

# Operations update



International Federation  
of Red Cross and Red Crescent Societies

## Pakistan: Humanitarian assistance for internally displaced people

Emergency appeal n° MDRPK003  
Operations update n° 6  
05 August 2009

**Period covered by this Ops Update:** 23 July to 3 August 2009;

**Appeal target (current):** CHF 7,974,809 (USD 7,341,928 or EUR 5,251,486);

**Appeal coverage:** 44% with further pledges in the pipeline. Funds are very urgently needed to scale up its response and recovery activities in this humanitarian crisis.

[<click here to go directly to the updated donor response report, or here to link to contact details >](#)

### Appeal history:

- This Emergency Appeal was launched on 4 June 2009 for CHF 23.9 million for seven months to assist 140,000 people (20,000 families).
- On 5 June a meeting was held in Geneva, hosted by the International Federation and the International Committee of the Red Cross (ICRC) with Pakistan Red Crescent Society (PRCS) representatives, to present the Red Cross Red Crescent Movement response for this humanitarian crisis. The importance of a strong Movement coordination framework was agreed. A joint statement was issued at the end of June clarifying the roles and responsibilities of Movement partners.
- A Revised Emergency Appeal was launched on 6 July 2009 for CHF 7,974,802 to assist 91,000 displaced people (13,000 families).

**Summary:** More than 600,000 displaced people have returned to their homes, which is almost 27 per cent of the total of internally displaced people (IDP), as verified by the national database registration authority (NADRA). Most returnees are from west of the Indus river. Two PRCS camps have also closed down. PRCS with ICRC is now working to develop a detailed plan for early recovery interventions for the returning families.

Nevertheless, PRCS/International Federation continue to implement activities under the emergency phase. Out of the 5,820 assessed families; 5,230 have received phase I non-food items (507 of these have also received phase II relief items).

Health care teams are now operational from both Haripur (financially supported by Canadian Red Cross) and Mansehra. More than 3,800 patients have received health provisions. Psychosocial support (PS) activities also commenced during the reporting period through assessments.



PRCS water and sanitation team constructing a latrine in Haripur.

Photo: Mubashir Fida/International

The PRCS water and sanitation team has completed 26 latrines and 16 washrooms in both Haripur and Mansehra. Safe water has also been provided for 102 families living on a poultry farm in Mansehra. More than 35 participatory hygiene and sanitation transformation (PHAST) sessions have been carried out in the same poultry farm in order to improve hygiene.

PRCS distributed food packages for 114 families at the poultry farm in Mansehra on 23 July. These packs are sufficient for 15 days. The national society carried out distribution at the International Federation's request as the host community could no longer support the displaced families living in these camps.

The British Red Cross is providing a staff-on-loan of a household economic and security expert, who will be available for one month in Pakistan to support the further assessment of early recovery interventions to be potentially implemented by the PRCS/International Federation

To date, contributions to this appeal have been received from American Red Cross, British Red Cross, Canadian Red Cross, Hong Kong Branch of the Red Cross Society of China, Danish Red Cross/Danish Government, Japanese Red Cross, the Republic of Korea Red Cross, Monaco Red Cross, Netherlands Red Cross/Dutch government, Spanish Red Cross, Swedish Red Cross/Swedish government, the UAE Red Crescent and Irish government.

The PRCS has received bilateral contributions from the following; American Red Cross, Canadian Red Cross, Danish Red Cross, Iranian Red Crescent, Kuwait Red Crescent, United Arab Emirates Red Crescent, Turkish Red Crescent, and other private institutions.

The International Federation, on behalf of the Pakistan Red Crescent Society, would like to thank all partners for their response to this appeal to date.

## The situation

Two weeks have passed since the displaced people first started to return back to their homes in Swat and Buner. A total of 323,395 families (approximately 2.26 million) have been verified, out of which more than 600,000 displaced people (both from camps as well as the displaced people living with host families); have returned. Approximately 1.9 million people are still living as internally displaced people (IDP). Out of the national database registration authority (NADRA) verified families, the government has distributed smart cards (for PKR 25,000 grant) to 224,720 families out of which 219,032 have been activated.

According to the government of North West Frontier Province (NWFP), Buner has been completely cleaned of the militants, while 80 per cent of Swat has been reclaimed by the security forces. However, there were new displaced people who came from Maidan in Lower Dir due to the security incident in the area.



PRCS doctor in Haripur examining a child.  
**Photo: Mubashir Fida/International Federation.**

NADRA verification is still not completed for all displaced people. Since displaced people have started to go back to their homes, there is a concern some of them might return, without receiving the government's PKR 25,000 grant. Hence, some displaced families are waiting for their NADRA verification to be completed.

Not all schools have been vacated by the IDPs while they will be opening soon after the summer holidays. The government has declared 14 August a deadline for vacating all the school buildings.

The PRCS/International Federation is assisting displaced people who are living east of the Indus river in Mansehra, Abbottabad, Haripur and Batagram districts. All displaced people living on the east side of the river are living outside camps; either on their own or with a host family/community. There are no IDP camps in these areas. Some of the host families/communities have exhausted their resources and cannot support the IDPs any longer. Small numbers of people are moving back to their native areas through their own means (transport not being provided by government east of Indus), with most still opting

to remain. Hence, the need for immediate relief, health care and improved water and sanitation conditions still prevails.

## Coordination and partnerships

The International Federation's Movement coordinator is doing frequent coordination meetings with the partner national societies present in the country. He is also playing an important role and maintaining positive relations with the International Committee of the Red Cross' (ICRC) country office. The Movement coordinator is also attending weekly United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) meetings. The Pakistan Red Crescent Society (PRCS)/International Federation personnel regularly attend coordination meetings with other humanitarian actors working in the district.

### National Society Capacity Building:

Health (for Mansehra) and psychosocial support (PS), (for both Haripur and Mansehra) teams were recruited in this reporting period. Approximately 60 PRCS volunteers are being utilized in this operation under relief distribution and health care. The health team in Haripur is being supported by the Canadian Red Cross. The PRCS is utilizing 37 members of the national disaster relief team (NDRT) in both the International Federation and ICRC to support IDP interventions.

## Red Cross and Red Crescent action

### Overview

The PRCS with support from ICRC is now managing five IDP camps with health care provided to more than 51,000 patients (since August 2008).

Details of the camps are as follow:

Camp location	Families	Individuals
Rang Mala (A and B), Malakand	1,153	8,071
Patao, Malakand	505	3,508
Government college, Timargarah	552	3,772
Technical college, Timargarah	539	3,311
Shah Sawar Camp, Risalpur	400	2,545
<b>TOTAL</b>	<b>3,149</b>	<b>21,207</b>

West of the Indus river, the PRCS/ICRC have distributed non-food items (NFIs) for more than 42,000 families.

The Canadian Red Cross is supporting human resource and medicines for a mobile health unit in Haripur. This mobile health unit has been operational since 9 July. The Canadian Red Cross' country office will soon be signing a memorandum of understanding (MoU), with the International Federation to formalize this agreement.

The consortium of partner national societies: Danish Red Cross, German Red Cross and Dutch Red Cross were unable to secure European Commission's Humanitarian Aid Office (ECHO) funding. These partner national societies may now choose to follow with individual interventions now.

## Progress towards objectives

### Emergency phase: Support to 56,000 IDPs (8,000 families)

**Overall objective:** The urgent needs of 8,000 families (56,000 people) displaced in non-conflict areas of Hazara division (Haripur, Abbottabad and Mansehra) and Hassan Abdal, Attock and Batagram are met; the outbreak of diseases is prevented.

Relief distributions (basic non-food items)	
Objective: The household needs of 8,000 displaced families are met over the next three months.	
Expected results	Activities planned
The immediate needs of 8,000 displaced families living outside	<ul style="list-style-type: none"> <li>Coordinate with concerned authorities (NADRA) for IDP registration database.</li> <li>Identify 8,000 most vulnerable displaced families (2,000 families in</li> </ul>

IDP camps in non-conflict areas are met through relief distributions.	<p>Haripur, 1,000 families in Abbottabad, 2,000 families in Mansehra and 3,000 in Hassan Abdal, Attock and Batagram).</p> <ul style="list-style-type: none"> <li>• Conduct field assessments, selection and social mobilization for the verification of 8,000 families.</li> <li>• Engage the community's participation in planning and distribution of relief items.</li> <li>• Mobilize and train approximately 50 community volunteers in assessment, distribution, and monitoring and evaluation in each district.</li> <li>• Transport relief items from the existing stocks at PRCS/International Federation's Mansehra hub warehouse and other PRCS warehouses at strategic locations to the distribution points.</li> <li>• Distribute non-food items to the selected families.</li> <li>• Procure items not available in the disaster preparedness warehouse.</li> <li>• Develop a monitoring and evaluation system for the continuous improvement of delivery systems.</li> <li>• Replenish stocks utilized from PRCS warehouse.</li> <li>• Develop an exit strategy (laying the basis for the early recovery phase).</li> </ul>
---	--

**Progress:** The locally procured NFIs have been delivered at the Haripur warehouse. PRCS/International Federation health teams have done phase I relief distribution for 5,230 families, out of which 507 families have also received phase II relief items.

*Phase I* items include: one kitchen set; two jerry cans; two buckets; two mosquito nets; one kerosene stove; and one hygiene kit. In addition, the following items are included in *phase II*: two foam mattresses; two sleeping mats; four bed sheets; and one AM/FM radio.

During the reporting period, assessments of the displaced families residing in the Batagram district started. Distributions will be starting from the week of 3 July. Details of the assessed families are as follow:

District*	No. of families assessed
Mansehra	2,253
Haripur	2,065
Abbottabad	907
Attock	525
Batagram	70
<b>Total</b>	<b>5,820</b>

\* A breakdown of distribution details into districts, union councils and families assisted is located at Annex 1: please click here.

### Emergency health and care

This programme will cover health and care as well as psychosocial support.

<b>Objective (health and care): Provide primary health care services to 30,000 people (15,000 in Haripur and 15,000 in Mansehra) living outside camps in public buildings and host families in areas of Hazara division.</b>	
Expected Results	Activities planned
Reduced morbidity and mortality through improved access to basic healthcare services in the target displaced peoples population, especially among women and children.	<ul style="list-style-type: none"> <li>• Detailed health needs assessment including mapping of existing health facilities, service gaps and areas of IDPs' concentration outside camps in Haripur, Mansehra and Abbottabad.</li> <li>• Establish two mobile health units (MHUs); one each for Haripur and Mansehra, for the provision of comprehensive primary health care services.</li> <li>• Identify and train volunteers among the IDPs in community based health and first aid (CBHFA) in Haripur, Mansehra and Abbottabad.</li> </ul>

	<ul style="list-style-type: none"> <li>• Disseminate information, education and communication (IEC) material for health education and promotion among displaced people in Haripur, Mansehra and Abbotabad.</li> <li>• Disseminate/distribute of clean delivery kits and mosquito nets among displaced people in Haripur and Mansehra.</li> <li>• Strict surveillance and implementation of the disease early warning system (DEWS) in Haripur and Mansehra.</li> <li>• Establish a referral system to secondary (district hospitals)/tertiary (medical teaching hospitals) health care facilities.</li> <li>• Develop a coordination mechanism with the ministry of health and other partners through health clusters.</li> </ul>
--	---

**Objective (psychosocial support): Provide psychosocial support (PS) activities to 5,000 IDP families (living outside of camps in public buildings and with host families) in areas of Hazara division for seven months.**

<b>Expected Results</b>	<b>Activities planned</b>
Reduced psychological stress and trauma among 5,000 families in the Hazara division.	<ul style="list-style-type: none"> <li>• Establish PS activities for displaced communities in Haripur, Abbottabad and Mansehra.</li> <li>• Train PS volunteers identified from the displaced population.</li> <li>• Supplemental PS training for CBHFA volunteers.</li> <li>• Supplemental PS for women and children.</li> <li>• Community mobilization sessions among displaced people.</li> <li>• Integrate PS activities with distribution and relief activities.</li> <li>• Coordination with government sectors and other partners responsible for the implementation of psychosocial support activities.</li> </ul>

**Progress:** Health and care activities started in Mansehra from 21 July. The PRCS/International Federation health team operates out of the Mansehra district headquarters hospital for six days; on the seventh day it treats patients in the poultry farm. Psychosocial interventions and psychosocial support programmes (PSP) have also started in the IDP operation from 27 July. The PRCS' PSP team is carrying out assessments in Mansehra and Haripur. Two sub-teams (supported by Canadian Red Cross) continue to operate in two locations in Haripur: one is working out of the Pak-China fertilizers colony (this was a fertilizer plant that is now used as a camp site), and the second sub-team is visiting six locations in one week. To date 29 July, health care has been provided to 3,817 patients.

Outpatient visits:

	<b>Haripur</b>		<b>Mansehra</b>	
	<b>MHU</b>	<b>Pak china fertilizers</b>	<b>DHQ hospital</b>	<b>MHU</b>
Male	499	61	105	31
Female	858	486	176	33
Children	894	424	178	72
<b>Total</b>	<b>2,251</b>	<b>971</b>	<b>459</b>	<b>136</b>

Out of the total patients of 82 per cent, 41 per cent are women and the other 41 per cent are children. They are the target groups of for PRCS/ the International Federation. (Please refer to the following page).

A detailed break down of psychosocial support, and health and care activities for displaced families from mobile health units (MHUs) is reflected below:

Disease	Haripur				Manshera			
	MHU		Pak-China Fertilizer		DHQ Hospital		MHU (poultry farm)	
	Adults	Children	Adults	Children	Adults	Children	Adults	Children
Anaemia	97	50	25	21	30	6	7	3
Acute respiratory infections	133	160	55	82	22	33	6	14
Malaria	1	5		2		1		
Skin infections and scabies	161	149	52	76	19	26	4	4
Diarrhoea	25	90	9	49	6	37	4	23
Worm infestation	13	122		26	1	8		3
Digestive tract diseases	100	30	83	15	41	3	5	3
Measles		3						
Ear and eye infection	26	44	8	28	7	12	4	3
Diabetes	43	1	6		8		1	
Urinary tract Infection (UTI)	78	21	38	10	26	2	3	
Others	665	234	268	118	123	46	44	32
<b>TOTAL</b>	<b>1,342</b>	<b>909</b>	<b>544</b>	<b>427</b>	<b>285</b>	<b>174</b>	<b>51</b>	<b>85</b>

Antenatal care and child growth monitoring:

MCH activities	Haripur		Mansehra	
	MHU	China fertilizer	DHQ	MHU
Antenatal care	47	25	3	04
Post-natal women examined	5	2	2	03
Children weighed	112	73	9	12
Children underweight	2	-	-	-
Children referred	3	2	-	-
Family planning	2	1	5	-

### Water, sanitation, and hygiene promotion

**Objective: To improve health and reduce the risk of water and sanitation related diseases for 5,000 displaced families (2,000 in Haripur, 2,000 in Mansehra and 1,000 in Abbottabad), for seven months, through access to safe water supplies, appropriate sanitation facilities and hygiene promotion activities in accordance with SPHERE standards.**

Expected results	Activities planned
Access to safe water and adequate sanitation facilities among the targeted displaced population has been established along with increased awareness about hygiene practices.	<ul style="list-style-type: none"> <li>To conduct a detailed assessment in the affected areas on the water supply, sanitation and hygiene needs of the displaced population.</li> <li>To provide water purification tablets for household level water treatment and education on their use to families identified in the assessment.</li> <li>To improve existing latrines and construct emergency latrines where needed for families identified in the assessment.</li> <li>To provide buckets and jerry cans for storing water to families identified in the assessment.</li> <li>To distribute hygiene kits (lady hygiene kits and children hygiene items) and washing tubs to address hygiene needs.</li> <li>Conduct public health action support team (PHAST) sessions for displaced families at household levels, in schools and public places.</li> <li>Conduct hygiene promotion sessions with target displaced communities.</li> <li>To educate displaced communities about safe waste disposal to reduce the risk of increasing disease carrying vectors.</li> <li>To organize clean up campaigns in displaced communities.</li> </ul>

**Progress:**Water:

- The PRCS water and sanitation team have ensured a safe drinking water supply for displaced families living in a poultry farm in Ichrian (Mansehra) by rehabilitating a 6,000 feet long main water supply pipeline.

Sanitation:

- In the poultry farm in Ichrian (Mansehra), the PRCS water and sanitation team completed 20 latrines and 10 washrooms for improved sanitation. Four tap stands (each stand has six taps) and two washing pads have also been constructed to provide essential hand washing facilities.
- The team also completed six latrines and six washrooms in Kotli Nehr (in Haripur) to improve the sanitation conditions for the affected population.

Hygiene promotion:

- More than 35 PHAST sessions have been carried out by PRCS volunteers in the poultry farm in Mansehra in order to benefit health through improving hygiene practices.

**Early recovery phase: Support to 35,000 IDPs (5,000 families)**

**Overall objective:** The urgent needs of 5,000 recently returned vulnerable IDP families (35,000 people) are met.

In this recovery phase, it has been noted that there is activity from IDP. International media agencies and other non-governmental agencies report that there has been movement of people trickling back to their homes.

As such, it is important to note that there is a gradual shift from response to recovery. Particular concerning displaced people returning to their respective homes, and helping them to build an income channel.

**Return package**

<b>Objective: To assess the recovery needs of the selected areas and to provide assistance to 2,500 displaced families to face the winter approaching in four months upon returning home.</b>	
<b>Expected results</b>	<b>Activities planned</b>
Basic needs of displaced families upon their return home are met.	<ul style="list-style-type: none"> <li>• Detailed recovery needs assessment.</li> <li>• Identify beneficiaries as recipients of the winterization packages. (Where each winterization package includes blankets and shelter).</li> <li>• Distribute winter packages to 2,500 families upon their return home.</li> <li>• Develop additional recovery activities in keeping with the assessment, and emerging needs of the community and appraise the possibility of community based disaster management (CBDM) initiatives in returning communities.</li> <li>• Focus on the needs of women and children (particularly female headed households), in the planning and design of future activities.</li> <li>• Ensure the social inclusion of minority groups (religious, disabled and so on).</li> <li>• Monitor and evaluate the activities and provide reporting on distribution.</li> <li>• Develop an exit strategy based on long-term recovery needs.</li> </ul>

**Progress:** As mentioned in the plan of action for this operation, it is proposed that the distribution of return packages will be undertaken when the “safe and voluntary return” of displaced people living east of the Indus is possible.

**Livelihoods**

**Objective: To assist IDPs in replacing, repairing, re-establishing, strengthening and sustaining their household income (for 2,500 families).**

Expected results	Activities planned
2,500 families have improved livelihood means.	<ul style="list-style-type: none"> <li>• Conduct household and livelihood needs and capacity assessments.</li> <li>• Develop beneficiary targeting strategy and registration system with communities to deliver intended assistance.</li> <li>• Scope the capacity of PRCS and the International Federation to deliver a voucher/cash programme/cash for work or any other recovery initiative for vulnerable families to reinforce economic and social security. This should be implemented accordingly.</li> <li>• Provide enhancement of livelihoods skills training to communities.</li> <li>• Distribute resources according to plans emanating from livelihoods assessments which may include seeds, tools and so on.</li> <li>• Monitor and evaluate the activities and provide reporting on distribution.</li> <li>• Provide support to the most vulnerable groups for restoration and alternative livelihood options.</li> <li>• Develop an exit strategy.</li> </ul>

**Progress:** A household economic security delegate provided by the British Red Cross will be based in Pakistan for a month to support the further assessment of the livelihoods needs of displaced peoples.

## Logistics

### Progress:

- The following NFIs (locally procured) for phase II distribution have been delivered by the suppliers at the warehouse in Haripur between 20 to 30 July):

Item	Quantity
Foam mattresses	8,000
AM/FM radios	8,000
Bed sheets	8,000
Sleeping mats	16,000
Buckets	8,000
PSP kits	2,500
Kerosene stoves	4,000

- Children and women hygiene kits are expected to be delivered in Haripur on 31 July.
- Four new PRCS vehicles were sent to Haripur; bringing the total of 18 vehicles being used in the IDP operation.
- Most relief items required for this operation continue to be mobilized locally with good support received from a number of national societies with cash donations ear marked towards this local procurement.
- The International Federation continues to work on mobilizing specific relief items to respond to needs in the field and donors should coordinate with the Regional Logistics Unit (RLU) in Kuala Lumpur regarding outstanding needs. Shipping instructions will be provided to donors from RLU, with a consignment tracking number which will be issued before shipping any goods to the operation.

## Communications – Advocacy and Public Information

The International Federation communications team produced one web story in the reporting period. The title of this story is “Pakistan: uncertainty and insecurity lingers with IDPs”. To date four stories have been produced for the IDPs situation in Pakistan. These stories are help in relaying the feelings and distress of the IDPs and help in attracting more donors for the appeal. Facts and figures sheet and key messages have also been developed, which will be shared with all the national societies.

**ANNEXE:**

Distribution details from July 3 as reported on page 4 of this report is listed here:

District	Union council	Families assisted
<b>Haripur (Total number of families= 1,975)</b>	Paniya	498
	Tarbela	75
	Khalabat	106
	Derwish	138
	Meelum	6
	Bareela	16
	Khan Pur	48
	Pind Kamal Khan	5
	Sarya	72
	Tofkian	50
	Hattar	201
	Dingi	46
	Bakka	14
	Janobi Derwish	25
	Wasti Haripur	34
	South Haripur	101
	Central Haripur	79
	North Haripur	8
	Shumali Wasti	22
	Kot Najibullah	55
	Ghazi	128
	Khair Bara	21
	Kundi	17
	Mian Dhare	4
	Qaziour	24
	Kaag	33
	Sakandar Pur	72
	Mankara	42
	Srynamatkhan	5
	Pandak	16
Sarai Salah	23	
Ali Khan	9	
Bagra # 2	2	
Rehana	9	
Bandi Shair Khan	2	
<b>Mansehra (Total number of families= 2,120)</b>	Mansehra City 1	68
	Mansehra City 2	98
	Mansehra City 3	394
	Mansehra City 4	141
	Mansehra Deh	75
	Attar Shisha	25
	Sandesar	10
	Shinkhari	56
	Dhodial	35
	Bhugermang	9
	Sachan Kalan	6
	Labor Kot	178
	Sher Pur	38
	Malik Pur	15
	Baffa	59
	Hinayatabad	36
	Batal	118
	Chatter	39
	Gnadian	10
	Ichrian	110
	Tanda Bajna	7
	Tanda	11
	Data	238
	Bherkund	27
	Balakot	21
	Mahandri	2

	Kawai	2
	Kernol	7
	Garlat	17
	Ganhool	20
	Gari Habibiullah	44
	Talhata	10
	Oghi	124
	Shergarh	5
	Belian	30
	Shamdara	29
	Dilbori	3
	Sokhar	3
<b>Abbottabad (Total number of families= 628)</b>	Mirpur	156
	Cantt	89
	Jhangi	172
	Shiekhulbandi	64
	Kehal	23
	Mandian	3
	Nawa Shehr	40
	Baldheri	37
	Banda Peer Khan	39
Kakool	5	
<b>Attock (Total number of families= 507)</b>	Hassan Abdal	507

## How we work

***All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.***

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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

- In Pakistan: Pakistan Red Crescent Society: Ilyas Khan, PRCS secretary general: phone 00 92 333 511 4223; email: [sec.general@prcs.org.pk](mailto:sec.general@prcs.org.pk).
- In Pakistan: Federation country office: Pepe Salmela, Head of country office, phone: +92 308 888 8054; email: [pepe.salmela@ifrc.org](mailto:pepe.salmela@ifrc.org); or Asar ul Haq, Programme coordinator, phone: 00 92 300 856 8136; email: [asar.muhammad@ifrc.org](mailto:asar.muhammad@ifrc.org).
- In India: South Asia regional office: Azmat Ulla, Head of regional office, phone: +91 11 2411 1125; fax: +91 11 2411 1128; email: [azmat.ulla@ifrc.org](mailto:azmat.ulla@ifrc.org).

International Federation Asia Pacific zone office, phone: +603 9207 5700

- Jagan Chapagain, Deputy Head of Zone, email: [jagan.chapagain@ifrc.org](mailto:jagan.chapagain@ifrc.org)
- Daniel Bolanos, Disaster response delegate, phone: +603 9 207 5724; mobile: +6012 283 7305, email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)
- Jeremy Francis, regional logistics coordinator, phone: +603 9207 5753, fax: +603 2168 8573, email: [jeremy.francis@ifrc.org](mailto:jeremy.francis@ifrc.org)
- Penny Elghady, resource mobilization and PMER coordinator, phone: +603 9207 5775, email: [penny.elghady@ifrc.org](mailto:penny.elghady@ifrc.org).
- Please send all funding pledges to [zonerm.asiapacific@ifrc.org](mailto:zonerm.asiapacific@ifrc.org).
- For media enquiries: Jason Smith, zone communications manager, mobile: +6012 387 0829, email: [jason.smith@ifrc.org](mailto:jason.smith@ifrc.org).

**[<click here for the donor response report; click here to return to the title page>](#)**