the UN on 18 September 2011. The Plan calls for US\$357 million and aims to provide food, water, sanitation, health, and emergency shelter to the worst hit families in Sindh and Balochistan for six months. So far USD 9 million has been received against the plan.

#### VI. Contact

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