

Disaster/EQ

Nutrition Sector

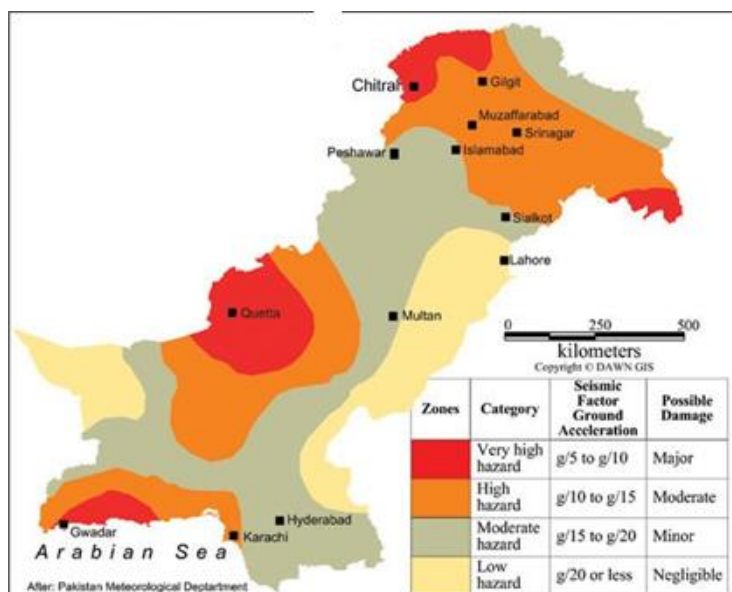
| CO-LEADS | PEOPLE IN NEED | PEOPLE TARGETED | FUNDING REQUIREMENT |
|--------------------|----------------|-----------------|---------------------|
| Agency 1 UNICEF | 1.5M | 188k | \$3.5M |

1) Overview

Pakistan is one of the most vulnerable countries in the world to natural disasters, including floods and earthquakes, which are the major recurrent disasters that have caused huge losses to lives and property, impacted the livelihoods of vulnerable groups including women, children, elderly and the disabled in under-developed areas. Over the last few years, Pakistan has experienced three devastating natural disasters; an earthquake in 2005, flooding in 2010 and 2011, affecting some 32 million people. These natural disasters exceeded the government’s response capacity, and the international humanitarian community was asked to assist.

Pakistan lies on significant fault lines and has a long history of tectonic activity. Geologically, Pakistan overlaps two tectonic plates, Eurasian plate and Indian plate. On the north-western edge of Indian plate lies Punjab and Sindh provinces. Khyber-Pakhtunkhwa (KP) and Balochistan provinces lie within the Eurasian plate. The Pakistan Administered Kashmir (PAK) and northern areas are prone to strong earthquakes as they lie where two tectonic plates collide. The tectonic boundary between the Eurasian and Indian plates runs from southwest to northeast Pakistan. In addition, the Arabian plate is being subducted under the Eurasian plate in southern Pakistan. Tectonic activity is frequent around the country, especially in the north and west of Pakistan.

In a span of ten years, at least four significant earthquakes happened. In 2005, it occurred in PAK and KP with a magnitude of 7.6; in 2008 in Ziarat, Balochistan with a magnitude of 6.4; in 2013 that occurred in Awaran, Balochistan with a magnitude of 7.8, and; in 2015, in the northern areas with a magnitude of 6.8. According to the World Bank’s assessment, if the 2005 earthquake were to occur today, it could cost nearly twice as much – \$2.8 billion – in damages to residential properties alone.



Seismic Zones of Pakistan

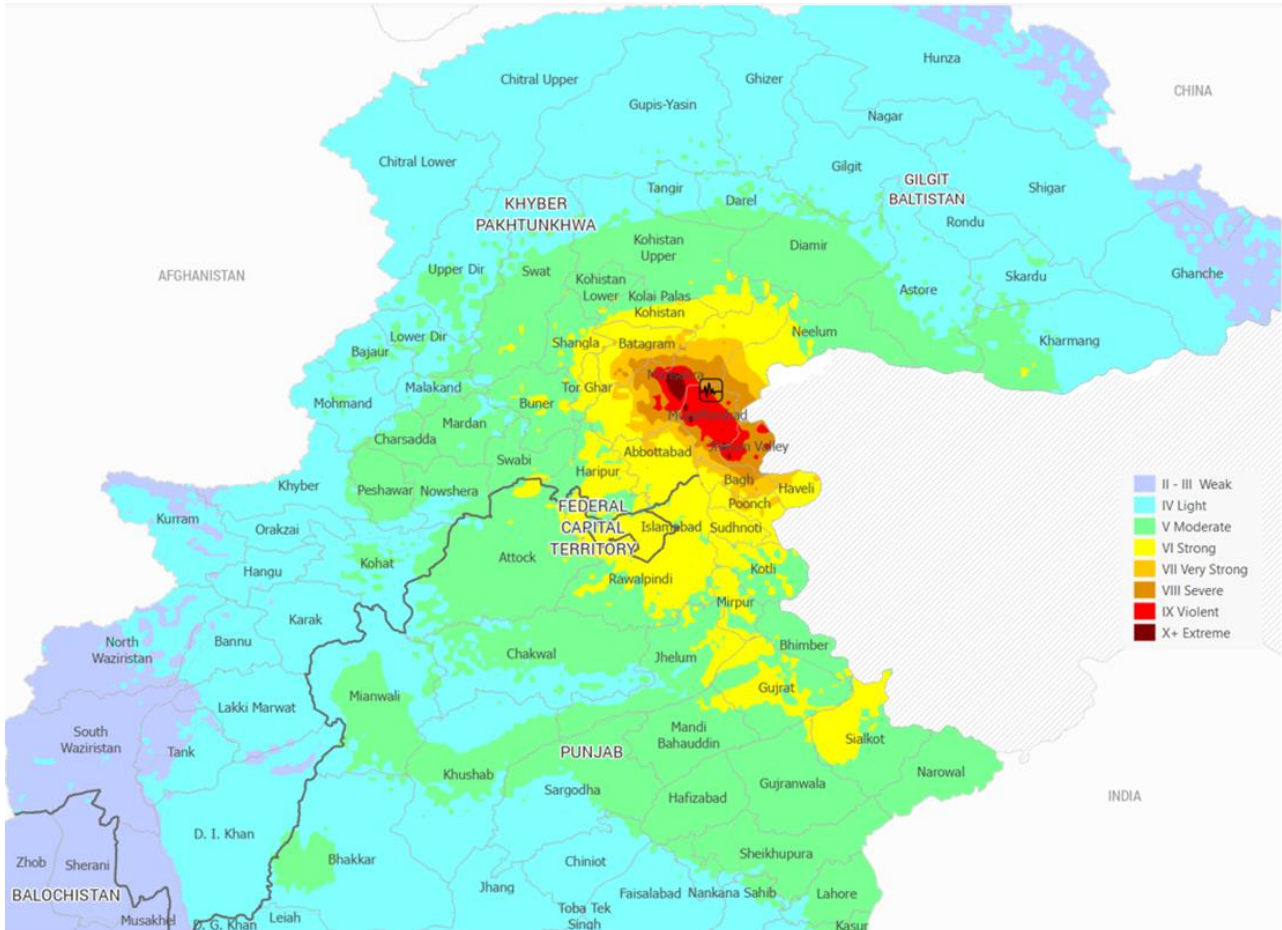
Scenario

The planning scenario uses an earthquake magnitude of 7.6 which is like the 2005 occurrence. The earthquake had affected the northern areas of Mansehra and Muzaffarabad. About 20.7 million people are living in the areas that experienced the earthquake; of these, about 3.8 million people experienced a Modified Mercalli Intensity (MMI) scale of VII¹. Out of the 3.8 million people, it is estimated that about 1.5 million people are

¹ MMI VII intensity described as very strong shaking and above.

vulnerable² and need urgent humanitarian assistance. An estimated 3.0 million people are living in mountainous areas and are assumed to get stranded as landslides and road damages have blocked access. Over 1.1 million people are internally displaced.

Severe damage occurred in public and private infrastructures such as houses, public buildings, schools, water sources, power and telecommunication lines, medical facilities, bridges and roads. It is estimated that more than 500,000 buildings were destroyed or damaged beyond repair and many more are rendered unusable for extended period. An estimated 155,000 houses are damaged or destroyed, 365 medical facilities collapsed, over 1,000 hospitals are damaged and 33,225 telecom and power lines down hampering communication and collection of more information from other affected areas.



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2) Impact and Key Immediate Needs

Phase 1: 0-2 weeks

- 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

² Vulnerability was based on Pakistan's Multi-dimensional Poverty Indicator Percentage Headcount (MPI-H) of 2014-2015.

³ Ministry of National Health Services Regulations and Coordination.

- 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

- 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

- Continue provision of treatment of malnutrition through OTPs, TSFPs and NSCs
- Continue monitoring of services
- Continue monitoring nutritional status in affected areas
- Continue general supply of BMSs

3) People in Need and Targeted

| Province | People in Need (PIN) | People Targeted | Rationale for PIN and targeting figures (data-sets or formula used for calculation) |
|--------------|----------------------|-----------------|---|
| KP | 819,359 | 134,585 | Moreover, 13,750 targeted refugee will also be reached with nutrition services. |
| AJK | 747,403 | 40,377 | |
| | | | |
| Total | 1,566,762 | 174,962 | |

4) Priority Activities

Phase 1: 0-2 weeks

| Priority Activities | Modality (In-kind, Cash...) | Partners |
|--------------------------------|-----------------------------|------------------------|
| Rapid assessment | In-Kind | Govt, UNICEF, WFP, WHO |
| Establish OTPs, TSFPs and NSCs | In-Kind | Govt, UNICEF, WFP, WHO |
| | | |
| | | |

Phase 2: 2-4 weeks

| Priority Activities | Modality (In-kind, Cash...) | Partners |
|--|-----------------------------|------------------------|
| Distribution of MMN | In-Kind | Govt, UNICEF, WFP, WHO |
| Treatment of Malnutrition at OTPs, TSFPs, NSCs | In-Kind | Govt, UNICEF, WFP, WHO |
| IYCF | | Govt, UNICEF, WFP, WHO |
| Monitoring of activities | | Govt, UNICEF, WFP, WHO |
| | | |

Phase 3: 1-2 month

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| IYCF | | Govt, UNICEF, WFP, WHO |
| Monitoring of activities | | Govt, UNICEF, WFP, WHO |
| | | |

5) Budget Requirements

| Activities | Planned reach with activity (# of people) | Location (List Provinces or specific locations) | Estimated requirements (US\$) |
|--|---|---|-------------------------------|
| SAM treatment (OTP) | 8,396 | All provinces | 1,427,391 |
| MAM treatment for Children | 9,138 | All provinces | 354,116 |
| MAM treatment for malnourished pregnant women | 8,873 | All provinces | 803,050 |
| SAM treatment (SC) | 840 | All provinces | 461,803 |
| IFA and MMT for PLW | 61,196 | All provinces | 61,196 |
| MNP for children | 45,897 | All provinces | 45,897 |
| Promotion of IYCF (traditional and use of digital /mass media) | 54,369 | All provinces | 163,108 |
| Provision of PPEs for safe services | | All provinces | 263,458 |
| Total: | | | |

6) Cross-cutting Issues

COVID-19 modifications and considerations:

- Simplified approach in community management of acute malnutrition will be followed where required
- Safe service delivery will be ensured by training and provision of PPEs

Protection, Gender considerations and persons with specific needs:

Gender and children or PLWs with special needs will be catered on priority

7) Current Capacity to Respond

| Partner/Agency name | What do you have now | Location |
|---------------------|----------------------|----------|
| | | - |
| | | |

| | | |
|--------|---|--|
| | | |
| WFP | <p>Technically, we don't have separate pool of funding to address emergency to respond. But with the consent of management and approval from the respective donor, required resources will be diverted to certain locations. WFP implementing multiple nutrition programmes across country. At the moment, we are expecting 160 MT dates for 79775 beneficiaries across Pakistan.</p> <p>Furthermore, WFP will capacitate to respective Provincial Health Departments and other stakeholders before, during and in after post emergency activities.</p> | Presence, All Provinces including AJK and GB |
| UNICEF | Therapeutic spread, sachet 92g/CAR-150 | 2000 Pacs |
| | Micronutrient tabs, pregnancy/PAC-1000 | 400 Pacs |
| | Multiple micronutrient pdr, sach./PAC-30 | 10,500 pacs |
| | F-75 therap. diet, sachet,102.5g/CAR-120 | 03 |
| | F-100 therapeutic diet, sach.,114g/CAR-90 | 02 |
| | Iron 60mg+Folic ac.400mcg tab/PAC(10x10) | 1600 Pacs |
| | Nut,Kit inpatient module-equipment: Nut,Kit inpatient module-registration: Nut,Kit inpatient module-med ,supplies: | 02 each |
| | Portable baby/child L-hgt mea.syst/SET-2 | 90 each |
| | Scale, electronic, mother/child,150kgx100g: | 98 each |
| | MUAC,Child 11.5 Red/PAC-50 | 115 pac |
| | MUAC,Adult, without colour code/PAC-50 | 115 pac |

8) Preparedness Actions

| | Minimum Preparedness Actions | Who will do it | Status <i>Choose from:</i> | Update/review <i>Choose from:</i> |
|---|---|--|-------------------------------|--------------------------------------|
| 1 | WFP will coordinate with respective Provincial departments and stakeholder for assessing allocation of resources in terms of partner identifications, beneficiaries' assessments, coordination with respective donors through | WFP in Consultation with Nutrition Cluster and UN agencies | In Progress | Regular |

PAKISTAN CONTINGENCY PLAN

| | | | | |
|---|---|-------------------------------------|-------------|--|
| | coordinated efforts, establishment of Hubs, NDMA/PDMA and other counterparts. | | | |
| 2 | Rapid Assessment | UNICEF, WFP, WHO and other partners | Pending | |
| 3 | Preparedness plan for nutrition Sector | Nutrition Sector | In-Progress | |
| 4 | Prepositioning of contingency stock | Nutrition partners | In-Progress | |