

HUMANITARIAN RESPONSE PLAN

PAKISTAN

HUMANITARIAN
PROGRAMME CYCLE
2021

ISSUED APRIL 2021



About

PHOTO ON COVER

On 22 September 2020, a young girl shows her marked finger after receiving the polio vaccine in Rawalpindi, Pujab.. Photo: UNICEF/ S. M. Bukhari

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THAR, SINDH

Saeja, one of the local beneficiaries, says the water pond built by WFP helps to store rainwater for future use and brings relief to the community during the lean season. Photo: WFP/Saiyna Bashir

Foreword

Despite major strides in reaching the Sustainable Development Goals over recent years, Pakistan has faced challenges that have strained national capacity. The present Humanitarian Response Plan (HRP) seeks to mobilize assistance for close to 4.3 million people in 2021, in support of the efforts of the Government of Pakistan to aid those affected by humanitarian challenges in different parts of the country, particularly those affected by the combined shocks of Covid-19, floods and other natural disasters, and the ongoing needs of 1.4 million Afghan refugees holding a Proof of Registration card issued by the Government of the Islamic Republic of Pakistan. This response, however, remains only a small contribution to the national response from the Government of Pakistan, from host communities, from private sector and from the people themselves. The HRP needs to be fully understood as a complementary and supportive tool linked to existing Government and societal response mechanisms.

The goal of this HRP is therefore to provide a critical supplement to this wider response targeting the 11 million people identified in need by the Humanitarian Needs Overview. The focus is on the most vulnerable groups who have been affected by the compound natural disasters that have affected the country in recent years. Drought-like conditions that continued into 2019 affected 5 million people, and 2020 saw a winter emergency affecting around 1 million people, the worst desert locust infestation in 27 years: the COVID-19 pandemic and related economic shock, and major floods affecting another 2.4 million people. Many people have been affected sequentially by these disasters with little time to recover, and few places to move that have been spared some kind of impact. The greatest burden of these events has fallen heavily on the most vulnerable people, including the elderly, persons with disability, women, children, as well as refugees and other Afghans living in Pakistan, slowing down recovery and a transition back to normal life.

Strategically, the HRP will work to complement the response of the Government, for example nearly 11%

of the HRP will be in the form of cash assistance, complementing the government Ehsaas Emergency Cash programme that targeted 12 million families in 2020. A critical focus for the response will be on protection of those in vulnerable situations, including women and girls, and a focus on addressing gender-based violence in disaster affected communities.

The increasing severity and scale of natural disasters in Pakistan, driven by climate change not of its making, increased urbanization, and environmental degradation, cannot be addressed through humanitarian action alone. This plan therefore will also support the wider disaster risk reduction and development agenda by looking at how to integrate risk analysis, anticipatory action, and better humanitarian planning for disasters. The focus of this plan is to align the international support through the UN and other international actors with that of plans of Government of Pakistan carried through its National and Provincial Disaster Management Authorities, as well as other Ministries.

Even as we work to reduce suffering, we know we must be careful to not do anything to add to the burdens faced by the people we wish to help. In implementing this plan, we will maintain a strict “Do No Harm” approach across its activities, including by carefully managing new and emerging risks linked to COVID-19 and setting up robust systems to prevent the sexual exploitation and abuse of the vulnerable by humanitarian workers.

Fundamentally, in recognition of the gracious support from the Government of Pakistan over the years to the international community and the United Nations through its hosting of millions of refugees, contributions to global Peacekeeping and support for international humanitarian response, we believe this plan to be an expression of solidarity and support for the Government and people of Pakistan in addressing the challenges of this difficult period of pandemic.

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
11.0M	4.3M	\$ 332M	75

The Humanitarian Response Plan for the Islamic Republic of Pakistan (hereafter Pakistan) is designed to address the three following main areas:

1. Pakistan has hosted millions of Afghan refugees for 40 years, reaching the figure of 4-5 million at the peak. Pakistan continues to generously host some 1.4 million registered Afghan refugees (holding Proof of Registration (POR) cards issued by the Government of the Islamic Republic of Pakistan), and approximately 0.6 million unregistered Afghans, providing them with assistance, basic necessities and protection. This protracted refugee situation, together with the existence of Afghans of other categories, needs to be supported by the international community in line with more equitable responsibility-sharing central to the Global Compact on Refugees.
2. Pakistan is prone to natural hazards such as drought, floods, heat waves, extreme cold, earth-

UMERKOT, SINDH

An ACTED representative registers a beneficiary of the general food distribution for families affected by the floods from September 2020 in Umerkot, Pakistan.. Photo: WFP/ Saiyna Bashir



quake, etc. According to the Climate Risk Index 2020, Pakistan ranks 5th in terms of countries most affected by extreme weather events, and climate risk continues to increase.¹ Pakistan continues to be affected by the complex shocks caused by the Covid-19 Pandemic. In early 2020, soon after the declaration of COVID 19 as a pandemic, the Under-Secretary General (USG) for the Office for the Coordination of Humanitarian Affairs (OCHA) announced a global humanitarian response plan (GHRP) that would be focused on addressing the immediate needs from the pandemic. The Government of Pakistan welcomed its inclusion in this global appeal and a request for 145.82 million USD was made in April 2020.² In mid-2020, it was decided to end the GHRP by December 2020 and revert to country-specific humanitarian response plans that will address all needs, including COVID-19, the secondary impact of the pandemic and those caused by natural disasters, including the severe 2020 floods, and other factors.

3. The Pakistani authorities have been making sure to address the needs of the affected population in an effective and efficient way and this HRP proposes how the humanitarian community will complement the Pakistani Government's³ efforts in responding to the needs of the most vulnerable, by ensuring alignment with Government initiatives, support plans and social assistance.

This HRP will also provide the tools to resource programs for the benefit of people in need of addi-

Context and Overview

Pakistan has experienced a series of unexpected shocks over the course of 2020 that have driven the most vulnerable into compounded challenges for recovery. Drought-like conditions, which began in late 2018 and continued through 2019 affected 5 million people with 2.1 million people targeted for humanitarian assistance.⁶ This was followed by a winter emergency affecting around 1 million people across much of the western parts of the country, into early 2020. In January 2020, the worst desert locust infes-

tional humanitarian assistance and ensure transparency and visibility on the use of funds.

In parallel, the HRP will delve into strengthening the organization of the humanitarian community, with the goal of reinforcing links, collaboration and cooperation with the Government to ensure alignment with the Government's objectives, priorities, and existing legal frameworks.⁴ The HRP strategy is also designed to create a platform for closer collaboration with elected officials, the private sector, etc. while ensuring sustainability by working to complement existing progress on disaster risk reduction and on meeting the Sustainable Development Goals (SDGs).

Out of the 11 million people identified as in need in the 2021 Humanitarian Needs Overview, the 2021 Humanitarian Response Plan will target the most vulnerable 4.3 million people out of this group, including 1.4 million Afghan refugees (POR card holders), approximately 0.84 million Afghan Citizenship Card Holders (ACC) and between 0.4-0.6 million unregistered Afghans,⁵ who mainly live within the most vulnerable districts, with food security, livelihood, nutrition programmes, primary health services, including women's health, WASH and education support, as well as shelter for those displaced. To do this, the HRP is requesting 332 million USD to respond to these humanitarian needs.

Sindh Province, estimating 2.4 million persons to have been affected.

The unprecedented COVID-19 pandemic related health and socio-economic challenges have exacerbated the difficulties of the vulnerable segments especially due to food inflation, primarily reflecting food supply shocks.⁷ Other factors were an increase in utility prices, the knock-on effect of currency depreciation as well as stringent IMF conditionalities to remove a few subsidies transferring the effect onto consumers. In the last quarter of FY2020, average inflation took a downward trajectory as overall domestic demand was subdued and domestic gasoline prices fell when a huge decline in international oil prices was passed on to consumers. As of March 2021, Pakistan had registered over 583,916 cases and over 13,000 deaths from COVID-19.

Recognizing the strong national capacity within Pakistan and recent progress towards attaining the Sustainable Development Goals (SDGs), the humanitarian country team commits therefore to leverage

local and international expertise towards supporting resilience, localization and the strengthening of a social safety net to support sustainable solutions to these challenges, together with the Government, Pakistani society and in partnership with development partners, and the private sector. In the event of a large-scale natural disaster, the Humanitarian Country Team (HCT) will review and, where required, revise the scope of the response in consultation with the Government of Pakistan and other partners, based on jointly developed contingency plans that will be updated over the course of 2021 and a strong focus on working with local government, community engagement and accountability.

The HRP will continue to adopt a “Do No Harm” approach across its activities, including by carefully managing new and emerging risks linked to COVID-19. Ensuring the prevention of sexual exploitation and abuse by humanitarian workers will be a critical focus in all projects’ implementation.

Cross cutting issues

Supporting the Government-led response

Recognizing that the vast majority of the humanitarian response is nationally led and owned, provided primarily by the Government, and supported by communities, private sector and the people themselves, the HRP is designed to supplement and support the Government-led responses to ongoing humanitarian emergencies. A key strategic goal is therefore to leverage local and international expertise towards supporting resilience and localization and the strengthening of a robust social safety net.

The government has a strong disaster management agency with the NDMA and the PDMA and National legislation from 2010, which has coordination of humanitarian response as one of its four objectives.

Humanitarian partners will work across different areas to ensure alignment of the response with Government activities. Strategic priorities under the HRP include

1. Advocacy with the Government to link the HRP and HCT contingency plans to Government planning tools.
2. Work with partners to better understand the complementarity of humanitarian response, including through use of surveys and other tools.
3. Supporting and strengthening the role of NDMA/PDMA and Line Ministries in convening humanitarian partners and sectors in managing emergencies.

4. Better integration of humanitarian logistics and stockpiles, including the optimal use of Humanitarian Response Facilities.
5. Humanitarian response is currently coordinated through an HCT and Strategic Coordination Meetings, co-chaired by the Chairman NDMA and the HC.
6. To better support the HRP implementation, a regular Inter-Sectoral Coordination Group (ISCG) will be convened, including sectors and representatives of other standing working groups, INGOs, NNGOs and civil society.

To enhance and better standardize coordination with the Provincial Government and with PDMAs, the HCT will empower and work through the existing UN Provincial Programme Teams (PPTs) to strengthen sub-national coordination, including strengthening of Provincial Sectoral Working Groups where required.

Partners will work together to support additional capacity directly into P/NDMA for liaison positions and to help facilitate analysis of humanitarian emergencies to enhance and strengthen coordination with the Government at all levels.

For refugees, the inter-agency response in Pakistan is coordinated by UNHCR and the Government- the Ministry of SAFRON and the Commissionerate for Afghan Refugees at the Federal and provincial levels. As three generations of Afghans enter the fifth decade of their displacement, the international community must stand with the refugees and the countries and communities that have so generously hosted them for so long. Member States' affirmation of the need for international burden- and responsibility-sharing in the spirit of the Global Compact on Refugees which provides an important means to redouble efforts toward solutions for returnees inside Afghanistan and equitable responsibility-sharing with the principal host countries.

Protection and gender as operational and cross-cutting issues

During the COVID-19 lockdown, women faced severe protection issues as they were forced to stay in situations that endangered them and their children, while they had limited options for seeking help.

The HCT intends to focus on augmenting protection and GBV services and support in developing a national capacity in these areas. During emergencies, the HCT commits to the protection and GBV sector a percentage of funds (PHPF and CERF) on the condition that protection actors initiate a response from their own resources.

The HRP will work to integrate best-practices in addressing gender, protection and GBV in all aspects of the response.

Linkages to development and disaster risk reduction plans and anticipatory action

Following the end of the Global Humanitarian Response Plan and the Pakistan Humanitarian Response Plan For COVID-19, COVID-19 responses have been mainstreamed through the overall response. The Government of Pakistan has well established national development and disaster risk reduction frameworks, including the Pakistan Vision 2025, the National Disaster Management Plan (NDMP) 2012-2022 and National Flood Protection Plan (IV) (NFPP-IV) 2015-2025 and the UN and humanitarian community continue to work closely with the National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMA) and the National Disaster Risk Management Fund (NDRMF), as well as other Line Ministries, in support of these initiatives. The UN Sustainable Development Framework (2018 - 2022) also includes as Outcome 6 that by 2022, the resilience of the people in Pakistan is increased by addressing natural and other disasters, including climate change adaptation measures and the sustainable management of cultural and natural resources.

To this end, this HRP aims to complement other relevant strategies and frameworks including the UN COVID-19 Pakistan Preparedness and Response Plan (PPRP) and the UN Socio-Economic Response Framework to COVID-19 (SERF), as well the Sustainable Development Goals (SDGs) with its core principle of "Leave no one behind". This will include actions to address the Covid-19 prevention, mitigation and response through access to primary healthcare and water and sanitation among other interventions in communities with other humanitarian needs. A critical focus for the response will be on protection of those in vulnerable situations, including women and girls,

and a focus on addressing high-levels of gender-based violence that accompany disasters.

The increasing severity and scale of natural disasters in Pakistan, driven by climate change, increased urbanization and environmental degradation, cannot be addressed through humanitarian action alone. To ensure that the HRP complements and supports existing National Frameworks as mentioned above, the Pakistan HNO and HRP have been prepared in line with the “Checklist for Scaling Up Disaster Risk Reduction in Humanitarian Action”⁸ that was developed by UNDRR in collaboration with UNOCHA.

A key priority will be closer coordination with the NDMA and PDMA, as well as the Asian Development and World Banks and other development actors on targeting and linking programs to reduce disaster risk in the most vulnerable areas to humanitarian interventions. To facilitate this, a standing Working Group on Anticipatory Action and Disaster Risk Management will be established under the HCT.

Multi-Hazard Vulnerability and Risk Assessment

Despite the immense amount of data already available on natural hazards and vulnerability in Pakistan, there is still more work to be done to ensure that information is integrated in risk and hazard analysis, including socio-economic shocks and the role of remittances and other factors, into joint planning efforts for emergency preparedness and response. Better analysis of vulnerability can be used to improve models and forecasts for disaster impact and reduce the need for time-consuming assessments by providing a rapid snapshot of severity of impact of earthquakes, cyclones, drought and flooding. The HCT and humanitarian partners will continue to work with technical partners as well as coordinate efforts to support capacity development around risk analysis and information management in the NDMA, PDMA and other relevant Government counterparts.

Strengthening and scaling anticipatory action

Related to the improvement of risk analysis, is the identification of clear, real-time early warning triggers for different types of emergencies that allow for the implementation of anticipatory action – shifting the start of humanitarian and disaster mitigation efforts to before an emergency has happened. Triggers are under development to anticipate flooding, based on upstream river flow; anticipate severe heat waves based on forecasts; and to predict the likelihood of the development of drought-like conditions in different areas of the country. Once common triggers are agreed, the humanitarian community will work with the Government to develop agreed rapid actions that can be implemented: to deliver cash, services and in-kind support in advance of an emergency, to pre-identified vulnerable communities that are likely to be affected and to identify consistent financing to support these efforts⁹.

Operationalized contingency plans

Finally, the HCT is committed to supplementing the HRP by developing operational contingency plans for flood, winter emergency, drought and earthquake to be aligned with NDMA frameworks. These plans will allow for rapid launch of supplementary response plans if a natural disaster exceeds the scope of existing plans¹⁰.



Response by Strategic Objective

Objective 1: Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, girls, elderly and people with disabilities and other vulnerable groups are addressed.

In order to reduce food insecurity, acute malnutrition and wasting, humanitarian organizations will provide livelihood assistance to people in need, in particular children, and pregnant and lactating women, through food/cash and agriculture-based livelihoods assistance packages. Humanitarian organizations will further support efforts to increase the number of people with access to lifesustaining essential services, such as access to water, sanitation and primary health and sexual and reproductive health. This includes repair and rehabilitation of damaged water systems, water trucking, sanitation interventions and hygiene promotion. These interventions are linked with COVID-19 prevention and mitigation measures to curb the spread of the coronavirus and reduce morbidity and mortality in affected populations. The humanitarian response will be strongly coordinated with government, private sector and civil society actors at local, provincial and national level.

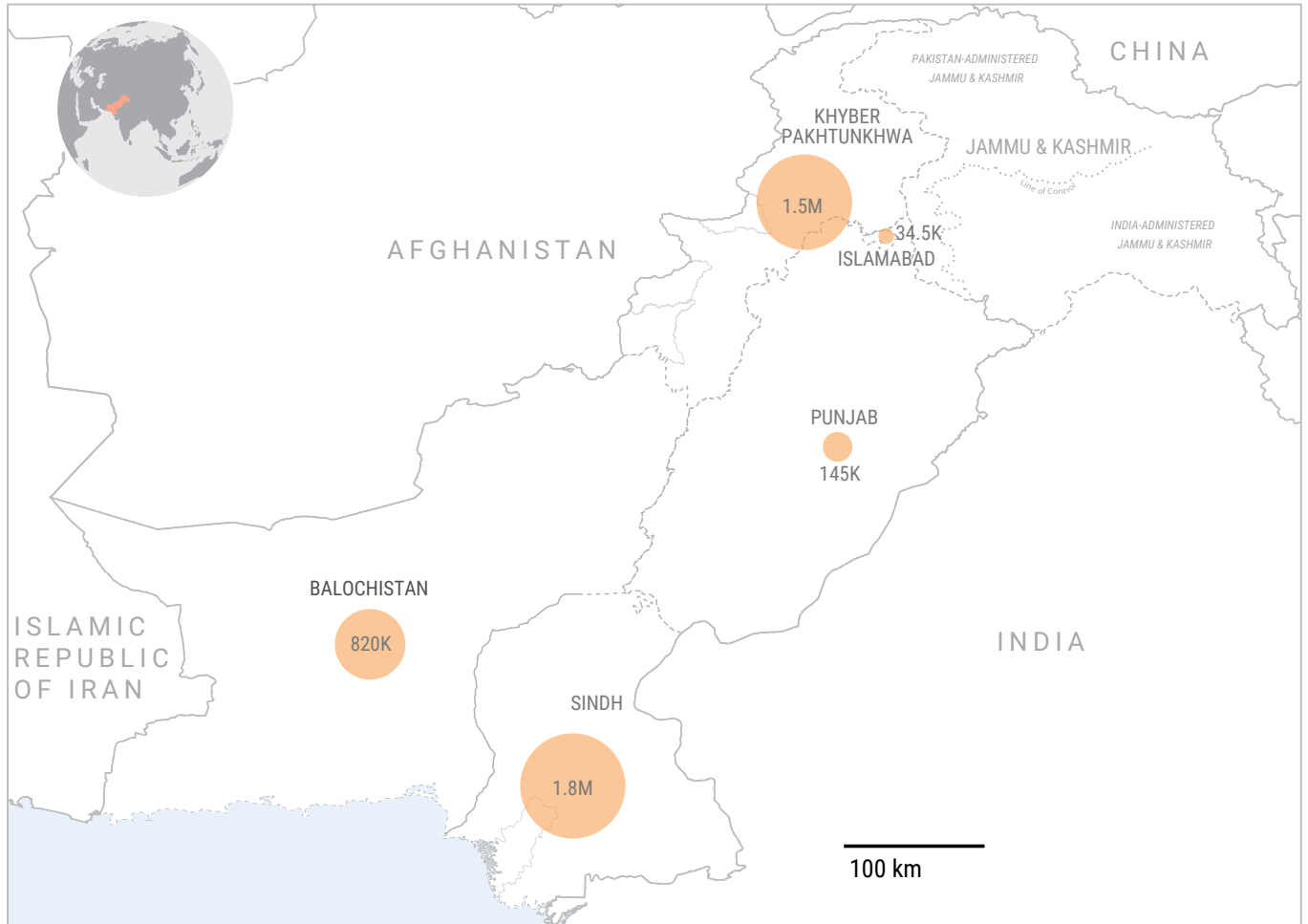
Objective 2: Vulnerable people are supported to sustain their livelihoods and improve their living conditions and resilience

Humanitarian organizations will support efforts to address the humanitarian and protection needs of vulnerable groups, including those displaced and those affected by repeated disruptions to their livelihoods, to ensure a transition to sustainable recovery and development. This includes protection services and assistance to access basic services to improve safety and dignity for refugees and asylum seekers in Pakistan, elderly persons, persons with disabilities, children, women, girls and other vulnerable groups exposed to increasing protection risks. By supporting safety nets and social services, the humanitarian response aims to increase the coping mechanisms of vulnerable groups and complement existing development efforts and disaster risk management plans.

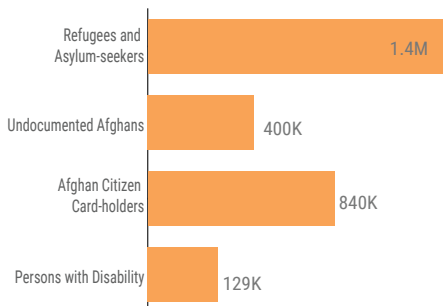
STRATEGIC OBJECTIVE	PEOPLE TARGETED	REQUIREMENTS (US\$)
S01 Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.	3.6M 	\$ 143.3M
S02 Vulnerable people are supported to sustain their livelihoods and improve their living conditions and resilience	4.3M 	\$ 188.7M

Planned Response

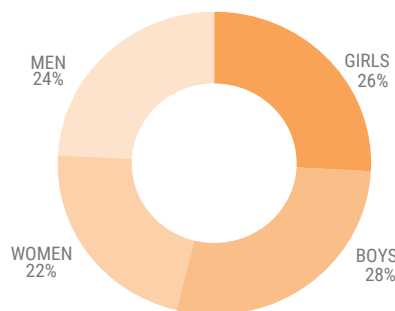
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (USD)	WOMEN	CHILDREN	WITH DISABILITY
11M	4.3M	\$ 332M	22%	54%	3%



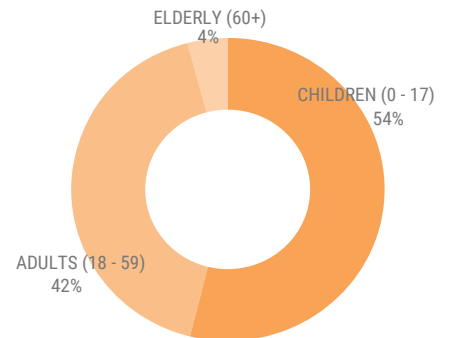
Vulnerable groups



Targeted by gender



Targeted by age



HRP Key Figures

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Refugees and Asylum-seekers	1.4M	1.4M	
Undocumented Afghans	400.0k	400.0k	
Afghan Citizen Card-holders	840.0k	840.0k	
Persons with Disability	330.0k	129.0k	

Humanitarian Response by Gender

GENDER	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	% TARGETED
Girls	330.0k	129.0k		26.3%
Boys	3.0M	913.0k		27.7%
Women	2.5M	740.2k		22.4%
Men	2.6M	777.7k		23.6%

Humanitarian Response by Age

AGE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	% TARGETED
Children (0-14)*	330.0k	129.0k		54%
Adults (15-64)	4.6M	1.4M		42%
Elders (64+)	440.0k	132.0k		4%

* As per the Child Rights Convention Article #1 and the Majority Act of 1875 in vogue in Pakistan children are people under 18 years of age, however the disaggregation available in Pakistan is as presented in the table above

Humanitarian Response for Persons with Disability

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	% TARGETED
Persons with disability	330.0k	129.0k		3%

Financial Requirements by Sector and Multi-Sector

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)
Education	\$ 10.0M
Food Security	\$ 56.6M
Health	\$ 23.3M
Nutrition	\$ 31.3M
Protection	\$ 30.2M
<i>Child Protection</i>	\$ 17.0M
<i>GBV</i>	\$ 9.6M
<i>General Protection</i>	\$ 3.6M
Shelter & NFI	\$ 3.8M
WASH	\$ 27.7M
Refugee response	\$ 108.1M
ACC / Undoc. Afghans **	\$ 40.0M
Coordination and Common Services	\$ 930.0k

** Due to current parameters of the HPC tools, the Response plan for Afghan Citizen Card-holders and Undocumented Afghans is budgeted under Protection sector, including its multi-sectoral elements. However, in the scope of this plan, it is presented as a separate budget element.

Part 1: Strategic Response Priorities

RAWALPINDI, PUNJAB

Two health workers visit a kindergarten in Rawalpindi, Pakistan to vaccinate children against polio. Photo: UNICEF/Bukhari



**QUETTA, BALOCHISTAN**

Students wash their hands at a handwashing station at the Government Girls High in Quetta, Pakistan.
Photo: UNICEF/Jameel UR Rehman

1.1**Humanitarian Conditions Targeted for Response**

Based on a joint needs analysis approximately 11 million people are projected to need some form of humanitarian assistance in 2021, or just under 5 per cent of the total population. 8.3 million people in need are supported through the national response, from the government, from host communities, from private sector and from the Pakistani people themselves.

The HRP aims to help support and complement this national response, thus the 2021 Humanitarian response plan will target the most vulnerable 4.3 million people out of this group – 1.79 million of the most vulnerable people affected by floods, food insecurity, malnutrition and the indirect effects of Covid-19 who are living within the most vulnerable districts and, over 1.4 million Afghan registered refugees holding a proof of registration card issued by UNHCR and asylum seekers and refugees of other nationalities,

840,000 Afghan Citizen Card holder (ACC), and an estimated 0.4-0.6 million undocumented Afghans.

Due to the complexity and overlap of shocks across different areas of the country, it is challenging to disaggregate people in need into distinct groups. Even among officially-recognized groups of concern, there is a wide variety of conditions and coping strategies, and the impact of COVID-19, drought, floods, and other shocks has been uneven. The exact number and location of ACC and undocumented Afghans is also hard to determine as these are often mobile and integrated within other populations.

The areas most affected by food insecurity are the drought-affected areas of Sindh and Baluchistan, the Newly Merged Areas of Khyber Pakhtunkhwa, as well as areas heavily impacted by locusts. These areas are

particularly vulnerable as a majority (65 per cent) of the households are dependent on unsustainable livelihood strategies (daily wages), while the remaining (35 per cent) depend on somewhat sustainable sources of income.¹¹ Overall, around 5.82 million people are in need of food and livelihood assistance across 39 districts in three provinces, namely Sindh, Baluchistan and Khyber Pakhtunkhwa.

Women and children from disadvantaged households, those home-based, domestic workers, and daily wage earners such as small shop owners, self-employed persons and families are among the most affected by these shocks. For instance, nutrition programs have been greatly hampered due to the pandemic, leaving millions of women and children in need of nutrition support. Over 200,000 pregnant and lactating women and 400,000 children were among the most vulnerable in need of regular nutrition support¹². Women in rural areas who are engaged in agriculture are experiencing food insecurity and water shortages. Recovery in flood and other disaster-affected districts is likely to be slow and many people may fall further behind in case of additional shocks in 2021. All of this could lead to increased food insecurity and malnutrition, along with rising morbidity and mortality, particularly among children and pregnant and lactating women.

The Government of Pakistan has launched an ambitious and impressive program of universal health coverage across the country. Considering that it's a work in progress, women and the poor require support in accessing healthcare, including reproductive health and lack the capacity to protect themselves from financial shocks. Moreover, during the lockdown, women faced protection issues as they were forced to stay in situations that endangered them and their children but had limited options for seeking help. The domestic burden placed on women also increased substantially due to Covid-19, making their share of household responsibilities even heavier and those in the informal sector have disproportionately lost employment.

All people targeted for support require a combination of support in food security, livelihood, nutrition programmes, primary health services (especially women's health), protection, WASH and education support, as well as shelter, particularly for those displaced by natural disasters.

Geographic prioritization:

Geographically, this HRP focuses on 81 prioritized districts within Baluchistan, Khyber Pakhtunkhwa, Sindh and Punjab Provinces, where humanitarian needs are currently most acute and urgent. These districts were selected through the joint inter-agency analysis framework¹³ during extensive consultations within and across sectors, partners and Government. The HCT stands ready to provide support to natural disasters if requested in all areas of Pakistan, including Gilgit Baltistan and Azad Jammu & Kashmir. The Humanitarian Community will keep monitoring the situation in these provinces and others in close coordination with the Government in case the situation warrants an intervention. This HRP prioritizes the provision of life-saving assistance and protection for the most vulnerable women, men, boys and girls, and programmes to ensure equitable access to essential humanitarian services.

The prioritization and the figures developed for the Humanitarian Needs Overview were identified based on a Joint Inter-Agency Analysis Framework (JIAF) which looks at several elements to complete the analysis. The JIAF Working Group in consultation with partners in Islamabad and in Provinces, including the Government, agreed on the scope of analysis, vulnerability criteria, shocks to be considered¹⁴, population groups¹⁵, and geographical locations¹⁶ etc.

The JIAF, methodology adopted, risks considered, shocks, vulnerability, etc. were developed in the humanitarian needs' overview in discussions amongst partners and in consultation with Government counterparts.

Refugees and asylum seekers reside across the country¹⁷ in urban, peri-urban and rural localities, with many continuing to move to urban centers in search of economic opportunities. While actions will be carried out throughout the country, including Punjab and Sindh provinces and Islamabad Capital Territory, interventions will be weighted towards the areas where most refugees reside - Khyber Pakhtunkhwa (58 per cent) and Baluchistan (23 per cent). A particular focus will be on support to the 31 per cent of refugees who continue to reside in 54 Refugee Villages which evolved from earlier camp-settings.



QUETTA, BALOCHISTAN

A boy washes his hands at a hand washing station installed by UNICEF in collaboration with the Education Department Balochistan at the Government Boys High School, Quetta. Photo: UNICEF/Sami Malik

1.2

Strategic Objectives, Specific Objectives and Response Approach

The overarching goal of this HRP is to complement the Government's efforts in ensuring that the health and wellbeing of people affected by shocks in targeted locations are improved, that minimum living standards are realized, that durable solutions are supported wherever feasible, and that respect for the rights of affected people is enhanced.

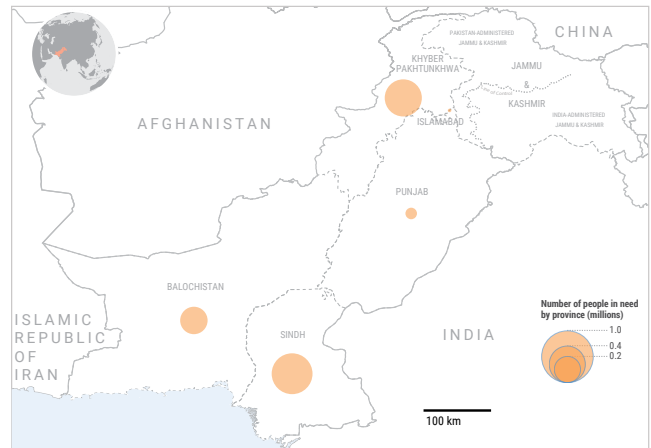
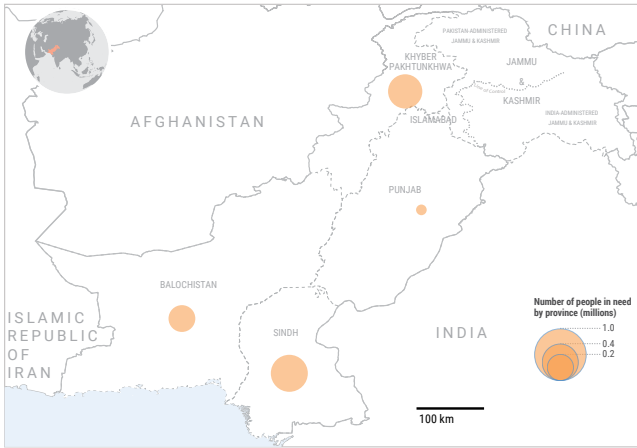
Two strategic objectives will guide the 2021 humanitarian response. Each strategic objective is complemented by a set of specific objectives that detail the intermediate desirable results to be achieved through a combination of direct service provision; in-kind support, cash-based transfer (CBT), community-based support and capacity-strengthening- all aligned and complementing Government programs, plans and initiatives.

Strategic Objective 1

Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.

Strategic Objective 2

Vulnerable people are supported to sustain their livelihoods and improve their living conditions and resilience.



Strategic Objective 1

Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, girls, elderly and people with disabilities and other vulnerable groups are addressed.



QUETTA, BALOCHISTAN

Boys wearing masks to prevent the spread of COVID-19 at the Government Boys High School, Quetta.
Photo: UNICEF/Sami Malik

PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
3.6M	22%	54%	3%

Rationale and Intended Outcome

The reduction of mortality and morbidity among people affected through enhanced access to essential, life-saving services is a primary objective of the Pakistan HRP. Inherent in this is a recognition that securing the health and wellbeing of affected people

requires a response that is calibrated to the specific situation and needs of particular groups, as outlined above and in the humanitarian needs overview- HNO.

Specific Objective 1.1 Reduce rates of food insecurity, acute malnutrition and wasting, particularly among children, and pregnant and lactating women

Objective:	Reduce rates of food insecurity, acute malnutrition and wasting, particularly among children, and pregnant and lactating women
Groups targeted:	Children under 5 y.o.a, pregnant and lactating women, people affected by natural disasters
Number targeted	1.7M
Timeframe:	Jan 2021 - Dec 2021

The severe impact of climate change, environmental degradation, and natural disasters on traditional agricultural practices, as well as the impact of increasing inflation has negatively affected the food insecurity and malnutrition situations. Overall, around 5.82 million people are in need of food security and livelihood assistance across 39 districts in three provinces (Sindh, Baluchistan and Khyber Pakhtunkhwa) in Pakistan, of which around 1.7 million people (29% of the overall people in need), primarily children under 5, pregnant and lactating women and people affected by natural disasters, including the 2020 floods, will be targeted through food/cash and agriculture-based livelihoods assistance packages in 2021.

According to the National Nutrition Survey, 29% of all children were underweight, nearly 40% were stunted, 17.7% are wasted, 54% were anemic, and 29% were anemic (iron deficiency).¹⁸ Overall there are almost 2.9 million people in need of any kind of nutrition related assistance. Modalities will include provision of inpatient and outpatient treatment services, mostly situated at strategic locations within the primary health centers, mobile clinics and provision of multi-micronutrients, as well as awareness raising. Addressing both the acute health and humanitarian impacts of food insecurity and malnutrition, while trying to rebuild sustainable livelihoods is a critical objective of the HRP.

Specific Objective 1.2 Increase the number of people with access to life-sustaining essential services, particular access to water, sanitation and primary health and sexual and reproductive health.

Objective:	Increase the number of people with access to life-sustaining essential services, particular access to water, sanitation and primary health and sexual and reproductive health.
Groups targeted:	people affected by natural disasters, women in reproductive age, pregnant women.
Number targeted	1.0M
Timeframe:	Jan 2021 - Dec 2021

The combined impact of Covid-19, drought, floods, and other shocks have continued to impact access to essential services. The HRP will focus on supporting access for 3.2 million people to primary health care and improving the availability of maternal and child health, and reproductive services. It will also work to ensure access and provision of safe drinking water, appropriate sanitation, and promotion on safe hygiene, with 1.1 million people targeted for water interventions through repair and rehabilitation of damaged water systems and water trucking; around 900,000 people are being targeted for sanitation interventions through the installation of safe sanitation facilities and 1.8 million people are being targeted for hygiene promotion through interpersonal communication, social and mass media campaigns.

Specific Objective 1.3 Mitigate the spread of Covid-19 and other communicable diseases and their impact on society

Objective:	Mitigate the spread of Covid-19 and other communicable diseases and their impact on society
Groups targeted:	Group one and two
Number targeted	800.0k
Timeframe:	Jan 2021 - Dec 2021

As of 21 January, Pakistan had recorded at least 527,000 Covid-19 cases and 11,157 deaths, as well as unprecedented disruption in many services due to public health measures and international travel restrictions. The HRP will contribute to mitigate the impact of COVID19 pandemic and reduce morbidity and mortality in the 800,000 of the most vulnerable people through the provision of life saving health services, commodities and equipment as applicable, including supporting the Government's efforts in ensuring the most vulnerable have equitable access to vaccines.

Specific Objective 1.4 Save lives by strengthening coordinated response to natural disasters at local, provincial and national levels while reducing the impact of recurring disasters through disaster risk management and use of early or anticipatory responses.

Objective:	Save lives by strengthening coordinated response to natural disasters at local, provincial and national levels while reducing the impact of recurring disasters through disaster risk management and use of early or anticipatory responses.
Groups targeted:	People affected by natural disasters, women, children, elderly, people with disabilities
Number targeted	100.0k
Timeframe:	Jan 2021 - Dec 2021

Over the past 10 years around 2.8 million people on average have been affected by natural disasters every year - including floods, earthquakes, winter weather, drought, and cyclones. Response and recovery needs from the 2.4 million people affected by the 2020 floods will continue through 2021 and are a concern of

the HRP. Beyond ensuring efficient and rapid delivery of multi-sector package of emergency response assistance to sudden-onset disasters, the response plan will focus on strengthening planning with the government, private sector, civil society at all levels to address the impact of natural disasters and improve resilience. This will include expanding the use of early warning systems, anticipatory action in response to seasonal disasters and more operationalized contingency plans prepared with Government partners.

Specific Objective 1.5 Ensure that the communities are fully engaged in all response activities through use of community-centered design, common feedback mechanisms, and other approaches, and that they are protected from exploitation and abuse.

Objective:	Ensure that the communities are fully engaged in all response activities through use of community-centered design, common feedback mechanisms, and other approaches, and that they are protected from exploitation and abuse by humanitarian workers.
Groups targeted:	people affected by natural disasters, women, children, elderly, people with disabilities
Number targeted	550.0k
Timeframe:	Jan 2021 - Dec 2021

The HRP is committed to placing people at the center of its work, with a focus on vulnerable groups, including girls and boys, persons with disabilities, the elderly and female-headed households. Protection activities will ensure that these vulnerable groups specific needs are understood and addressed, that they can equitably access life-saving assistance and that humanitarian programming meets their specific needs and does not create additional risks. This will include expanding protection programmes, using community-centered designs, common feedback mechanisms, and other approaches in a multi-sectoral way and building on the strong representative system in Pakistan to ensure that elected officials are consulted when planning and implementing a response.

Strategic Objectives 2

Vulnerable people are supported to sustain their livelihoods and improve their living conditions and resilience while ensuring their protection.



Maize crop is one of the staple food being largely used in rural areas. FAO provided certified maize seeds to farmers enabling them to have quality yield for home consumption and selling the extra produce in the market. Photo: FAO Pakistan

PEOPLE TARGETED

4.3M

WOMEN

22%

CHILDREN

54%

WITH DISABILITY

3%

Rationale and Intended Outcome:

In addition to complementing Government’s efforts to ensure access to basic services, save lives and enhance protection, the HRP will seek to improve-affected people’s access to quality humanitarian assistance, protection services and livelihood opportunities in targeted districts, with a particular attention to the specific needs of women, children, the elderly, people with disabilities, women-headed households, refugees and asylum seekers, and other vulnerable groups. The HCT will work closely with the Government,

communities, local authorities, and development partners to enhance the resilience of communities while recognizing and strengthening the capacities of communities and of community-based organizations. A risk-sensitive approach will be applied to reduce vulnerability by investing in sustainable self-sufficiency of households and communities, addressing exposure to natural hazards, and supporting stable income generation by increasing access to livelihood opportunities.

Specific Objective 2.1 1. Address the humanitarian and protection needs of vulnerable groups, including those displaced and those affected by repeated disruptions to their livelihoods, ensuring a transition to sustainable recovery and development, including all ACC holders and Undocumented Afghans

Objective: Address the humanitarian and protection needs of vulnerable groups, including those displaced and those affected by repeated disruptions to their livelihoods, ensuring a transition to sustainable recovery and development

Groups targeted: Group one and two

Number targeted 1.4M

Timeframe: Jan 2021 - Dec 2021

Considering the adverse effects of multiple shocks on livelihoods of the affected people, critical needs will be met by improving the household food system and providing agriculture and livestock support packages for protection, resumption of livelihoods, and food security. At least 173,000 people in vulnerable households, particularly those with pregnant and lactating women and children under five whose food security has been compromised as a result of recent shocks, will need integrated food support (poultry birds' package, and training) to improve household food system and food security. Support to rehabilitate productive infrastructure is also critical for the resumption of the crop production cycle, mainly targeting communities where the recent floods have caused significant damages to agricultural land and water infrastructure. A particular community of concern are the 840,000 ACC holders and 400-600,000 undocumented Afghans, who face unique vulnerabilities.

Specific Objective 2.2 2. Provide protection and access to basic services and seek lasting solutions for refugees and asylum seekers in Pakistan.

Objective: Provide protection and access to basic services, and seek lasting solutions for, refugees and asylum seekers in Pakistan.

Groups targeted: Refugees and asylum seekers

Number targeted 1.4M

Timeframe: Jan 2021 - Dec 2021

The HCT has partnered with Government agencies, including the Chief Commissionerate of Afghan Refugees (CCAR) and NDMA/PDMA, as well as a number of NGOs at grassroots level, to support refugees affected by disasters through various interventions, including the provision of basic services, core relief items, winterization kits, emergency shelter, legal assistance and more recently, emergency cash assistance. However, due to geographic dispersal of refugees across the country and budgetary limitations, gaps exist in providing needed humanitarian support.

Specific Objective 2.3 4.3. Improve safety and ensure dignity for older persons, persons with disabilities, children, women, girls, transgender people and other vulnerable groups exposed to protection risks, by particularly strengthening the systematic response to gender-based violence in emergencies.

Objective: Improve safety and restore dignity for elderly persons, persons with disabilities, children, women, girls and other vulnerable groups exposed to increasing protection risks, particularly strengthening the systematic response to gender-based violence in emergencies and natural disasters.

Groups targeted: elderly persons, persons with disabilities, children, women, girls and other vulnerable groups

Number targeted 150.0k

Timeframe: Jan 2021 - Dec 2021

The socio-economic strains, loss of income and livelihoods, heightened levels of stress have increased the risk of gender-based violence and the need for mental health and psychosocial services (MHPSS). An inter-sectoral approach (with the GBV and child protection sub-working groups and health sector) focusing on the most vulnerable groups, especially women and girls with disabilities and female headed households will enhance and support the provision of awareness raising, multi-sectoral services (face-to-face and remote), including psychosocial support, emergency medical care, legal aid, assistance (in kind including dignity kits, cash/voucher). In parallel, efforts will be maintained to strengthen data collec-

tion and analysis of GBV, ensuring referral pathways are functional, and facilitate coordination between government and non-government service providers.

Specific Objective 2.4 4.Ensure that 1.5 million children have access to education, psycho-social support, and other services to ensure their safe development

Objective:	Ensure that children have access to education, psycho-social support and other services to ensure their safe development.
Groups targeted:	Children
Number targeted	1.5M
Timeframe:	Jan 2021 - Dec 2021

While identifying the loss of learning, greater risk of dropout and the high challenge of retention of children in schools, particularly girls and from the most vulnerable groups, amidst possible prolonged closure of schools due to COVID-19 measures, humanitarian partners aim to support the continuity of learning and access to provide a safe and conducive learning environment for 1 million girls and boys. The response under this specific objective will not only support the basic right to education but will also provide life-saving physical, psychosocial, and cognitive protection to children. This will help mitigate the psychosocial impact and give a sense of normalcy and stability.

Specific Objective 2.5 1.Ensure that the humanitarian response increases the coping capacities of people in vulnerable situations, supports safety nets and social services, and complements development and disaster risk management plans.

Objective:	Ensure that the humanitarian response increases the coping capacities of vulnerable people, supports safety nets and social services, and complements development and disaster risk management plans.
Groups targeted:	Elderly persons, persons with disabilities, children, women, girls and other vulnerable groups
Number targeted	1.6k
Timeframe:	Jan 2021 - Dec 2021

As an immediate response to help preserve a viable environment for livelihood support interventions, partners will continue to scale up cash assistance, including multi-purpose cash/vouchers where feasible and recommended targeting 906,000 people. The plan is to provide cash-based support to inject money into poor households and target highly vulnerable groups, including the elderly, persons with disability, women, children and others who have experienced a negative impact from livelihood losses due to Covid-19. Cash assistance, which amounts to around 10 per cent of the total budget will complement the government Ehsaas Emergency Cash programme that targeted 12 million families in 2020. During 2021, the HCT working with the Government and technical partners will develop additional planning scenarios to help better scope and prepare for disasters of different types and levels of severity.

1.3

Operational capacity and Access

Operational capacity and response

In 2021, the HRP is supported by 11 UN Agencies, 17 International NGOs and 48 National NGOs who have projects that are being implemented across different sectors. Additional partners will be added as required depending on the evolution of the scenario. Other NGOs and humanitarian partners have additional activities outside the HRP.

Humanitarian access

Humanitarian access across Pakistan has generally improved with the streamlining of processes, particularly in the aftermath of Covid-19.

The HCT will continue to engage with the Government of Pakistan to ensure rapid approval for all projects and partners engaged in work under the HRP.

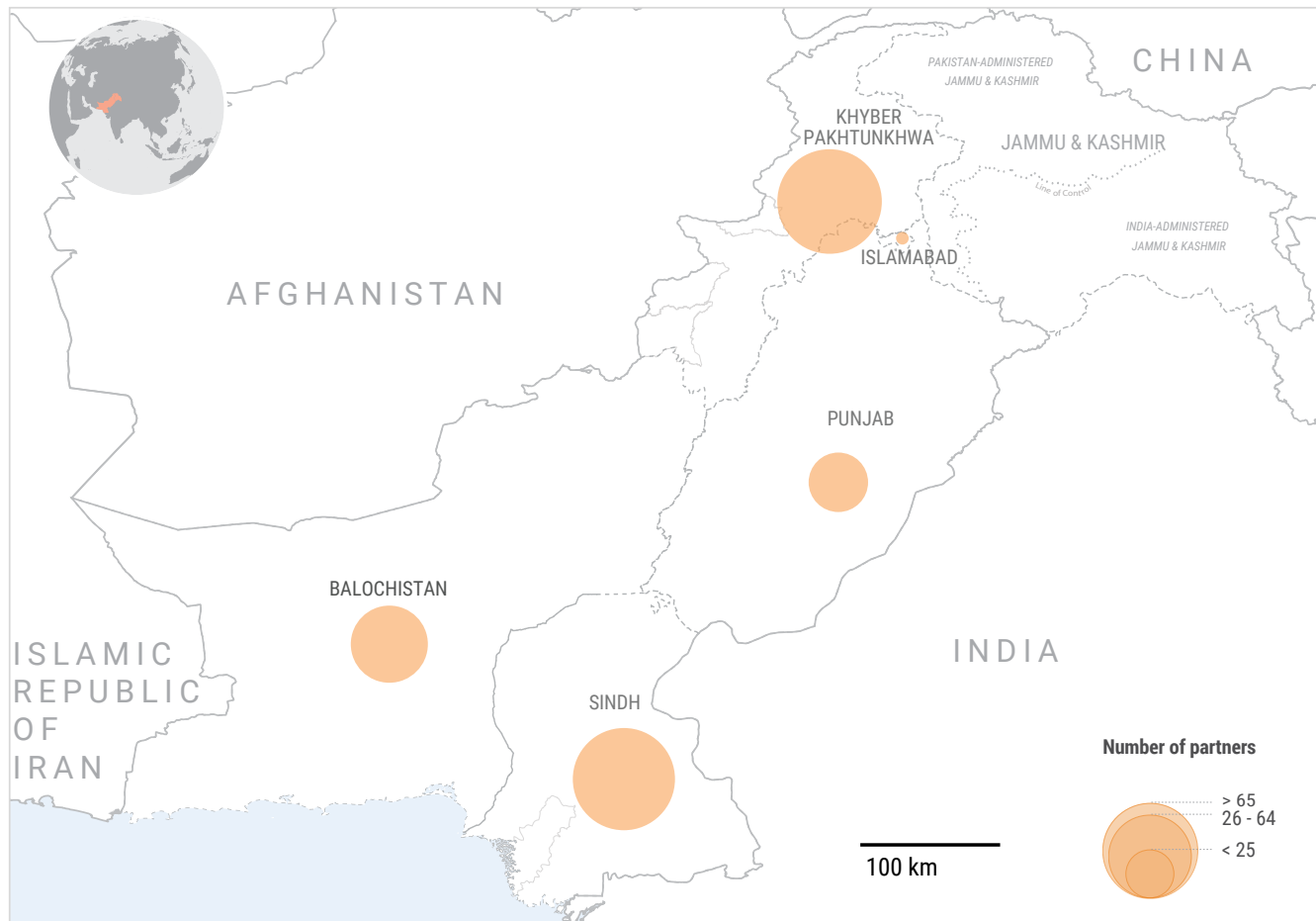
Engagement with Private Sector

The private sector in Pakistan has been strongly involved in mitigating and responding to natural disasters through direct action by businesses, corporations, foundations and the work of collectives such as the Federation of Pakistan Chambers of Commerce & Industry (FPCCI). The humanitarian community recognizes the need to establish platforms to increase coordination between government, the private sector, and the humanitarian community, as well as specific partnerships to leverage the expertise of the private sector in specific areas like telecommunications, logistics and financial services.

Many initiatives already exist, but the effective implementation of the HRP requires a strengthened and more coordinated approach to engagement. The HRP will work with existing initiatives such as the Pakistan Resilience Partnership – which was established in February 2018 with an aim to enhance partnerships, collaboration and coordination among government, local humanitarian & civil society organizations, the private sector, media and academia and to support public private partnership for an effective humanitarian system in the country¹⁹ while working with the Connecting Business Initiative to support existing business networks to better interface with the humanitarian community and vice-versa.²⁰

This engagement aims at establishing systems to better understand the scale of private sector contributions to emergencies, both financial and in-kind, better integration of private sector actors into coordination mechanism and preparedness and response plans, and engagement by the Sectors to key private sector industries and actors to establish joint working modalities around critical areas such as financial services, engineering, and other areas of comparative expertise.

75 Operational partners



Partners by Location

PROVINCE	PEOPLE TARGETED	NO. PARTNERS
Balochistan	820.5k	37
Islamabad	34.5k	1
Khyber Pakhtunkhwa	1.5M	68
Punjab	145.3k	22
Sindh	1.8M	65

Partners by Sector

SECTOR	PEOPLE TARGETED	NO. PARTNERS
Education	1.1M	11
Food Security	1.7M	12
Health	3.3M	11
Nutrition	1.7M	4
Protection	3.2M	40
<i>Child Protection</i>	1.1M	24
<i>GBV</i>	631.0k	24
<i>Protection</i>	3.2M	12
Shelter & NFI	105.2k	5
WASH	1.8M	23
Refugee response	1.4M	26
ACC / Undoc. Afghans	1.24M	1

Partners by Type

SECTOR	PEOPLE TARGETED	NO. PARTNERS
INGO	1.3M	17
NNGO	4.3M	48
UN	3.7M	11



A farmer harvests the wheat he managed to produce thanks to the distribution of improved climate-resilient certified wheat seeds.
Photo: FAO Pakistan

1.4 Consolidated overview of the use of Multi-purpose Cash

Pakistan has a long history with the use of multi-purpose cash and voucher systems for emergency response – with the use of the Watan card to provide cash assistance to people affected by the 2010 floods as a transformative moment. In 2020, an inclusive Ehsaas Emergency Cash program was launched by the Government of Pakistan to address economic hardship being experienced by the vulnerable people due to the ongoing pandemic, targeting 12 million families. This program has been internationally recognized as one of the best practices and effective projects to overcome socio-economic challenges of COVID-19 pandemic. The program is fully inclusive and gender sensitive, with effective, efficient and

transparent implementation systems. Strategically, the goal of the HRP is to facilitate a scale-up of multi-purpose and targeted cash assistance by humanitarian partners to complement the Government's expanding use of cash in social safety nets and disaster response mechanisms.

Role of the Cash Working Group (CWG)

The CWG's functions fall under the following listed framework : (1) to coordinate and provide operational and technical guidance to all sectors on the design and implementation of cash and voucher assistance (CVA) in all sectors, including the appropriate use of

MPCA OBJECTIVES CATEGORY	TARGET GROUP	INDICATORS
Provide multi-purpose cash assistance to vulnerable households affected by disaster-affected/vulnerable across Pakistan through humanitarian assistance that cannot be covered by existing national services.	Vulnerable households meeting the socio-economic vulnerability criteria	# of vulnerable households who receive multi-purpose cash Assistance # of vulnerable female-headed households who receive multi-purpose cash assistance
Facilitate vulnerable households' access to Pakistan national social protection program (Ehsaas)	Vulnerable households assessed against socio-economic vulnerability criteria	# of HHs assessed in need of referral to critical humanitarian services/assistance. # of HHs assessed through MPCA vulnerability assessments and likely eligible for Government-led social safety/cash transfer program.

MPC, (2) to support the use and implementation of CVA across the overall response by designing CVA strategies supporting response plans and (3) to work closely with the Government and relevant Departments including the NDMA, PDMAs, provincial governments and the Poverty Alleviation and Social Safety Division, to ensure alignment of humanitarian cash programming with existing initiatives.

MPCA Strategy

One of the main recommendations for partners in 2021 is to develop increased linkages between humanitarian cash assistance and social protection systems to address gaps, expand the reach and improve efficiency which in the long run will contribute to reducing the levels of economic vulnerabilities. Besides, greater engagement at the Provincial and District level is required to strengthen engagement with PDMAs and local authorities. Throughout 2021, the goal will be to develop a set of agreed standards

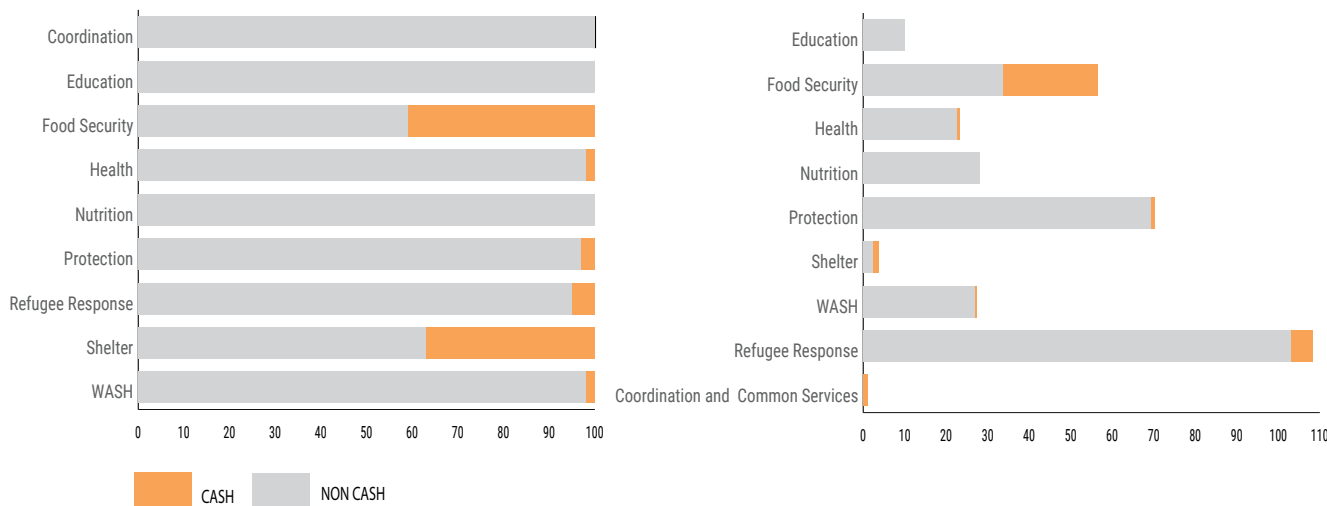
to facilitate these goals including a minimum expenditure basket (MEB) and a set of agreed transfer values appropriate to the identified MEB and harmonized approaches with the Government in CVA implementation such as monitoring tools in addition to SoPs linking to project initiatives such as targeting. Cash transfers will also continue to be a cornerstone element of support for refugees and asylum seekers in Pakistan.

CWG strategic objectives & Indicators

MPCA Objective 1: Provide multi-purpose cash assistance to vulnerable households affected by disaster-affected/vulnerable across Pakistan through humanitarian assistance that cannot be covered by existing national services.

MPCA Objective 2: Facilitate vulnerable households' access to complementary and critical humanitarian and national services, including non-contributory social protection programs.

Cash transfer programming budget per sector



1.5 Costing Methodology

The Pakistan HRP 2021 applies a project-based costing methodology. The overall funding requirements are the sum of the requirements of all projects collected through a coordinated project planning process. Up until now, a total of 195 projects were developed based on Sector-specific objectives which are linked to the HRP's strategic objectives. For each Sector, a cost-per-beneficiary estimate has been prepared, which includes the costs associated with the provision of services and in-kind supplies, and expenses associated with the delivery of assistance and overhead costs. All projects have been vetted based on pre-defined criteria such as prioritized activities and geographical locations, inter-sector linkages and links with development programming, as well as inclusion of cross-cutting issues, such as protection, gender, disability and accountability to affected population.

Project Clearing Committee: The projects under HRP, based on the sector-specific objectives, will be put forward to the Project Clearing Committee, comprising of relevant Government (NDMA, SAFRON, EAD, MoFA etc.) and UN stakeholders. This Committee will give final clearance to the acceptance of the projects (both already developed ones and new ones).

The NGOs/ CSOs and INGOs working locally should be cleared by the relevant Government mechanism such INGO/NGO Committees or “allowed to work” status with SAFRON, whichever is applicable.

Average cost per beneficiary

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)	PEOPLE TARGETED	COST PER BENEFICIARY
Education	\$ 10.0M	1.1M	\$9.0
Food Security	\$ 56.6M	1.7M	\$33.3
Health	\$ 23.3M	3.3M	\$7.1
Nutrition	\$ 31.3M	1.7M	\$18.4
Protection	\$ 70.2M	3.2M	n/a
<i>Child Protection</i>	<i>\$ 17.0M</i>	<i>1.1M</i>	<i>\$15.5</i>
<i>GBV</i>	<i>\$ 9.6M</i>	<i>631.0k</i>	<i>\$15.2</i>
<i>Protection</i>	<i>\$ 3.6M</i>	<i>3.2M</i>	<i>\$1.1</i>
Shelter & NFI	\$ 3.8M	105.2k	\$36.4
WASH	\$ 27.7M	1.8M	\$15.4

1.6

Accountability to Affected Populations

Community Engagement and Accountability to Affected People

The HCT and humanitarian community will continue to ensure meaningful participation of women, men, adolescents, and children in all phases of humanitarian action.

In operationalizing the HCT commitment to AAP in 2021, an AAP Working Group has been established and this will be complemented by a Steering Committee to support the design, implementation, and monitoring of the programs. The AAP efforts in Pakistan will ensure that affected communities are regularly informed about different services available to them, have access to express their specific needs and raise concerns, and guide the decision-making processes in the operations.

Aligned with the commitments to the [IASC Policy on the Centrality of Protection](#)²¹ and the [IASC Policy for Gender Equality and the Empowerment of Women and Girls](#)²², the HCT and humanitarian community will strive to amplify the voices of vulnerable and groups including refugees and migrants, women and girls, elderly, minorities, persons with disabilities, etc. and make appropriate corrective actions in response.

In parallel, the humanitarian community, will strengthen collaboration with the government through linkages with the national and provincial assemblies to include the representatives in consultations on the needs of the affected people and ensure effective and efficient mechanisms for community engagement to achieve collective accountability.

Building on local structures for a more meaningful community engagement

At the same time, collective AAP initiatives (or an inter-agency approach to community engagement and AAP) will focus on strengthening the existing structures in Pakistan, particularly through engaging with the government systems that utilize community

centered approach in their programs and services from national to local level.

At the local level, Elected Representatives at the Union Council enable direct engagement between the stakeholders (appointed officials) and community representatives at the grassroots level to solve various challenges faced by the community members. These systems will particularly target disaster prone areas across Pakistan including Baluchistan, Sindh, and Khyber Pakhtunkhwa through close coordination with the N/PDMA and other stakeholders under the general coordination of OCHA and UNRCO.

Further, opportunities will be explored through the Pakistan Citizen Portal – an integrated citizens grievance redressal system connecting all government organizations – that is well functioning, widely recognized and used by the community members across the country.

Community feedback and complaints relating to humanitarian response through these systems will be used to modify the aid program based on the needs of the affected people. A close collaboration with the UNRCO will build on existing relations with stakeholders to put communities at the heart of immediate, mid, long term programs, thus increasing the complementarity between humanitarian response and development program.

In addition, the AAP efforts will strengthen the ongoing two-way dialogue platforms operated by humanitarian partners. Considering COVID-19 pandemic, different approaches to engage with communities will be made in the delivery of services. The humanitarian community will, in 2021, re-assess the effectiveness of various ongoing tools including helplines, SMS, face to face dialogues (according to local COVID-19 SoPs), community structures, radio and other channels, and address the gaps and challenges to leverage the participation of affected people

including the inclusion of marginalized groups and hard to reach communities. Where appropriate, the collective AAP will synergize with the Risk Communication and Community Engagement (RCCE) approach.

Further, a comprehensive service provider mapping exercise on AAP mechanisms with various stakeholders will be conducted to understand the capacity and gaps for collective approach to AAP in Pakistan. Tailored program on capacity building to support national and international organizations, government institutions, UN agencies will be addressed to achieve system-wide accountability.

Closing the feedback loop

Closing the feedback loop or responding back to communities properly is critical to the success of community engagement and AAP in humanitarian action. In this light, the AAP WG will design a collective platform that systematically collects, analyses, and visualizes community feedback and complaints data from various sources and modalities currently operating across the country by aid providers to influence the decision-making processes. This evidence-based system will be carefully established, backed up with referral mechanism, data sharing and protection protocols.

Prevention of Sexual Exploitation and Abuse

The HRP engages the Pakistan PSEA (P-PSEA) network²³ comprised of some 30 civil society and UN organizations to strengthen accountability in the enforcement of PSEA in areas where the HRP is implemented. During 2021, efforts will be made to strengthen coordination among member agencies,

building the capacity on PSEA in communities and organizations and coordination with existing sexual and gender-based violence programs and AAP mechanisms while putting in place a robust and confidential reporting mechanism.

The PSEA action in the HRP rests on four pillars: (1) understanding PSEA in the context of Pakistan; (2) coordination for better results; (3) capacity building/strengthening; (4) effective use of community-based complaint and referral mechanism including awareness raising on the use of this mechanism and adequate reporting tools. Action under each pillar will:

1. identify common forms and indicators of PSEA, review current response mechanisms in place and the extent to which such mechanisms are addressing SEA thus establishing a baseline.
2. improve coordination and exchange of ideas/information through hiring a PSEA Coordinator and setting up a PSEA Focal Point network in all participating agencies in HRP.
3. train PSEA Focal Points and relevant staff who would be responsible for cascading content to individual agencies; preparing and disseminating PSEA related information in areas where HRP focuses.
4. monitoring how well the CBCRM and its internal system is working to develop a fully independent investigation mechanism resourced with in-country and global capacity, and at the same time, disseminate and raise awareness about the common report template while putting in place a solid system for protection, confidentiality and proper follow up.

Indicators and Targets

INDICATOR	TARGET
Percentage of affected people who are informed about humanitarian services available to them	50%
Percentage of affected people who know how to provide feedback and complaints to aid providers	50%
Percentage of affected people who believe that the assistance received is tailored to their needs	50%
Percentage of affected people who know how to and feel comfortable to make suggestions or complaints (including allegations of sexual exploitation, abuse, mistreatment or harassment) to aid providers.	70%
Number of SEA cases reported.	N/A
Percentage of reported SEA cases managed.	100%

Part 2:

Response Monitoring

QUETTA, BALOCHISTAN

A 9th grade student at the Government Girls High in Quetta, Pakistan, washes hands with soap at the Water, Sanitation & Hygiene facility established in her school by UNICEF in collaboration with the Education Department Balochistan Photo: UNICEF/Sami Malik



2.1 Monitoring Approach

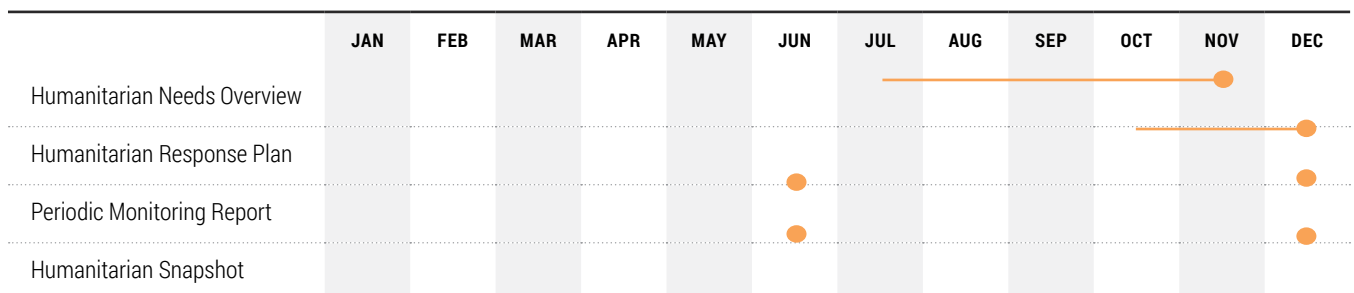
Regular monitoring of progress and the operating environment will be conducted to ensure that the response is timely and relevant, and to strengthen accountability. Sector working group leads will work together with partners to implement monitoring frameworks and information management and will continue to adapt response monitoring to identify critical gaps and make sure assistance reaches those most in need.

Humanitarian activities that are part of the Pakistan HRP 2021 will be monitored and measured against pre-defined Sector-specific objectives, target figures and timeframes. Existing global tools such as the Response Planning and Monitoring Module (RPM) and the Financial Tracking Service (FTS) will be used to monitor the strategic framework at the inter-Sector and Sector levels, and to monitor financial contributions to the HRP. Information gathered from community and government consultations through the AAP framework will also be used to adjust the response to better meet the self-identified needs of communities.

Humanitarian Response Plan Strategic Objectives

The Pakistan 2021 HRP monitoring framework consists of two Strategic Objectives which are tied to related outcome indicators with one-year targets. The indicators under the Strategic Objectives have been developed to measure the outcome of humanitarian assistance, such as reduction in caseloads. In addition, financial figures have been generated for each Strategic Objective, allowing the HCT and the Inter-Sector Coordination Group (ISCG) to track funding requirements and the funding received.

Humanitarian Programme Cycle Timeline



The achievement against the Strategic Objectives are monitored twice a year and published through the HRP Periodic Mid-Year Monitoring Report (PMR) and the End-of-Year Report, as well as other dashboard and situation reports as required to address specific issues such as Covid-19, drought, floods etc.

Sector monitoring

Sectors will monitor the overall sector response by collecting and analyzing primary as well as secondary information on a predefined set of indicators. Individual indicators have been selected to monitor response activities. Monitoring indicators, particularly at output level, will help organizations to track progress against targets over a longer period of time, and thus strengthen accountability. Age and gender-disaggregated data will be reported through relevant portals where periodic information will help to understand if there are significant unmet needs. Accordingly, as part of the accountability to affected population, participating organizations will apply complaint and feedback mechanisms to address concerns as well as to collect information on the needs in a location or on a particular matter.

Reporting

Monitoring data will be made publicly available on the Humanitarian Response website on a biannual basis and complement sector specific products. These monitoring reports will include revised data and analysis to adjust response planning and inform strategic decisions, if needed.

2.2

Indicators and targets

Strategic Objective 1

Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.

	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED
S0 1.1	Reduce rates of food insecurity, acute malnutrition and wasting, particularly among children, and pregnant and lactating women	Number of people having access to food, agricultural inputs and/or treatment for acute malnutrition	5.8M	1.7M
S0 1.2	Increase the number of people with access to life-sustaining essential services, particular access to water, sanitation and primary health and sexual and reproductive health.	Number of people accessing life-sustaining essential services	2.0M	1.0M
S0 1.3	Mitigate the spread of Covid-19 and other communicable diseases and their impact on society	Number of people benefiting from activities aiming to prevent and mitigate the spread of Covid-19 and other communicable diseases and their impact on society	1.6M	800.0k
S0 1.4	Save lives by strengthening coordinated response to natural disasters at local, provincial and national levels while reducing the impact of recurring disasters through disaster risk management and use of early or anticipatory responses.	Number of people benefiting from the coordinated response to natural disasters	1.3M	100k
S0 1.5	Ensure that the communities are protected and are fully engaged in all response activities through use of community-centered design, common feedback mechanisms, and other approaches, and that they are protected from exploitation and abuse.	Number of people engaged in response activities through use of community-centered design, common feedback mechanisms, and other approaches, and protected from exploitation and abuse by humanitarian workers.	5.8M	550k

Strategic Objective 2

Vulnerable people are supported to sustain their livelihoods and improve their living conditions and resilience while ensuring their protection.

	SPECIFIC OBJECTIVE	INDICATOR	IN NEED	TARGETED
S0 2.1	Address the humanitarian and protection needs of vulnerable groups, including those displaced and those affected by repeated disruptions to their livelihoods, ensuring a transition to sustainable recovery and development, including all ACC holders and Undocumented Afghanst	Number of people accessing protection services and humanitarian assistance, ensuring a transition to sustainable recovery and development	2.2M	1.4Mk
S0 2.2	Provide protection and access to basic services, and seek lasting solutions for, refugees and asylum seekers in Pakistan.	Number of refugees and asylum seekers assisted	1.4M	1.4M
S0 2.3	Improve safety and ensure dignity for older persons, persons with disabilities, children, women, girls, transgender people and other vulnerable groups exposed to protection risks, by particularly strengthening the systematic response to gender-based violence in emergencies.	Number of people accessing protection services	1.4M	150.0k
S0 2.4	Ensure that 1.5 million children have access to education, psycho-social support, and other services to ensure their safe development	Number of children having access to education and protection services	3.7M	1.5M
S0 2.5	Ensure that the humanitarian response increases the coping capacities of vulnerable people, supports safety nets and social services, and complements development and disaster risk management plans.	Number of people supported to recover their coping capacities	2.2M	1.6M

Part 3:

Sectoral Objectives and Response

CHITRAL, KHYBER PAKHTUNKHWA

A mother and her daughter washing cloths at WASH facility in Ramboor vallay Kalash, Chitral Photo: UNICEF/Asad Zaidi.

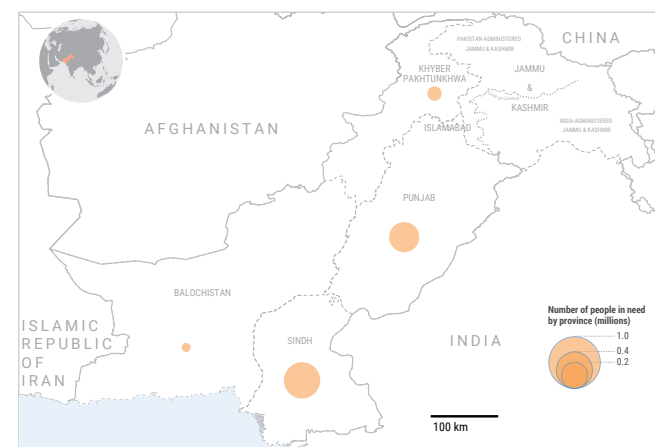


Overview of Sectoral Response

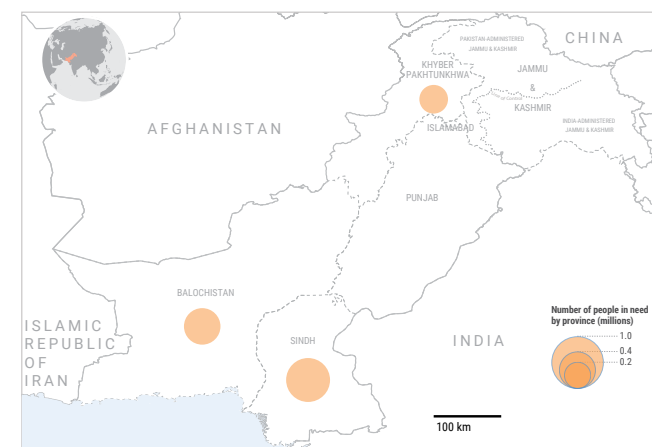
Response per Sector

SECTOR/MULTI-SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Education	\$ 10.0M	11	11	2.4M	1.1M	
Food Security	\$ 56.6M	12	18	5.8M	1.7M	
Health	\$ 23.3M	11	13	6.0M	3.3M	
Nutrition	\$ 31.3M	4	4	2.9M	1.7M	
Protection	\$ 30.2M	40	48	7.3M	3.2M	
<i>Child Protection</i>	<i>\$ 17.0M</i>	24	22	3.7M	1.1M	
<i>GBV</i>	<i>\$ 9.6M</i>	24	22	1.4M	631.0k	
<i>Gen. Protection</i>	<i>\$ 3.6M</i>	12	11	7.3M	3.2M	
Shelter & NFI	\$ 3.8M	5	5	1.3M	105.2k	
WASH	\$ 27.7M	23	30	3.6M	1.8M	
Refugee response	\$ 108.1M	26	33	1.4M	1.4M	
ACC/ Undoc. Afghans	\$ 40.0M	1	1	1.24M	1.24M	
Coordination and Common Services	\$ 930.0k	2	2			

3.1 Education

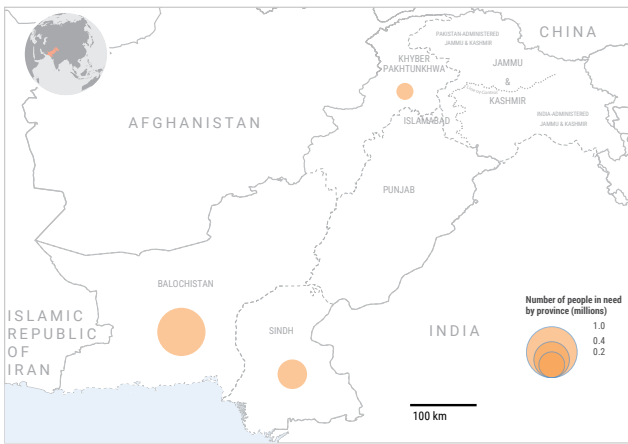


3.2 Food Security



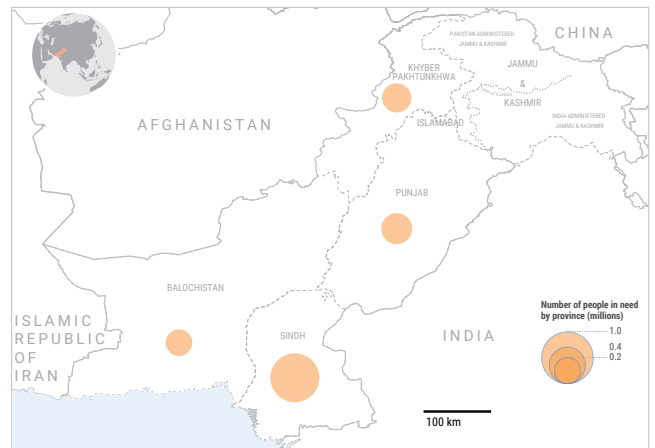
3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
6.0M	3.3M	\$ 23.3M



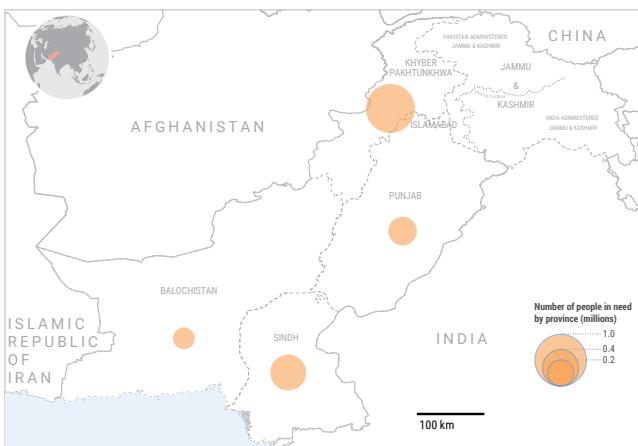
3.4 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
2.9M	1.7M	\$ 31.3M



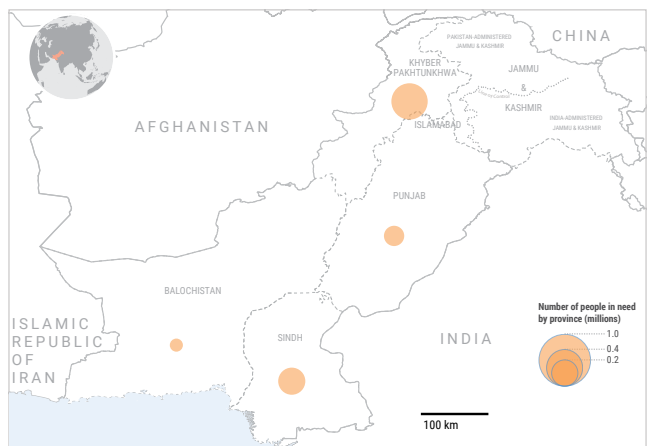
3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
7.3M	3.2M	\$ 30.2M



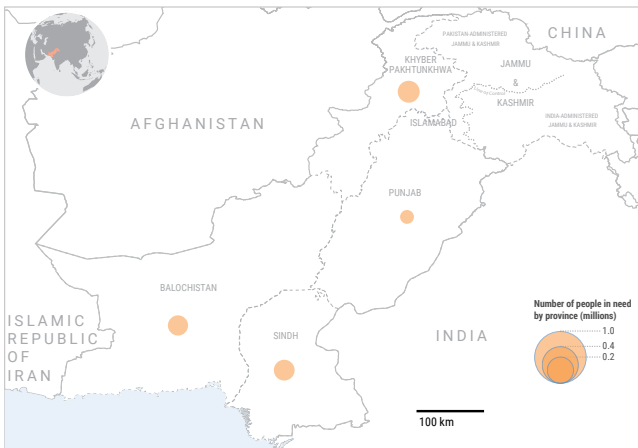
3.5.1 Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.7M	1.1M	\$ 17.0M



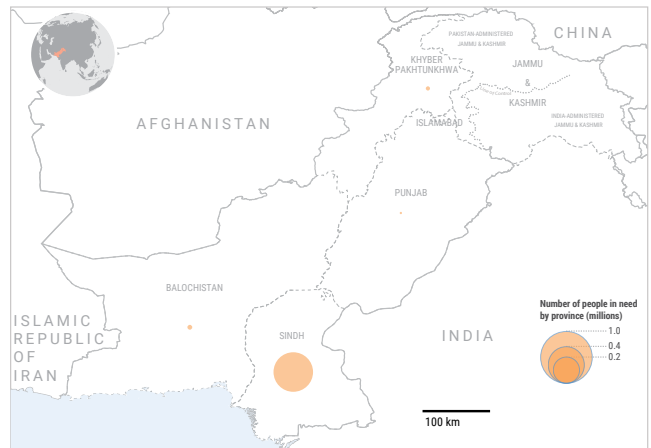
3.5.2 Protection: Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.4M	631.0k	\$ 9.6M



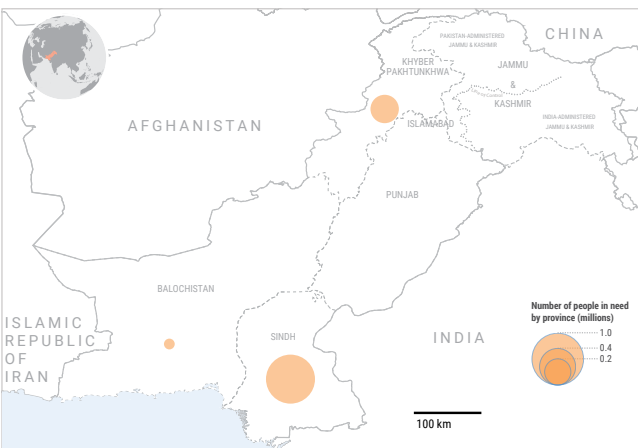
3.6 Shelter

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.3M	105.2k	\$ 3.8M



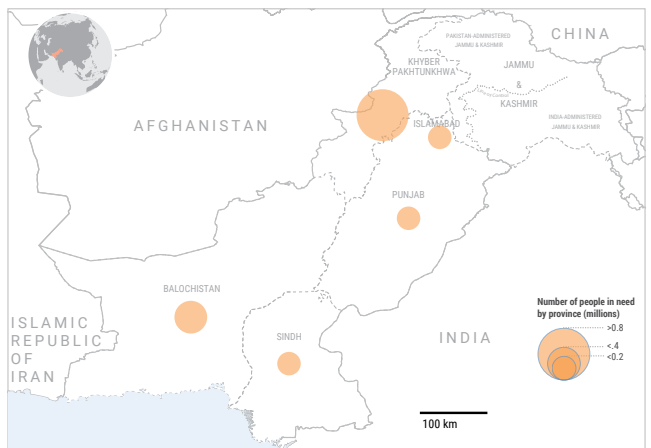
3.7 Water, sanitation and hygiene

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
3.6M	1.8M	\$ 27.7M



4 Refugee Response

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)
1.4M	1.4M	\$ 108.1M





3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	GIRLS	CHILDREN	WITH DISABILITIES
2.4M	1.1M	46%	93%	3%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 10.0M	11	11		

Sector Objectives

1. Strengthen education sector coordination at national and provincial levels for better planning, implementation, and monitoring of education interventions.
2. Improve access and quality of education for most vulnerable children, including girls and vulnerable people affected by floods and COVID-19 through quality formal and non-formal education provision.

Sector Response Plan

Support continuity of learning and access to a safe and conducive learning environment for girls and boys.

For damaged schools, safe and child-friendly temporary learning schools with gender-sensitive WASH facilities will be set up to ensure access to education for children, followed by repair and rehabilitation.

Education sector will help implement safe school operation protocols (Infection Prevention and Control-IPC) for Covid-19 through the development and distribution of risk communication material in local languages. Schools will be equipped with hygiene packages (including IPC kits) and circulating critical information on disease prevention (COVID-19). In the case of schools' closures, home-based learning material will be provided, besides the remedial and catch up classes and alternate/distance

learning. Communities including members of PTAs/PTSMCs will be mobilized to ensure effective school management, increase children's access to education and support teachers (particularly non-local female teachers). Community-participation in the protection of vulnerable children, hygiene promotion and learning continuity will be ensured.

Increase teachers' capacity to provide quality education during COVID-19 and in flood affected areas

To support early return and quick resumption of education as well as to bring normalcy, take-home rations of wheat flour to primary schoolchildren will be delivered in collaboration with WFP in the areas which are prone to multiple hazards/vulnerabilities.

Enhance knowledge sharing and capacity building for the current response and future pandemics.

Sector partners will conduct ad-hoc studies on the COVID-19 education response and its impact while documenting the emergency response.

Integrated programming/multi-sectoral responses & improving inter-sector linkages

The Education sector will adopt inter-sectoral approaches and develop linkages with WASH, Child Protection, food security and Health sectors to coordinate support to school-age children. Coordination with WASH sector will be done to provide and improve the water sanitation facilities in schools.

In addition, education and child protection will work closely to ensure the protection of the most vulnerable children particularly Unaccompanied and Separated Children (UASC), provide Psychosocial Support (PSS) for teachers and children and referral mechanisms. Coordination with the health sector to ensure immunization/vaccination campaigns through youth and communities. Education sector will also coordinate with food security sector for the distribution of food ration/oil among vulnerable school children.

Cost of the response

The Education sector prioritized to reach 1,126,138 beneficiaries including 93% of school-going age boys and girls and 7% male and female teachers and School Management Councils (SMC) members in those areas which are affected by COVID-19, rain/floods. Funding of 10,043,156 USD will be required to provide timely support.

Monitoring

Accountability and transparency of education responses will be ensured through community based participatory approaches including Government and non-government counterparts and by collecting and analyzing data from primary and secondary sources. Standardized performance indicators will be used to monitor the progress of education response plan in rain/flood emergency and COVID-19 affected areas. Age and gender-disaggregated information will be reported through the relevant reporting mechanism to track the progress and gaps. In addition, education sector will also devise the mechanism to collect the feedback from affected population to fine-tune the response and will also ensure the safety and dignity of beneficiaries.

Links to development programming

Interventions under this response will contribute to the long-term goal of development as described in various national and international development agendas.²⁴ The Education response will support affordable access to continued education through distance learning, alternate learning modality and safe operation for schools after schools opening.

Objectives, Indicators and Targets

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Strategic Objective 1	Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.			9.4M	4.5M
Specific Objective 1.4	Save lives by strengthening coordinated response to natural disasters at local, provincial and national levels while reducing the impact of recurring disasters through disaster risk management and use of early or anticipatory responses.			1.3M	1.0M
Sectoral Objective	Ensure effective sectoral coordination, conduct timely education need-based analysis and prepare Education response plans for resumption of formal and non-formal education	Train sector partners on assessment, planning, implementation and monitoring of education interventions.	Number of teachers and education staff trained on assessment, planning, implementation and monitoring of education interventions.		50
Strategic Objective 2	Vulnerable people are supported to sustain their livelihoods and improve their living conditions and resilience while ensuring their protection.			11.0M	4.1M
Specific Objective 2.4	Ensure that 1.5 million children have access to education, psycho-social support, and other services to ensure their safe development.			3.7M	1.5M
Sectoral Objective	Ensure access to education for the most vulnerable children and adolescents affected by the floods/Rian and COVID-19 through the resumption of formal and non-formal education in a coordinated manner.	Establishment of safe and child friendly temporary learning schools with gender segregated WASH to ensure access to education for children affected by floods. (Floods Response)	Number of students benefited from safe and child friendly temporary learning schools/centers with gender segregated WASH to ensure access to education		81,000
		Repair and rehabilitation of damaged schools in rain /flood affected areas	Number of students having access to safe school after repair and rehabilitation of damaged schools in rain /flood affected areas		139,950
		Mobilize communities and PTAs/ PTSMCs to ensure effective school management and children's access to education.	Number of PTAs/PTSMCs members trained on effective school management and children's access to education.		31,679
		Organize training of teachers on Child Friendly schools, life skills-based education, psychosocial support and teaching methodologies including teaching through different modalities.	Number of teachers trained on Child Friendly schools, life skills-based education, psychosocial support and teaching methodologies including teaching through different modalities.		16,971
		Implementation of safe school operation protocols (Infection Prevention and Control-IPC).	Number of students benefiting from the safe school operation protocols		678,835
		Provide teaching and learning material for teachers and children (Including supplemental materials, study guides for teachers),	Number of children that received school kits. Number of teachers that received teaching materials		271,534 67,883
		Support of home-based learning, remedial and catch up classes and alternate / distance learning in the case of schools' closure /Take home material.	Number of children reached with home-based learning/alternate learning opportunities		678,835
		Provide take-home rations of wheat flour to primary school children, belong to families living in areas prone to multiple hazards/ vulnerabilities in affected areas	Number of boys and girls studying at primary schools provided with take-home rations of wheat flour		58,000



3.2 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
5.8M	1.7M	22%	54%	3%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 56.6M	12	18		

Sector Objectives

1. Improve food security by providing targeted cash, food and nutrition support to the vulnerable people affected by multiple shocks.
2. Preserve the ability/resilience of people most vulnerable to multiple shocks to meet their food, livelihood and other basic needs, through provision of timely livelihood support and humanitarian assistance.

Sector Response Plan

The sector will respond to the needs of the affected people with the following set of activities:

- Cash/food/integrated Household Food Systems assistance will be provided to people affected by multiple shocks.
- Integrated agriculture support (crops, livestock, micro and small agribusinesses, rehabilitation of infrastructure and technical capacity building) to people affected by multiple shocks.
- Sector coordination, monitoring, capacity building and information management.

Cash transfer programmes are the preferred modality in relief and recovery activities, however, the final decision for cash or in-kind assistance will be based on the findings and recommendations of Cash Feasibility

Assessments. Following the transfer of immediate life-saving support, three rounds of unconditional assistance will be provided to those who continue to be in need, offering Food-Assistance for Assets (FFA) or Training to support the recovery of their lost livelihoods. Considering the adverse effects on livelihoods, needs will also be met by improving the household food system and providing agriculture and livestock support packages for protection, resumption of livelihoods, and food security. Vulnerable households, particularly those with pregnant and lactating women and children under five, will need integrated food support (high yielding vegetable seed package, poultry birds' package, coupled with training) to improve household food system and food security.

Further, vulnerable farming households whose crops were severely damaged or lost due to shocks and are unable to resume their agriculture production without resorting to negative coping strategies, will receive crop production support. The livelihood resumption assistance will also constitute targeted co-financing grants to small and micro businesses that supply goods and services to smallholder farmers and whose businesses have been recently severely affected. Support to rehabilitate productive infrastructure is also critical for the resumption of the crop production cycle, mainly targeting communities where the recent floods have caused significant damages to agricul-

tural land and water infrastructure. Likewise, animal health and livestock support are required to minimize the productive assets losses, assets depletion, and difficulties in maintaining the health and nutrition of livestock.

Integrated programming/multi-sectoral responses & improving inter-sector linkages

The food security sector will work jointly with other sectors – particularly nutrition and wash sectors – to identify areas and activities for improving food security of the targeted people. In this regard, initial life-saving assistance will be provided followed by rehabilitation or recovery of critical livelihood assets. These will mainly include rehabilitation of agriculture and other local infrastructure, creation or restoration of water storage facilities, rehabilitation of critical road links, karezes rehabilitation, plantation, and training of local community on topics related to food security. The agriculture inputs, seeds, tools, fertilizers and livestock support will be provided to improve livelihoods of the affected people.

Cost of the response

The life-saving assistance will enable communities to mitigate the impact of negative coping strategies and ensure food security of the population affected by multiple shocks. The early recovery interventions will pave the way towards more longer-term food security of the affected population.

Monitoring

Monitoring of the projects will be done by Monitoring Committee comprising of representatives from the relevant Government departments, UN experts and any other stakeholders. The food security and agricul-

ture sector will continue monitoring the overall sector response by collecting and analysing primary as well as secondary information on a set of indicators. Individual indicators have been selected to monitor the situation and needs of the target population and response components. Monitoring indicators, particularly at output level, will help organizations to track progress against targets over a longer period of time, and thus strengthen accountability. In this sense, participating organizations will apply complaint and feedback mechanisms to address the grievances as well as to collect information on the needs in a location or on a particular matter.

Links to development programming

Food security remains a primary objective of the federal and provincial governments in Pakistan and the proposed interventions are in line with the government's plans under Outcome 5 of the One UN framework, SDG 2-Zero Hunger targets (Agenda 2030) and Return and Rehabilitation Strategy.

Objectives, Indicators and Targets

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Strategic Objective 1	Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.			9.4M	4.5M
Specific Objective 1.1	Reduce rates of food insecurity, acute malnutrition and wasting, particularly among children, and pregnant and lactating women			5.8M	1.7M
Sectoral Objective	Reduce rates of food insecurity, acute malnutrition and wasting, particularly among children, and pregnant and lactating women	Cash/food assistance/ integrated household food system support to those affected by multiple shocks (drought, flood, locust and Covid-19, snowfall and conflict etc)	Change in food consumption patterns	5.8M	1.1M
Sectoral Objective	Save lives by strengthening coordinated response to natural disasters at local, provincial and national levels while reducing the impact of recurring disasters through disaster risk management and use of early or anticipatory responses.	Cluster coordination, monitoring, capacity building, information management	Information Management and collaboration platform established and maintained up-to-date	n/a	n/a
Sectoral Objective	Ensure that the communities are fully engaged in all response activities through use of community-centered design, common feedback mechanisms, and other approaches, and that they are protected from exploitation and abuse by humanitarian workers.	Integrated agriculture support (Crops, livestock, micro and small agri businesses, rehabilitation of infrastructure and technical capacity building etc) to those affected by multiple shocks (drought, flood, locust and COVID-19 etc)	Number of beneficiaries receiving agricultural inputs as % of planned beneficiaries	5.8M	550k



3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
6.0M	3.3M	22%	54%	3%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 23.3M	11	13		

Sector Objectives

1. Support the establishment of resilient health systems for the availability of lifesaving essential health services including RMNCH and immunization, to people affected by floods, drought, disease outbreaks, displacement and in refugee settings.
2. Contribute to mitigate the impact of COVID19 pandemic and reduce morbidity and mortality in affected populations through the provision of life saving health services, commodities and equipment as applicable
3. Ensure resilient health systems in refugee settings and communities affected by natural disasters with continued provision of essential sexual and reproductive health services, including basic and comprehensive emergency obstetric and newborn care during the COVID-19 pandemic and beyond.
4. Ensure lifesaving Awareness raising integrated interventions and RCCE activities among affected population/in hot spot areas, focused on health, nutrition and hygiene including RMNCAH, essential Immunization, Disease outbreaks and promotion of safe behaviors for the prevention COVID 19

health, and reproductive services to the vulnerable populations. The key priority regions will include COVID-19 hot spots and High disease burden districts in the provinces and regions, Flood affected areas in southern Punjab and Sindh and the Drought affected areas in Baluchistan and Sindh. It will remain important to continue providing access to, ensure availability of and readiness of health system in public health emergencies.

- Targeted rehabilitation of selected health facilities in hard to reach areas
- Strengthening/establishment of community based MNCH and Immunization services through Lady Health workers, Community Midwives, Polio FLWs and Social Mobilisers
- Provision of essential medicines and medical supplies as part of essential health services delivery
- Provision of targeted outreach services with emphasis on provision of maternal and child health services in emergency affected areas
- Provision of human resources, training of human resources, provision of treatment guidelines and monitoring of the implementation of the guidelines.
- Assessment of health facilities and services and capacity building of medical personnel

Sector Response Plan

2021 is likely to be complicated further by the humanitarian impact of COVID-19 on health services in general and on the availability of maternal and child



FAISALABAD/PUNJAB

A health staff marks the finger of an eight months old boy after he has received polio vaccine in July 2020. Photo: UNICEF/Syed Mehdi Bukhari

- Supporting community mobilization through community-based health workers and community groups
- Monitoring the health status of the disaster affected population by strengthening disease surveillance (provision of human resources, training, provision of guidelines and surveillance/data tools, provision of IT equipment and data reporting).
- Responding to disease outbreaks through investigation, prepositioning of medicines and medical supplies.
- Strengthening of Infection Prevention and Control (IPC) and laboratory capacities at selected facilities through technical support, capacity building/mentoring of health workers, provision of IPC and laboratory supplies
- Ensuring availability and accessibility of basic and comprehensive SRH services in humanitarian affected areas by implementing different approaches including continuous capacity building on all aspects of SRH (maternal health care, FP, contraceptives logistics, obstetric fistula prevention and treatment etc.),
- Ensuring uninterrupted delivery of health services including MNCH and SRH through the establishment of an effective reproductive health commodities' chain at national/subnational level; supplemented by needs-based Measles/other Immunization and Vitamin A Supplementation campaigns in humanitarian situations.
- Mental Health and psychosocial support, response to GBV

Integrated programming/multi-sectoral responses & improving inter-sector linkages

Based on the Rapid Needs Assessment, Lifesaving Multisectoral interventions (health, nutrition, and

WASH) an integrated approach by the health sector will be adapted for the response in coordination with WASH and Nutrition sectors. Furthermore, under the health sector's coordination, the Sexual and Reproductive Health working group in emergencies will incorporate SRH needs, which will be implemented in all humanitarian situations.

Cost of the response

The range of activities identified by the Health sector aims to meet the needs of the affected population for health monitoring and services support, including for host communities. The support will consider a multiple prong approach to reach the PIN and to strengthen the health system to deliver quality services. The support requested by the health sector will share up to 20% of the estimated government expenditure (\$8 per person out of the \$45 per capita expenditure²⁵). Overall financial gap to fulfill the niche is \$19,789,534 USD considering five provinces and interventions to be implemented at national and subnational levels by all the health sector agencies in their respective mandated areas of work using a system building approach.

Monitoring

Joint assessments will be conducted to evaluate the humanitarian needs followed by the development of joint strategies. Monitoring plans based on health indicators will be developed which will include Govt, WHO, UNICEF, UNFPA joint visits, third-party real-time field monitoring, District, and provincial reviews on the progress of response. The specific SRH and integrated GBV indicators will be selected within overall health sector 4W matrix, means of verification and methodology of collection etc. Field monitoring visits will be conducted as an integral part of health sector implementation plan in line with sectorial needs and the emergency.

Links to development programming

The capacity for response to emergencies is directly related to SDGs 3, 6 and 11 impacting health sector governance and delivery. Reduction of Preventable Maternal and Neonatal Mortality and morbidity is the major objective and is aligned to the UN Development framework and SDGs. Moreover, strengthening health care institutions, capacity building of health care workers, awareness creation and mobilization of communities will contribute directly as well as in-directly to the development program of the country

The SDG Target 3.d: "Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks" concerns more than infectious diseases. The indicator of this target is the International Health Regulations (IHR) capacity and health emergency preparedness index. All national and global health risks require full implementation of the IHR; the core capacities of which are basic health system functions that focus on issues related to health security, and require: (a) strong health systems with good information and surveillance infrastructures; (b) an adequate health workforce; and (c) effective service delivery, including access to medicines and vaccines. Despite progress in the implementation of IHR core capacities in recent years in the country, progress remains to be made.

Objectives, Indicators and Targets

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Strategic Objective 1	Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.			9.4M	4.5M
Specific Objective 1.2	Increase the number of people with access to life-sustaining essential services, particular access to water, sanitation and primary health and sexual and reproductive health.			2.0M	1.0M
Sectoral Objective	Contribute to improving the health status of disaster affected population as a result of floods, drought, and other natural disasters	Targeted rehabilitation of selected health facilities in hard to reach areas		not defined	not defined
		Provision of essential medicines and medical supplies		not defined	not defined
		Provision of targeted outreach services with emphasis on provision of maternal and child health services		not defined	not defined
		Provision of human resources, training of human resources, provision of treatment guidelines and monitoring of the implementation of the guidelines.		not defined	not defined
		Assessment of health facilities and services and capacity building of medical personnel		not defined	not defined
		Mobile outreach services		not defined	not defined
		Support activities of community mobilizers/LHW		not defined	not defined
Specific Objective 1.3	Mitigate the spread of Covid-19 and other communicable diseases and their impact on society			1.6M	800.0k
Sectoral Objective	Mitigate the impact of disease outbreaks and contribute to improving the health status of affected populations	Strengthening of selected laboratory capacities through mentoring of health worker, provision of laboratory equipment and supplies (RDT, reagents, specimen transport medium)		not defined	not defined
		Monitor the health status of the disaster affected population by strengthening disease surveillance (provision of human resources, trainings, provision of guidelines, provision of IT equipment);		not defined	not defined
		Responding to disease outbreaks through investigating of outbreaks, preposition of medicines and medical supplies.		not defined	not defined



3.4 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
2.9M	1.7M	62%	38%	3%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 31.3M	4	4		

Sector Objectives

1. Girls and boys less than five years of age and pregnant and lactating women with moderate acute malnutrition in affected areas with access of appropriate acute malnutrition management services
2. Girls and boys less than five years of age with severe acute malnutrition in affected areas with appropriate acute malnutrition management services
3. Girls and boys less than five years of age and PLWs in target communities access micronutrients from multiple-micronutrient preparations
4. Mothers/caretakers in targeted communities' access skilled support for appropriate maternal, infant, and young child nutrition (MIYCN) practices

Sector Response Plan

The priority response activities will be in both curative and preventive aspects of the critical malnutrition situation in Pakistan. The management and treatment of acute malnutrition will address the already rampant malnutrition among the children and the pregnant and lactating women in all targeted vulnerable districts. While awareness raising regarding the infant and young child feeding practices will contribute towards the reduction in malnutrition in general not only among children but the caretakers themselves as well. This will complement Government activities being

implemented through the National Action Plan for Nutrition, including Federal and Provincial activities.

Modalities will include provision of inpatient and outpatient treatment services for the acutely malnourished children under five and the PLWs. These treatment sites are mostly situated at strategic locations within the primary health centers. Mobile clinics will be established in some areas where needed. Provision of multi-micronutrients for children and PLWs will also be presents at these sites. Moreover, awareness raising sessions will be held at these sites and many other appropriate locations to reach maximum numbers of caretakers of children.

Integrated programming/multi-sectoral responses & improving inter-sector linkages

Malnutrition is a result of a complex mix of reasons; thus, it is extremely important to establish linkages especially with emergency health, WASH, food security and other programs, beyond existing multi-sectoral development programs. Linkage and provision of nutrition services at the health centers will ensure not only the health related benefits to the malnourished children and women and access to treatment to all other ailments aggravating their malnourished status but the general population will also benefit from nutrition related awareness raising sessions. Clean drinking water and latrine habits contribute towards

the general level of health of an individual and hence causally related to the malnutrition status as well.

Cost of the response

Nutrition response require specialized dietary products both of therapeutic and supplementary nature which most of the times require international imports through certified producers which are costly and cover major portion of the ask. Reaching children and mothers with high vulnerabilities in hard to reach areas also require a variety of operational modalities including both civil society partnerships and using existing public health systems which also warrants for significant costs. This is why the total financial value of ask is 27.8 million USD. It is a fact that every dollar invested for treatment of malnutrition saves sixteen dollars consequently. However, the life-saving nature of nutrition response prevents children falling into the clutches of high mortality and morbidity both in short and long term.

Monitoring

The Nutrition Sector will ensure quality Monitoring and Evaluation in all its activities through sector experts who would be regularly observing the areas of intervention and report the progress of interventions using indicators noted in the sectoral results framework. Quality of the work would be ensured to meet all the SPHERE standards in all the mentioned activities.

The Nutrition Sector will conduct regular monitoring visits and programmatic visits to ensure the implementation of agreed activities within timeframe and budget. Sectoral technical staff will conduct these visits periodically during the length of the response plan. In addition, there will be checks of implementing partners to verify their financial expenditure. Moreover, the relevant government authorities and third party/independent field monitors will be facilitated to conduct periodic monitoring visits in every location

and assess the progress of the interventions against the planned activities and results. Furthermore, the Nutrition Information System (NiS), a data collection tool, will be used to conduct frequent desk monitoring of the interventions. NiS extracts data from other data collection tools, including admission cards, discharge cards, and stock registers, to provide a good description of adherence to treatment protocols and an opportunity to track supply delivery to beneficiaries. Reviewing these data collection tools will an essential part of every monitoring visit.

Links to development programming

Pakistan National Nutrition Council led by Prime Minister of Pakistan has taken malnutrition situation very seriously in Pakistan and has commissioned national nutrition advisory group to find sustainable solutions for nutrition in Pakistan with the main focus on acute malnutrition/wasting. It is also important to note that around five billion rupees of public sector funds are allocated for wasting reduction programme in the country. Provincial multisectoral nutrition structures and Scaling Up Nutrition (SUN) units are also ensuring public sector investment in nutrition.

Objectives, Indicators and Targets

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Strategic Objective 1	Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.			9.4M	4.5M
Specific Objective 1.1	Reduce rates of food insecurity, acute malnutrition and wasting, particularly among children, and pregnant and lactating women			5.8M	1.7M
Sectoral Objective	Girls and boys less than five years of age and PLW with acute malnutrition in affected areas access appropriate acute malnutrition management services	Provide treatment to acutely malnourished girls, boys (0-59 months) and pregnant & lactating women at nutrition management sites	Number new admissions of children <5 with SAM		128,524
Number new admissions of children <5 with MAM				61,266	
Number new admissions of Pregnant and lactating women with MAM				38,193	
Provide multi-micronutrient supplements to girls and boys (aged 6 to 59 months), and pregnant and lactating women		Number of children receiving multiple micronutrients supplementation		421,070	
		Number of pregnant women receiving Iron-folic acid supplementation		244,893	
Sectoral Objective	Mothers/caretakers in targeted communities access skilled support for appropriate maternal, infant and young child nutrition (MIYCN) practices	Support mothers and caregivers at high risk of infection with IYCF and hygiene promotion	Number of Caretakers having received orientation of good nutrition/IYCF practices	762313	762313



3.5 Protection

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
7.3M	3.2M	22%	54%	3%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 30.2M	40	48		

Sector Objectives

General Protection:

1. Ensure that the most vulnerable populations have access to protection life-saving interventions, including protection assistance, counselling, information dissemination, access to services and rights (Vulnerable people are supported to improve their living conditions and resilience)
2. Prevent, anticipate, and address risks of violence, discrimination, marginalization, and xenophobia towards vulnerable groups by enhancing awareness and increasing resilience.

Gender-Based Violence:

3. Prevent, protect and respond to sexual/gender-based violence issues of GBV Survivors and at-risk groups.

Child Protection

4. Protect children (girls and boys) from violence, abuse, exploitation and neglect.

response. The response will be targeting 3,181,564 individuals from the total Protection PIN population including vulnerable groups based on the severity analysis. The prioritized activities for the Protection Sector including the GBV and Child protection are listed below:

General Protection:

- Comprehensive face-to-face or remote case management and coherent referrals and helplines-awareness raising on available services including referrals to service providers for provision of targeted and specialized protection services.
- Legal advice/counselling/interventions/sensitization and capacity building.
- Protection Monitoring and Protection Assessments.
- CBP preparedness and protection risk mitigation.
- Protection awareness raising and prevention messaging.
- Peacebuilding and peaceful coexistence.
- Economic resilience and livelihood support for women affected by emergencies.

Sector Response Plan

The Protection Sector has identified sixty-three districts across Pakistan in all four provinces for the

SUB-SECTOR

Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
1.4M	631k	\$ 9.6M	24	22

- Establish integrated GBV/SRH services in health facilities to address issue of S/GBV including CMR.
- Provision of psycho-social support services to GBV survivors and at-risk groups (in person or tele-psycho-social support services).
- Prevent GBV issues through community-based protection mechanism.
- Establish GBV multi sectoral coordination and referral pathways and case management services, including remote case management.
- Increased awareness among local population on available GBV services.
- Frontline health workers and auxiliary staff received PPEs and training on IPC.

SUB-SECTOR

Child Protection

CHILDREN IN NEED	CHILDREN TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.7M	1.1M	\$ 17.0M	24	22

- Provision of Mental Health and Psychosocial Support (MHPSS) Services to the most vulnerable children (girls and boys).
- Establish and support the operations of a case management and referral mechanism to ensure access of vulnerable children to basic services.
- Disseminate information and promote dialogue among families and communities on stigma and Violence Against Children (VAC) and GBV prevention.

Integrated programming/multi-sectoral responses & improving inter-sector linkages

The Protection Sector will enhance focus on promoting multi-sectoral coordination mechanisms with stakeholders to ensure protection preparedness and responses are mainstreamed, including for GBV prevention and support through direct or tele psychological well-being services and counselling, referral mechanisms, provision of services for incident case management, health and reproductive health services, legal aid, and possible linkages to livelihoods programs in collaboration with other actors. In addition, the coordination activities are aimed to increase access to humanitarian assistance for children (girls and boys), women and vulnerable groups (e.g. dignity and new-born kits).

Cost of the response

A mixed approach was adopted for calculating the costing for the interventions under the Protection Sector including lumpsum costing for most of the interventions under the general protection as well as standard unit costing for the GBV and CP response. The reason for adopting this approach was the challenges involved in calculating unit costing for the overall sector given the lack of information on standard unit costing. The per unit cost of both the GBV and the CP interventions is @USD 15/person covering services delivery as well as procurement of GBV kits. The investment in GBV and CP protection, prevention and response are life-saving activities which if not addressed will have long-lasting impacts on the health, psychosocial and economic well-being of children and women including girls and boys, and their families and communities.

Monitoring

Monitoring of the projects will be done by a Monitoring Committee comprising of representatives from the relevant Government departments, UN experts and any other stakeholders. A multi-pronged approach will be adopted to monitor the response including reporting on 4W matrix, establishing a targeted protection monitoring system and responding to emergencies with rapid protection assessments as needed. The progress review will be undertaken at working groups level as well. The Protection working group will be actively engaged in humanitarian assessment surveys to assess needs, gaps, coping mechanisms and response services ensuring that protection is mainstreamed at all levels. Assessment surveys will inform both the effectiveness of the response and gaps.

Links to development programming

The GBV component is aligned with the national priority of Pakistan 2025: 'One Nation-One Vision' focusing on developing social and human capital, and empowering women. Its further links with UNSDF outcome on government institutions, governance and social protection have increased accountability towards gender equality commitments and social, economic, cultural, and political rights. It is also aligned to SDGs 5 on gender equality as well as with the World Humanitarian Summit (WHS) that was held in 2016²⁶

Objectives, Indicators and Targets

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Strategic Objective 2	Ensure that 1.5 million children have access to education, psycho-social support, and other services to ensure their safe development			11.0M	4.1M
Specific Objective 2.1	Address the humanitarian and protection needs of vulnerable groups, including those displaced and those affected by repeated disruptions to their livelihoods, ensuring a transition to sustainable recovery and development, including all ACC holders and Undocumented Afghans			2.2M	1.4M
Sectoral Objective	Ensure that the most vulnerable populations have access to protection life-saving interventions, including protection assistance, counselling, information dissemination, access to services and rights	Comprehensive case management and Coherent Referrals and Helplines-Awareness raising on available services including referrals to service providers for the provision of targeted and specialized protection services	Number of people benefiting from cash or vouchers for protection outcomes		100,832
			Number of people benefiting from recreational activities		19,089
			Number of people successfully accessing essential protection services through safe referrals		117,798
			Number of people receiving case management		1,809
			Number of people benefiting from group counselling		19,600
		Legal advice, counselling, interventions, sensitization and capacity building	Number of people benefiting from legal information and awareness raising activities		173,773
			Number of local authorities sensitized or trained on legal documentation and rule of law		51
		Economic resilience and livelihood support for women affected by an emergency	Number of vulnerable women linked with programs implemented by the Government through Messaging and Direct Contacts in the field		10,000
			Number of micro-businesses by women supported		500
			Number of vulnerable HBWs women identified and provided cash grants		6,000
Frontline health workers and auxiliary staff received PPEs and training on IPC	Number of frontline health workers and auxiliary staff that received PPEs and training on IPC		1,000		

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Specific Objective 2.3	Improve safety and ensure dignity for older persons, persons with disabilities, children, women, girls, transgender people and other vulnerable groups exposed to protection risks, by particularly strengthening the systematic response to gender-based violence in emergencies			1.4M	150.0k
Sectoral Objective	Improve safety and restore dignity for elderly persons, persons with disabilities, children, women, girls and other vulnerable groups exposed to increasing protection risks, particularly strengthening the systematic response to gender-based violence in emergencies and natural disasters.	Establish integrated GBV/SRH services in health facilities to address the issue of S/GBV including CMR	Number of women and adolescent girls access strengthened health facility with the provision of survivor centered lifesaving integrated GBV/SRH services, including CMR in WFHS and in the selected health facilities		120k
		Provision of psychosocial support services to GBV survivors and at-risk groups	Number of women and adolescent girls (men/boys) benefit from integrated Psychological First Aid (PFA) and Mental Health and Psychosocial Support in WFHS, mobile camps and through referral services		150k
			Number of people having benefited from tele psychosocial support services		100k
		Prevent and protect S/GBV issues through community-based protection mechanism	Number of men, boys, girls and women benefit from awareness raising campaigns on different forms of GBV and available services		100k
		Establish GBV multi-sectoral coordination and referral pathways and case management services	Number of GBV survivors benefit from multi sectoral referral pathways and case management services		50k
			Number of coordination mechanism established		5
	Increased awareness among local population on on available GBV services	Number of people benefit from the mass media campaigns		110k	

Objectives, Indicators and Targets (continuation)

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Specific Objective 2.5	Ensure that the humanitarian response increases the coping capacities of people in vulnerable situations, supports safety nets and social services, and complements development and disaster risk management plans.			2.2M	1.6M
Sectoral Objective	Ensure that children have access to education, psychosocial support and other services to ensure their safe development.	Provision of Mental Health and Psychosocial Support (MHPSS) services to the most vulnerable children (girls and boys)	Number of children (girls and boys) and caregivers (men and women) accessing mental health and psychosocial support		219,719
		Establish and support the operations of a case management and referral mechanism to ensure access of vulnerable children to basic services	Number of of children (boys and girls) and adolescents (boys and girls) who receive child protection services including GBV		109,859
		Disseminate information and promote dialogue among families and communities on stigma and Violence Against Children (VAC) and GBV prevention	Number of of people reached with prevention messages on stigma and VAC including GBV		769,016

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED		
Specific Objective 2.5	Ensure that the humanitarian response increases the coping capacities of vulnerable people, supports safety nets and social services, and complements development and disaster risk management plans.			2.2M	1.6M		
			Protection Monitoring of the ongoing interventions for identifying and bridging gaps within the response interventions	Number of individual household visited during protection monitoring		860	
				Number of people successfully accompanied to access rights and services		1,200	
				Number of locations with protection concerns with protection actor presence		80	
			Protection Assessments including rapid needs assessments of the evolving situations for firming up interventions	Number of protection reports from field-based monitoring teams produced and shared in a timely manner		25	
				Number of report(s) produced with data collected through monitoring		34	
				Number of report(s) produced with data collected through assessments		34	
			Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards vulnerable groups by enhancing awareness and increasing resilience	CBP preparedness and protection risk mitigation	Number of members of community-based protection structures trained on community-based protection		25
					Number of people benefiting from community-based preparedness and risk mitigation activities		5340
				Protection awareness raising & prevention messaging	Number of people reached through campaigns (radio/tv shows messaging, community meetings, etc.)		906,240
					Number of people reached through group awareness raising sessions		193,479
					Number of local authorities sensitized on protection (roles, rights of civilians, etc.)		5
				Peacebuilding and peaceful coexistence	Number of community members benefiting from conflict resolution and mediation activities		130
			Number of community members, leaders and authorities trained in conflict resolution and mediation			53	
			Number of people reached through campaigns			1,869	



3.6 Shelter

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
1.3M	105.2k	22%	54%	3%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 3.8M	5	5		

Sector Objectives

1. The Shelter Sector objective is to provide disaster-affected communities with access to safe and dignified living conditions.

Sector Response Plan

Prioritized activities:

- Provision of Shelter Repair Kits to repair or reconstruct partially and fully damaged shelters
- Distribution of Non-Food items (NFI) kits

Geographical targeting:

The overall aim of the sector is to provide humanitarian assistance to the most vulnerable individuals²⁷, while maximizing the efficiency and effectiveness of interventions. Shelter interventions and geographical coverage are based on needs assessments, coordination, and consultation with government authorities, humanitarian actors, and NGO networks, while considering the ongoing operational presence and comparative advantage of each consortium member.

Most affected union councils and villages with existing needs will be targeted within notified districts. N/PDMA has reported the following eight districts throughout the country as flood affected, which will be targeted by the Shelter Sector: the districts of Badin, Dadu, Tandumohammad Khan, and Sajawal in Sindh

province; Swat and Shangla in the province of Khyber Pakhtunkhwa; and Kachhi and Jahl Magsi in Baluchistan province.

HH Beneficiaries targeting:

In particular, the Shelter Sector will:

- Support vulnerable households whose houses are completely or partially damaged through the provision of shelters repair kits.
- Support the most vulnerable households without basic household items necessary for survival through the provision of NFI kits.

Modalities:

The following interventions are recommended to build back better:

- Reconstruction: There is an urgent need for rehabilitation of 6,295 fully damaged Kachha shelters and 158 Pakka shelters across eight districts. As per shelter guidelines, reconstruction shall deliver enhanced disaster resilience.
- Repairs: There is an urgent need for repair of 11,406 Kachha shelters and 1,053 Pakka shelters. Different kinds of shelter repair and tool kits can be developed depending on topography and weather conditions in different districts.



THARPARKAR, SINDH

Shelter and Hygiene Kits distribution by Natural Disaster Consortium among disaster affected people in Village Faiz Muhammad Bilalani, Saman Sarkar, District Tharparkar, Sindh. Photo: IOM Pakistan

- Provision of Non-Food items (NFI): Many affected households have lost basic household items during the flood. Therefore, it is recommended to complement shelter intervention with the provision of NFI kits. The exact composition of NFI kits will be determined based on location, weather conditions and the extent of damage in the affected districts.

Integrated programming/multi-sectoral responses & improving inter-sector linkages

Shelter partners under the ongoing Natural Disaster Consortium (NDC) programme are currently working in proposed districts in Sindh province as part of the Flood Emergency Response; this allows a strong coordination with relevant stakeholders including communities, humanitarian agencies, and government agencies including line departments and District

Disaster Management Authorities (DDMAs). Partners will continue to coordinate with other sector partners, particularly with FSL and WASH partners, to create synergies and greater impact of intervention.

Cost of the response

The Shelter Sector requires US\$9.4 million to continue responding to the impacts of the floods in 2020 and for the winter response. Shelter repair kits will be upgraded to permanent shelter kits as part of the Early Recovery intervention.

Monitoring

Monitoring of the projects will be done by a Monitoring Committee comprising of representatives from the relevant Government departments, UN experts and any other stakeholders. Shelter partners will monitor their activities and interventions through

their own monitoring systems. Field monitoring staff will conduct the beneficiary verification process and output monitoring. Depending on feasibility, post distribution monitoring will be conducted either through phone calls or in-person visits. IOM as the Sector lead will complement partners’ monitoring systems through activity and post-activity monitoring. IOM will maintain regular monitoring and tracking of interventions to ensure that specific and accurate information on progress against agreed milestones

and timelines is obtained and recorded. Implementing partners will be expected to provide timely information regarding any changes or deviation through routine and ad hoc processes. Additionally, the Secretariat will report progress against agreed timelines, delivery of materials and goods, issues and challenges and coordination activities on a bi-weekly basis.

Objectives, Indicators and Targets

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Strategic Objective 1	Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.			9.4M	4.5M
Specific Objective 1.4	Save lives by strengthening coordinated response to natural disasters at local, provincial and national levels while reducing the impact of recurring disasters through disaster risk management and use of early or anticipatory responses.			1.3M	1.0M
Sectoral Objective	Disaster affected communities have access to safe and dignified living conditions	Distribution of NFI kits.	Number of disaster affected beneficiaries receiving NFI kits.	137,178	66,996
		Provision of Shelter Repair Kit, of repair/reconstruction of damaged/ destroyed shelters.	Number of disaster affected beneficiaries receiving shelter repair kits.	137,178	38,196



3.7 Water, sanitation and hygiene

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
3.6M	1.8M	22%	54%	3%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 27.7M	23	30		

Sector Objectives

1. WASH sector objectives are to ensure access and provision of safe drinking water, appropriate sanitation, and promotion on safe hygiene practices²⁸ for communities affected by disasters and COVID-19.

Sector Response Plan

WASH will be targeting the vulnerable districts in all four provinces as highlighted by PDMA as well as districts with a high case load of COVID-19. This includes 13 districts in Sindh, 11 districts each in KP, Baluchistan and Punjab. 1.8 million people will be targeted for these interventions, which will be at the community level : the main priority of WASH sector is access to and provision of safe water and sanitation facilities and changing behavior of communities on safe hygienic practices. This will be done through repair/ rehabilitation/ new installation of water supply systems, provision of safe water through water trucking (1.1 million people), continuous monitoring of water quality and chlorination, installation / repair of user-friendly and gender appropriate latrines (900,000 people), defecation trenches, bathing cubicles and washing places, promotion of critical WASH-related information using interpersonal communication, social and mass media campaigns, dissemination of IEC material and radio & television shows (1.8 million people), provision of appropriate WASH installations at schools, provision of appropriate WASH installa-

tions in priority health facilities targeted for treating COVID-19 cases, installation of hand washing stations at key public places and capacity building of front line workers on measures related to COVID-19

This will also include specific activities that will be targeting school children through WASH in Schools as well as patients and health care personnel through WASH in health care facilities. Activities will be tailored to the needs of women and girls including the installation of separate, well lighted, and lockable latrines with pardah wall, and Menstrual hygiene management (MHM) supplies in the hygiene kits at schools. Majority of the WASH interventions will be provision of facilities through partners and contractors with community and government line agencies taken onboard throughout the project cycle.

Integrated programming/multi-sectoral responses & improving inter-sector linkages

Standalone WASH interventions in schools and healthcare facilities directly impact the activities of education sector and health sector. With the integration of WASH with health, education, and nutrition the impact on the lives of people will be much higher than standalone project. Through WASH in schools, children attending schools with have access to safe WASH services at their schools helping in reducing absenteeism caused to waterborne diseases. Provision of safe drinking water, safe sanitation facilities

Objectives, Indicators and Targets

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Strategic Objective 1	Save lives by providing integrated services to those affected by shocks, ensuring that the needs of women, children, elderly and people with disabilities and other vulnerable groups are addressed.			9.4M	4.5M
Specific Objective 1.2	Increase the number of people with access to life-sustaining essential services, particular access to water, sanitation and primary health and sexual and reproductive health.			2.0M	1.0M
Sectoral Objective	Ensure access to and provision of safe drinking water, appropriate sanitation, and promotion on safe hygiene practices for the disaster affected communities.	Repair/Rehabilitation/ installation of water supply systems including hand pumps, pressure pumps and dug wells	Number of people provided with access to safe water through repair/rehabilitation/ installation of water supply systems		853,168
		Provision of safe water through water tankering	Number of people provided with access to safe water through water tankering		114,000
		Water quality monitoring and chlorination	Number of people benefiting from the monitored and chlorinated waterpoints		
		Installation of user friendly latrines, defecation trenches, bathing cubicles and washing places	Number of people provided with access to safe sanitation through installation of latrines, bathing cubicles and washing places		615,116
		Installation of user friendly latrines, defecation trenches, bathing cubicles and washing places	Number of people with access to safe sanitation through repair/ rehabilitation of latrines at household level		100,000
		Promotion of critical WASH-related information using interpersonal communication, social and mass media, radio jingles, leaflets, posters, billboards and radio & television shows.	Number of people reached with key messages on safe hygienic practices		89,3892
		Provision of appropriate WASH installations at schools and healthcare facilities	Number of children with to access to safe water, sanitation and hygiene facilities at schools		100,000
		Provision of appropriate WASH installations at schools and healthcare facilities	Number of people with to access to safe water, sanitation and hygiene facilities at healthcare facilities		20,000

and promotion of safe hygienic practices at community level help reducing the caseload for water borne diseases, directly reducing the patient caseload on health care facility, and allowing families to make savings on medical care. Also WASH in Healthcare facilities enables patients and healthcare staff to access WASH services at their respective facility.

Cost of the response

Costing is USD 26.6 million for 1.8 million people averaging around USD 14.68 per beneficiary. This will include interventions for water, sanitation, hygiene promotion, WASH in Schools and WASH in health-care facilities.

Monitoring

The sectoral monitoring will be done through the provincial working groups comprising representatives of the relevant Government departments, UN entities and other relevant stakeholders. Provincial sector

coordinators will develop quarterly monitoring plans for the different sectoral partners (based on funding received) along with government line agencies and line agencies made part of the monitoring team. Also, sectoral partners will be part of monitoring visit for cross sectoral learnings. At the start of the interventions affected people will be brought in at the planning stage for their inputs into the project, they will also be made part of the team that certifies the completion of the project.

Links to development programming

The majority of the interventions planned include a “building it back better” element, aligned with the SDGs, which includes rehabilitation of permanent water supply, provision of WASH facilities in Schools and in health care facilities.

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Specific Objective 1.3	Mitigate the spread of Covid-19 and other communicable diseases and their impact on society			1.6M	800.0k
Sectoral Objective	Ensure access to and provision of safe drinking water, appropriate sanitation, and promotion on safe hygiene practices including improved knowledge and practice of IPC for the covid-19 affected people and staff at healthcare, quarantine/ isolation centers.	Capacity building of key front line workers on measures related to COVID-19	Number of key front line with enhanced capacity on measures related to COVID-19		20,000
		Provision of appropriate WASH installations in priority health facilities targeted for treating COVID-19 cases: (water supply, sanitation facilities, hand-washing facilities with soap, chlorine powder and lime for disinfection of contaminated surfaces)	Number of people benefiting from the provision of appropriate WASH installations in health facilities targeted for treating COVID-19 cases		75,000
		Ensuring access to information on preventive measures, against COVID-19 through social and mass media, radio jingles, leaflets, posters, banners, billboards and radio& television shows.	Number of people accessing information on preventive measures against COVID-19 through social and mass media campaigns		800,000
		Installation of hand washing stations at key public places and distribution of soap.	Number of people benefiting from the installation of hand washing stations at key public places and distribution of soap.		200,000

Part 4: Refugee Response Plan

MIANWALI/PUNJAP

11-years-old, Afghan refugee girl studies in the 6th grade at the refugee school in Kot Chandana refugee village in Mianwali, Pakistan. Photo: UNHCR/S. Rich



Refugees



PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
1.4M	1.4M	26%	44%	15%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 108.1M	26	33		

Refugee Chapter Objective

To provide multi-sectoral assistance to refugees and asylum seekers particularly in health, education, livelihoods, and protection, including those affected by natural disasters and other emergencies, while seeking to realize durable solutions.

Overview and target population

For much of the last 40 years, Pakistan has been the largest refugee-hosting country in the world. In 2021 it remains the third largest hosting over 1.4 million Afghan refugees holding a Proof of Registration card issued by the Government of Pakistan.²⁹ Pakistan allows refugees’ freedom of movement, as well as access to its public health and education services and in 2019, the Government enabled refugees to open bank accounts. The hospitality and generosity of the country in extending protection and assistance to generations of Afghan refugees for decades is highly commendable and creates a conducive environment for building refugees’ self-reliance. Continued investments in the resilience and human capital of refugees³⁰ in Pakistan will serve Afghanistan’s reconstruction efforts, as well as help them to contribute to the socio-economic development of their communities. Noting the additional pressures on infrastructure and service delivery systems, as well as the severe socio-economic impact of COVID-19, the need for greater international support to and burden-sharing with Pakistan has never been greater.

The majority of refugees reside in Khyber Pakhtunkhwa (58 per cent) and Baluchistan (23 per cent). 31 per cent continue to reside in 54 Refugee Villages which evolved from earlier camp-settings. According to the Pakistan Poverty Alleviation Fund, more than half of the refugees are in the category of extremely poor/ultra-poor³¹.

The remaining 69 percent of refugees live in urban, peri-urban, and rural areas alongside their Pakistani host communities, with the Government of Pakistan allowing access to local services including in the sectors of health and education – despite the strain on available resources and infrastructure.

While activities will be carried out throughout the country, including Punjab and Sindh provinces and Islamabad Capital Territory, interventions will be weighted heavily towards Khyber Pakhtunkhwa and Baluchistan provinces, where the largest proportion of Afghan refugees reside. Interventions will particularly focus on areas heavily populated by refugees, such as refugee settlements – known as refugee villages – as well as urban areas where Pakistani communities host large numbers of refugees.

COVID-19 also dramatically reduced livelihoods opportunities among this population, resulting in increased recourse to negative coping mechanisms. This increased the level of vulnerability of refugees and further hindered their ability to secure their



ISLAMABAD/FEDERAL CAPITAL TERRITORY

An Afghan refugee sits for a photograph with two of his children, in Sector I-12 settlement, Islamabad.

Photo: UNHCR/Roger Arnold

basic household needs. In response to the COVID-19 pandemic, an emergency cash-based program³² provided assistance to vulnerable refugee households in 2020.

The Refugee Response Plan aims to provide international protection and multi-sectoral assistance to refugees and asylum-seekers; particularly in health, education livelihoods, social and legal protection interventions. Furthermore, to strengthen GBV and SEA prevention and response mechanisms and to build co-existence and resilience through a community-based protection approach in the implementation of most assistance activities benefiting refugee and hosting communities in Pakistan.

Key Stakeholders

The inter-agency refugee response in Pakistan is coordinated by UNHCR and the Government of Pakistan, including the Ministry of SAFRON and the Commis-

sionerate for Afghan Refugees at the Federal and provincial levels- the main Government counterpart, as well as engagement with other federal and provincial line ministries. In coordination with members of the refugee response and other actors, refugees and asylum-seekers in Pakistan are targeted for international protection and assistance.

Response Strategies

Reaffirming the regional, multi-stakeholder and multi-sectoral approach that bridges humanitarian and development assistance and builds resilience of communities as a whole, the response will implement concrete and coordinated actions, with a focus on solutions, community-based interventions and cross-border collaboration, in line with the regional Solutions Strategy for Afghan Refugees (SSAR), endorsed by the Governments of the Islamic Republics of Afghanistan (hereafter Afghanistan), Iran (hereafter Iran) and Pakistan.

Objectives, Indicators and Targets

	OBJECTIVE	SECTOR ACTIVITY	INDICATOR	IN NEED	TARGETED
Strategic Objective 2	Vulnerable people are supported to sustain their livelihoods and improve their living conditions and resilience while ensuring their protection.			11.0M	4.1M
Specific Objective 2.2	Provide protection and access to basic services and seek lasting solutions for refugees and asylum seekers in Pakistan.			1.4M	1.4M
Sectoral Objective	Multi-sectoral basic services to refugee and asylum seekers particularly in health, education, livelihoods and protection, including those affected by natural disasters and other emergencies	Provide protection and assistance to refugees and asylum seekers living in Pakistan	Number of refugees and asylum seekers benefiting from protection and assistance	1.4M	1.4M

The activities for the refugee response in Pakistan are underpinned by three strategic priorities, which correlate with the Government of Pakistan’s Comprehensive Policy on Voluntary Repatriation and the Management of Afghan Refugees and the regional SSAR.

Strategic Priority 1: Inclusive Protection and Assistance to empower and build the resilience and self-reliance of refugees, asylum-seekers and other persons of concern; and to ease pressures upon and foster the resilience of host communities.

Strategic Priority 2: Innovative Solutions for different populations, based on their diverse profiles and needs, in both protracted situations and emergencies.

Strategic Priority 3: Strong and Diverse Partnerships to build multi-stakeholder approaches, a broader base of support, and more equitable responsibility-sharing, with focus on operational synergies, joint strategy development, advocacy, and resource mobilization.

Strategic Priority 4: Facilitate the gradual voluntary, timely, and well-resourced repatriation of Afghan refugees, in safety and dignity to Afghanistan and contribute to their sustainable reintegration through cross border programming.

Prioritized response

In 2021, the response prioritizes longer-term solutions, with a strong role for protection through self-reli-

ance initiatives to address the unique needs of the protracted caseload, and includes:

- Protection assistance and support including legal services, individual case management, prevention of SGBV and SEA, and the GoP-UNHCR DRIVE: a verification of all 1.4 million Proof of Registration (PoR) card holders.
- Voluntary, timely, and well-resourced repatriation in safety, with dignity and supporting refugees’ well-informed decisions on return and reintegration.
- Emergency assistance to the most vulnerable during natural disasters, including distribution of non-food items, ensuring effective inter-agency coordination, conducting joint needs assessments and delivering a rapid response.
- Support access to health and education in and outside the refugee villages.
- Technical and vocational training, livelihoods support towards self-reliance.
- Cross-border: strengthening cross-border coordination and complementarity in solutions-based activities linked to the Priority Areas of Return and Reintegration (PARRs) in Afghanistan.
- Refugee response partners will continue to support the Government of Pakistan during 2021 in the prevention and response to the ongoing pandemic.

The response will mainstream youth in short to mid-term programming that links to longer-term

development, including in skills building and economic empowerment, volunteering, education and capacity building in community management and leadership. The response aims to support young refugees and Pakistan host community youth with multi-sectoral interventions that enable them to realize their full potential and increase their self-reliance³³.

Within this context, assistance targeting, and response priorities are usually identified through a participatory assessment³⁴ exercise, through which refugee communities share feedback on concerns and assistance priorities. Prioritization is further informed by regular monitoring in refugee settlements and urban areas, as well as inter-agency needs assessments, including remotely and working through community structures relying heavily on telephone help lines. In 2021 UNHCR will continue to develop means to remain in touch with refugees in a way that does not place them at greater risk of contracting COVID.

The refugee response will continue to focus on durable and transitional solutions for the Afghan and non-Afghan refugee populations in Pakistan. Voluntary repatriation for Afghan refugees will be prioritized in close coordination with the Governments of Afghanistan and Pakistan through two Voluntary Repatriation Centres (VRCs).

In line with SSAR, partnerships and cross-border platforms³⁵, the refugee response will strengthen coordination and complementarity in solutions-based activities linked to the Priority Areas of Return and Reintegration (PARRs) in Afghanistan³⁶.

Strengthened coordination has been providing a vehicle to reinforce the linkages between potential returns and livelihood initiatives to better support reintegration in Afghanistan. The voluntary repatriation of Afghan refugees remains contingent in large part on stability and security in their country of origin further influenced by the Afghan peace process. In the interim, refugees and asylum-seekers in Pakistan remain in need of international protection and multi-sectoral assistance with projects that consider their age, gender and diversity and enable them to lead lives in dignity, in a protective environment.

The Refugee Response will continue to adopt a community-based protection approach to reach out to refugees and their hosting communities, increase community resilience, and strengthen protection for those communities, including addressing gender-based violence, sexual exploitation and abuse, and action to address other individual or group protection concerns.

Legal services and awareness of rights and obligations through Advice and Legal Aid Centres (ALAC), located in the main refugee-hosting areas, and supported by a network of pro-bono lawyers will be available.

A core activity for 2021 will be DRIVE (Documentation Renewal and Information Verification Exercise) with the Government of Pakistan³⁷. DRIVE will be verifying the registered 1.4 million refugees issuing them with new identity documentation. The documents will be in the form of a biometric Smartcard issued by the Government of Pakistan. This verification will provide a critical opportunity to update and expand the PoR cardholder dataset³⁸, allowing for more effective planning and response around refugee protection, assistance and solutions, including voluntary repatriation and sustainable reintegration in Afghanistan. The obtained data will be critical in informing targeted humanitarian-development-peace investments in the priority areas of return and reintegration (PARRs) in Afghanistan and therein support the Government in the implementation of the Comprehensive Policy on Voluntary Return and Management of Afghan Refugees.

The refugee response also seeks to contribute to improved humanitarian-development nexus approaches by supporting national service providers and host communities to meet the additional demand on services in refugee hosting areas, with an emphasis on the Refugee Affected and Hosting Areas (RAHA) Program in Pakistan. The approach prioritizes enhanced access to public services where possible with community-based assistance for Afghan refugees and their host communities therein contributing to peaceful coexistence of refugees and host communities. In 2021, priority projects under RAHA will be in education, health and livelihoods, as well as renewable energy. RAHA will include: (i) enhancement of government health facilities through construction

of new health facilities / rehabilitation of existing health facilities and provision of medical equipment; (ii) enhancement of government schools through construction of new classrooms and other facilities, rehabilitation of existing structures and provision of furniture and other school supplies; (iii) provision of clean drinking water through construction of water tube wells and laying of water distribution channels; and (iv) technical and vocational skills development.

In 2021, the community-based protection approach will focus on enhancing protection monitoring, timely referral and support to vulnerable individuals with specific focus on child protection, SGBV prevention and response, PSEA measures, as well as support to persons with disabilities and their inclusion in communal places and community-led initiatives. Through a community-based protection approach, the refugee response will reinforce engagement with refugee Outreach Volunteers,³⁹ refugee leadership structures and local committees in order to facilitate access to nearby specialized service providers. To help prevent SGBV, communal spaces and community centers will be used to provide awareness raising sessions to reduce negative behaviors, promote

gender equality, and implement activities in support of women’s empowerment as such as literacy classes, vocational training, life-skills, etc. Men and boys (including men in leadership roles) will be engaged in the awareness campaigns within communal spaces as active members of the community committees as well as positive agents of change. Private sector engagement will be pro-actively explored given its potential to contribute with resources, innovation, and technical expertise.

Income generation activities through vocational and technical skill development training, particularly for refugee youth will be increased. Key activities include supporting families with certified vocational and technical skill training, provision of tool kits and productive assets to home-based businesses as start-up capital, which will help refugees in creation of self-employment opportunities. Priority actions also involve establishing market linkages for skilled women groups and capacity-building for refugees in agricultural activities. To support refugees’ access to government vocational and technical institutes, training labs will be upgraded by providing technical equipment to Government institutes. Strategic partnerships will be investigated

REFUGEE RESPONSE PLAN: BUDGET PER SECTOR

SECTOR/MULTI-SECTOR	REQUIREMENTS (US\$)
Education	\$ 33.5M
Food Security & Agriculture	\$ 13.2M
Health	\$ 19.6M
Logistics	\$ 2.9M
Multi-sector	\$ 5.8M
Protection	\$ 29.1M
<i>Child Protection</i>	<i>\$ 98.8k</i>
<i>Gender Based Violence</i>	<i>\$ 68.2k</i>
Emergency Shelter and NFI	\$ 800.0k
Water Sanitation Hygiene	\$ 3.1M
Coordination and support services	\$ 17.0k

with Government vocational training institutes such as NAVTC/ TEVTA.

Response to Emergencies and COVID-19

The refugee response will support the Government's coordinated humanitarian response with assistance to the most vulnerable refugees and asylum-seekers through the provision of non-food items and emergency shelter, including during natural disasters. Effective inter-agency coordination and joint needs assessments will be conducted to ensure rapid effective responses.

In 2021, persons with specific needs in refugee villages and urban areas will be prioritized with scaled-up health, livelihoods, and education interventions. The interventions will focus on social protection and promote access of refugees and members of host communities to essential services.

Response Mechanism: Protection from Sexual Exploitation and Abuse (PSEA)

Building on the actions of the National Taskforce for PSEA, it is planned to strengthen the capacity of actors providing protection and assistance to refugees, by organizing an interagency training of trainers on prevention and response to SEA.

Monitoring

In coordination with the Commissionerate for Afghan Refugees (CAR) the delivery of project assistance will be carefully monitored to assure effectiveness, quality of delivery and appropriateness of the intervention to track whether the protection and assistance programmes of the refugee response are proceeding as planned and achieving the desired impact. This will include regular community visits, strengthened communication and feedback structures, and Participatory Assessments which gather information on protection concerns of refugees and asylum-seekers. Remote monitoring for instance will be utilized, if on-site monitoring is not feasible or accessible.

A multi-pronged approach will be adopted to monitor the response including reporting on 4W matrix, review of means of verifications, and field monitoring visits as feasible. The refugee response will be actively engaged in humanitarian inter-sector assessment surveys to assess needs, gaps, coping mechanisms and response services. The assessment surveys will inform both the effectiveness of the response and continued or new gaps arising due to emerging humanitarian situation.

Links with Development Programmes

Critical funding gaps continue to challenge the inter-agency partners' capacity to respond to the needs of refugees and asylum-seekers in the protracted situation and strengthening the links to development are essential. In line with the Global Compact on Refugees, urging the international community to ease the socioeconomic burden - of hosting a large refugee population over a protracted period of time - through bringing development dividends, the Refugee response will aim to ensure that humanitarian and development programs are coherently complemented to help provide durable and sustainable solutions for refugees. Coordination and collaboration will be further strengthened with relevant government counterparts, development actors and the private sector to help bridge the gap between humanitarian assistance and medium to long-term development support for refugees.

The planned activities will support the Government's objectives towards meeting the 2030 Sustainable Development Goals and the principle of leaving no one behind. Refugee response partners will advocate with the UN and development agencies for the full inclusion and consideration of refugees within their planning processes. The refugee response supports Pakistan's UNSDCF by contributing to the Sustainable Development Goals 3, 4, 6 and 8 (health, education, livelihoods, and water).

ORGANIZATIONS PARTICIPATING IN THE REFUGEE RESPONSE PLAN

PARTICIPATING ORGANIZATIONS

Government of the Islamic Republic of Pakistan (GoP) – Ministry of Foreign Affairs, Ministry of SAFRON / Commissionerate for Afghan Refugees

National Database & Registration Authority (NADRA), GoP

Best – Pakistan

Community World Services – Asia

Concern Worldwide

Drugs and Narcotics Educational Services for Humanity (DANESH)

Frontier Primary Health Care (FPHC)

HASHOO Foundation

Imkaan Welfare Organization (IWO)

Initiative for Development and Empowerment Axis (IDEA)

Innovative Development Organization (IDO)

Inspire Pakistan

International Catholic Migration Commission (ICMC)

Government of the Islamic republic of Afghanistan (GoA), Ministry of Refugees and Repatriation (MoRR)

National Vocational and Technical Training Commission (NAVTEC)

Pakistan Poverty Alleviation Fund (PPAF)

Qatar Charity, ,

Rural Development Organization (RDO),

Sarhad Rural Support Program (SRSP)

Secours Islamique Francais

Society for Community Support to Primary Education (SCPEB)

Society for Empowering Human Resources (SEHER)

Society for Humanitarian Rights & Prisoners (SHARP)

Taraqee Foundation (TF)

Water, Environment & Sanitation Society (WESS)

Part 5:

Response Plan for Afghan Citizenship Card Holders and Unregistered Afghans

MIANWALI / PUNJAB

12-year-old, afghan refugee studies at the boys' middle school in Kot Chandana refugee village in Mianwali, Pakistan. Photo: UNHCR/S. Rich



Afghan Citizenship Card Holders and Unregistered Afghans

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITIES
1.24M	1.24M	26%	44%	3%
REQUIREMENTS (US\$)	PARTNERS	PROJECTS		
\$ 40M	1	1		

As indicated in the previous chapter, Pakistan hosts one of the largest refugees populations in the world. Apart from 1.4 million Afghan Refugees holding POR cards, there are 0.84 million Afghan Citizenship Card Holders (ACC) and between 0.4-0.6 million undocumented Afghans living in Pakistan. Whilst previous chapter focused on 1.4 million Afghan refugees (POR Card Holders) covered under the mandate of UNHCR framework, this chapter focuses on the rest of 1.44 million Afghans in the above-mentioned categories, in Pakistan. The financial requirement assessment for these 1.4 million vulnerable Afghans takes into consideration the interconnected nature of Afghan families, efforts of the Government of Pakistan, as well as UNHCR projects which benefit Afghan refugees and their host communities. The focus has been to provide an inclusive response and avoid duplication of efforts. To confirm the number of ACC and unregistered Afghans and understand the full scope of their requirements, the Government, IOM and UN partners will conduct an exercise that would verify and/or establish more accurate numbers of Undocumented and ACC holders in Pakistan to improve informed decisions regarding assistance programming for these groups.

Government of Pakistan and its people have shown exemplary generosity, compassion and hospitality in providing protection, basic facilities and assistance to all categories of Afghans living in Pakistan. Paki-

stan’s Covid-19 response has been inclusive, providing support to vulnerable groups.

The majority of ACC and undocumented Afghans live in urban areas in Pakistan . They have access to local services such as health, education, and other necessities. Covid-19 had a similar impact on them, increasing their socio-economic difficulties and health challenges.

It is important to show case solidarity with the Government of Pakistan as well as these vulnerable categories of Afghans, on the basis of principles of international burden and responsibility sharing.

Key Stakeholders

The Inter Agency response will be coordinated by the Government of Pakistan including Ministry of SAFRON, Ministry of Foreign Affairs, Chief Commissionerate of Afghan Refugees, Provincial Commissionerate’s of Afghan Refugees, Ministry of Health, NDMA, PDMAs, relevant UN Organizations and IOM and other stakeholders.

Response Strategies

The response strategies focus on a multi-stakeholder and multi-sectoral approach to provide necessary humanitarian assistance, support host communities and build resilience. The underpinning principles of the response include humanitarian assistance to the above referred vulnerable groups, finding durable solu-

tions, building resilience and providing support to the host communities, investing in health and education infrastructure of the host communities (whose access is inclusive for all), and voluntary, well-resourced and timely repatriation of these Afghans to Afghanistan. Special consideration will be given to the needs and requirements of vulnerable population groups including women, girls, boys, men, elderly, and persons with special needs (disabled etc.)

Following main interventions are proposed during the year:

- Advancing cross border linkages to find durable solutions such as return of these Afghans to the Priority Areas of Return and Reintegration in Afghanistan
- Continuation of flow monitoring activities at two formal border crossings with Afghanistan to quantify outflows, demographics, intentions, origins, routes and destinations of returning Undocumented AFG migrants including ACC holders.
- Voluntary, well resource and timely return to Afghanistan and reintegration there.
- Set up transit centers to provide pre-departure humanitarian assistance including repatriation grant for the most vulnerable families (indicative cash grant at a rate of USD 100 per family), and cash for transportation based on final destination and to cover custom clearances (maximum USD 50 per family).
- Conduct information campaigns in areas of high concentration of Afghan population in order to assist vulnerable migrants make an informed decision on return.
- Supporting the pandemic response of the Government of Pakistan 2021 in all aspects such as prevention, awareness raising, vaccination, capacity building of hospitals such as provision of ambulances, ventilators, PPE kits etc. Provide basic and primary healthcare services, medical screenings and provision of essential medicines including vaccinations for polio and measles (for children under 10 years of age), Tuberculosis, Coronavirus, and other infectious diseases.
- Technical and vocational training and livelihood support especially to the youth and women.
- Emergency assistance during natural disasters including distribution of food and non-food items etc.

Part 6:

Annexes

UMERKOT, SINDH

Little girl smiling, at a flood-affected camp at Sher Khan Nuqrich UC Satryoon. Photo: Association for Water, Applied Education & Renewable Energy (AWARE).



6.1 Participating Organizations

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Action Against Hunger	Health, WASH, Nutrition	\$3,774,000	1
Advocacy, Research, Training and Services Foundation	WASH	\$200,065	1
Agency for Technical Cooperation and Development	WASH, Food Security, Shelter	\$1,500,000	3
Aurat Foundation	Protection	\$1,981,527	1
Balochistan Rural Support Programme	WASH, Protection	\$1,502,126	2
Bright Star Development Society Balochistan	Shelter	\$549,413	1
Bunyard literacy and community council	Education	\$349,086	1
CARE International	WASH, Food Security, Protection	\$3,122,609	9
Center of Excellence for Rural Development	Health, Protection	\$985,894	2
Civil Society Support Program	Protection	\$134,735	1
Community Development Foundation	Protection	\$77,750	1
Comprehensive Health and Education Forum (CHEF) International	Health	\$573,011	1
Concern Worldwide	WASH	\$226,478	1
Cooperazione E Sviluppo - CESVI	WASH, Food Security, Protection, Shelter	\$1,971,004	2
DANESH	Protection	\$393,131	1
Development and Empowerment Society	Protection	\$100,000	1
Food & Agriculture Organization of the United Nations	Food Security	\$17,825,123	2
Foundation for Rural Development	Food Security, Shelter	\$2,522,067	2
Health And Nutrition Development Society	WASH	\$365,956	1
Health Education and Development Society	WASH, Protection	\$850,000	2
Help In Need	Education, WASH	\$962,815	3
HelpAge International UK	Food Security, Protection	\$800,000	2
Human Organization for Peaceful Environment	Protection	\$60,000	1

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Idara e Taleem o Agahi	Education	\$199,998	1
Indus Resource Centre	Protection	\$174,621	1
Initiative for Development and Empowerment Axis	Education, Health, Refugee Response	\$1,146,155	4
Innovative Development Organization	Education	\$71,000	1
Insan Dost Welfare Society	Protection	\$95,000	1
International Medical Corps UK	Health	\$93,132	1
International Organization for Migration	WASH, Protection, Shelter	\$42,376,018	3
International Rescue Committee	Protection	\$2,228,012	2
Islamic Relief Pakistan	WASH, Food Security, Protection	\$6,097,091	4
JAGGARTA Social Welfare Organization	WASH	\$19,500	1
Khwendo Kor	Protection	\$735,829	3
Médecins du Monde France	Health	\$566,257	1
Mercy Corps	WASH, Food Security	\$800,000	2
Muslim Aid	WASH	\$758,438	1
Muslim Hands International	WASH, Food Security	\$1,657,978	5
Nari Development Organization	Protection	\$50,000	1
OCHA NGO Funds	Protection	\$300,000	1
Office for the Coordination of Humanitarian Affairs	Coordination and Common Services	\$450,000	1
OXFAM GB	Food Security	\$534,795	1
Pak Women	Protection	\$80,000	1
Pakistan Village Development Program	Protection	\$41,983	1
Peace and Development Organization	WASH, Protection	\$900,000	2
Philanthrope	WASH	\$500,064	1
RABT Development Organization	WASH	\$531,943	1
Relief International	Refugee Response	\$635,084	1
Rural Education and Economic Development Society	Protection	\$159,995	1
Sahil	Protection	\$175,000	1
Sami Foundation	Protection	\$493,000	1
Sanjh Preet Organization	WASH	\$306,101	1
Sarhad Rural Support Programme	Protection, Refugee Response	\$675,273	2

ORGANIZATION	SECTORS	REQUIREMENTS (US\$)	PROJECTS
Save the Children	Education, Health, WASH, Protection	\$1,941,067	4
Secours Islamique France	Food Security, Refugee Response	\$1,823,317	3
Shifa Foundation	Protection	\$265,901	1
Shirkat Gah	Protection	\$247,160	1
Sindh Agriculture and Forestry Workers Cooperation Organization	WASH	\$614,634	1
Sindh Community Foundation	Protection	\$88,250	1
Society for Community Support for Primary Education in Balochistan	Education	\$63,000	1
Society for Human and Environmental Development	Health	\$502,451	1
Society for Human Rights and Prisoner's Aid	Refugee Response	\$340,804	1
Strengthening Participatory Organization	Education	\$370,000	1
Sustainable Peace and Development Organization	Protection	\$331,410	1
Taraqee Foundation	Protection	\$560,739	1
The Awakening	Protection	\$44,139	1
The Aware Foundation	Protection	\$80,000	1
United Nations Children's Fund	Education, Health, WASH, Protection, Nutrition	\$50,768,510	7
United Nations Educational, Scientific and Cultural Organization	Education	\$950,000	1
United Nations High Commissioner for Refugees	Refugee Response	\$105,588,946	1
United Nations Population Fund	Coordination and Common Services, Health, Protection	\$7,135,000	3
UNWOMEN	Protection	\$1,595,982	1
Women Health Action Agency	Protection	\$90,000	1
World Food Programme	Education, Food Security, Nutrition	\$35,077,346	3
World Health Organization	Health, Protection, Nutrition	\$19,885,452	6

6.2 Planning Figures by Sector and by Geography

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
11.0M	4.3M	\$ 332M	75	129

By geography

PROVINCE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Balochistan	2.1M	820.5k		\$ 88.1M	24	37
Islamabad	34.5k	34.5k		\$ 2.6M	1	1
Khyber Pakhtunkhwa	3.8M	1.5M		\$ 141.3M	40	68
Punjab	370.9k	145.3k		\$ 35.0M	15	22
Sindh	4.6M	1.8M		\$ 65.1M	40	65

PROVINCE	BY GENDER WOMEN MEN (%)	WOMEN MEN	BY AGE CHILDREN ADULTS ELDERERS (%)	WITH DISABILITY	REFUGEES	
Balochistan	48.8 51.2		54 42 4		2.0%	325.7k
Islamabad	48.8 51.2		54 42 4		1.5%	34.5k
Khyber Pakhtunkhwa	48.8 51.2		54 42 4		2.1%	825.4k
Punjab	48.8 51.2		54 42 4		1.8%	166.9k
Sindh	48.8 51.2		54 42 4		1.1%	65.1k

By sector

SECTOR/MULTI-SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	NUMBER OF PROJECTS
Education	2.4M	1.1M		\$ 10M	11	11
Food Security	5.8M	1.7M		\$ 57M	12	18
Health	6.0M	3.3M		\$ 23M	11	13
Nutrition	2.9M	1.7M		\$ 31M	4	4
Protection	7.3M	3.2M		\$ 30M	40	48
<i>Child Protection</i>	<i>3.7M</i>	<i>1.1M</i>		<i>\$ 17M</i>	24	22
<i>GBV</i>	<i>1.4M</i>	<i>631.0k</i>		<i>\$ 10M</i>	24	22
<i>Gen. Protection</i>	<i>7.3M</i>	<i>3.2M</i>		<i>\$ 4M</i>	12	11
Shelter & NFI	1.3M	105.2k		\$ 4M	5	5
WASH	3.6M	1.8M		\$ 28M	23	30
Refugee response	1.4M	1.4M		\$ 108M	26	33
ACC / Undoc. Afghans	1.24M	1.24M		\$ 40M	1	1
Coordination and Common Services				\$ 930k	2	2

	PEOPLE TARGETED	BY GENDER WOMEN MEN (%)	WOMEN MEN	BY AGE CHILDREN ADULTS ELDERS (%)	WITH DISABILITY	REFUGEES
Education	1.1M	48.8 51.2		93 7 0		3%
Food Security	1.7M	48.8 51.2		54 42 4		3%
Health	3.3M	48.8 51.2		54 42 4		3%
Nutrition	1.7M	80 20		38 62 0		3%
Protection	3.2M	48.8 51.2		54 42 4		3%
<i>Child Protection</i>	<i>1.1M</i>	<i>48.8 51.2</i>		<i>100 0 0</i>		3%
<i>GBV</i>	<i>631.0k</i>	<i>88 12</i>		<i>11 89 0</i>		3%
<i>Gen. Protection</i>	<i>3.2M</i>	<i>48.8 51.2</i>		<i>54 42 4</i>		3%
Shelter & NFI	105.2k	48.8 51.2		54 42 4		3%
WASH	1.8M	48.8 51.2		54 42 4		3%
Refugee response	1.4M	46 54		44 51 5		15% 1.4M
ACC / Undoc. Afghans	1.4M	48.8 51.2		54 42 4		3%

6.3

What if We Fail to Respond?

In 2020, the COVID-19 pandemic and a series of natural disasters before that such as droughts, a harsh winter, and widespread floods have affected almost every part of the country and had severe effects on the lives of the most vulnerable people, including the large refugee population. However, the strengthened collaboration between Government and humanitarian partners demonstrated the capacity to adapt operations, scale up assistance to ensure that those most in need are assisted and protected.

2021 will be no less challenging. The economic fallout caused by the COVID-19 pandemic and related prevention measures will continue and lead to growing unemployment and poverty, which will severely affect vulnerable groups and result in an increase in needs, if they are not addressed in a consolidated and complementary manner strengthening resilience and ensuring sustainability.

In the event of underfunding, partners would have to compromise their comprehensive and integrated packages of interventions and prioritize low-cost but short-term relief, which often fails to address underlying vulnerabilities and increase resilience to future shocks. Some sectors would also have to limit the geographic scope of their programming, which would jeopardize many of the achievements made in previous years, particularly in the newly merged districts of Khyber Pakhtunkhwa. A failure to respond to the humanitarian needs of 1.4 million Afghan refugees and 1.4 million Afghans in other categories will further limit their protection space, increase suffering from reduced livelihoods opportunities and drive recourse to negative coping strategies. Over 1.6 million children would suffer from a lack of access to education, hunger, and malnutrition, while an estimated 3.3 million people, including women and girls will face increased mortality and morbidity without access to essential health services.

Education

Without humanitarian interventions, 1 million girls and boys will be left without support to access education.

The closure of schools in March and November 2020 not only resulted in a serious disruption of education for millions of school children, but also increased the number of school dropouts. If timely interventions to support the continuity of learning and access to safe and conducive learning environments are not provided, it will lead to increased short-term learning loss and higher drop-out rates, thus increasing the risk for unemployment, exploitation, gender inequality and poor health in the long term.

Lack of funding will affect the ability of partners to deliver education services and limit their operational capacity to reach the prioritized one million girls and boys. In the event of underfunding, the Education Sector will first reduce Institutional and individual capacity building activities, while prioritizing resumption of formal and non-formal education and safe school operations in the context of COVID-19.

Food Security

Food security for 1.7 million people in the most affected provinces is expected to further deteriorate without food and livelihoods assistance.

In 2020, the COVID-19 pandemic, droughts, the winter emergency, and locust attacks had severe impacts on Pakistan's agriculture-based economy. Rising prices of food commodities, rising unemployment and reduced agriculture yield have further worsened food insecurity for millions of people. High prevalence rates of malnutrition in most of the targeted districts have already taken a heavy toll on the lives and livelihoods of vulnerable groups. Their situation will further deteriorate if the prevailing food insecurity is not addressed.

If the sector is underfunded, delivery of urgent food assistance in the newly merged tribal districts of Khyber Pakhtunkhwa, the drought-affected provinces of Sindh and Baluchistan, and as part of the winter response in Baluchistan will be prioritized before agriculture-based livelihood and early recovery support.

Health

3.3 million of the most vulnerable people will suffer from increased risk of morbidity and mortality without maintaining regular health activities and COVID-19 prevention and mitigation measures.

3.3 million people have been targeted for health-related humanitarian assistance in priority regions such as COVID-19 hot spots, districts with a high burden of disease, as well as flood and drought affected areas. Failure to provide lifesaving interventions and essential health services will result in high morbidity and mortality rates among the most vulnerable populations, such as returnees, host communities, and disaster-affected population living in hard to reach areas. Planned interventions place a focus on women and girls, including pregnant women, and women of reproductive age.

SRH services as well as COVID-19 related health activities, such as infectious disease detection, MNCH and immunization services, would be compromised in the event of underfunding. Failure to provide health services would affect the effectiveness of integrated programming and multisectoral interventions mainly with nutrition and WASH. In the event of underfunding, the Health Sector would prioritize women and children among risk populations and narrow its programmatic focus.

Nutrition

An estimated 4 million children are expected to suffer from Severe Acute Malnutrition in the absence of quality interventions.

According to the latest National Nutrition Survey, the annual burden of Severe Acute Malnutrition (SAM) is estimated at 2.5 million children. A malnourished child is approximately ten times more at risk of dying than his well-nourished peer. In the absence of quality interventions at scale to address the current burden and deal with critical incidents at any given point, the

annual burden is likely to increase to 4 million SAM children. In addition, repeated episodes of wasting significantly contribute to increased prevalence of stunting among young children. The absence of Nutrition programming would also put additional strains on the health system.

In case of limited funding, the Nutrition Sector will prioritize life-saving treatment services before preventive and awareness raising activities. Depending on the funding received, the Sector would limit the geographic scope and prioritize districts with prevalence of high malnutrition among children and pregnant women rather than compromising the effective package of life-saving nutrition interventions.

Protection

Without responding to their urgent protection needs, 3.1 million women, children and people with disabilities will face increased vulnerabilities and risks for violence, abuse, neglect, and discrimination.

Underfunding in previous disasters have resulted in unmet protection needs of vulnerable groups, including women, children, adolescent, PWDs and elderly. The Rapid Needs Assessment survey for Sindh highlighted significant protection needs for women and girls, needs that were unmet due to lack of funds.

Without the resources to adequately integrate prevention and protection from GBV and other forms of abuse and discrimination into response mechanisms, the lives of women, children and other vulnerable groups will be put at even higher risk. In the event of underfunding, the Protection Sector will prioritize the provinces of Punjab and Sindh where there is currently only limited ground presence compared to other provinces such as Khyber Pakhtunkhwa and Baluchistan.

Shelter/NFI

Without assistance to repair and reconstruct shelters, 105,000 people will be exposed to harsh winter conditions and recurring floods.

Poor and damaged shelters, lack of appropriate winter clothing and basic household items lost in previous disasters leave thousands of people without safety from the elements, and vulnerable to diseases and protection concerns. Failure to aid in repairing and

reconstructing shelters means displaced people are forced to reside in the open, in crowded conditions, or damaged buildings, which puts them at heightened risks to contract -19 and other diseases, forces them to live with limited or no privacy, and exposes vulnerable groups, such as women, children, people with disabilities and the elderly to protection risks. Without shelter assistance, disaster-affected people are often unable to fully recover, remain vulnerable to future disasters, and in need of continuous support.

In case of limited funding, the Shelter Sector will prioritize assistance to populations suffering from the most severe shelter needs. In case further prioritization is necessary, the Shelter Sector will exclude the provision of NFIs and basic household items. However, without the provision of NFIs, affected populations are likely to require longer to bounce back from previous disasters.

WASH

Without assistance to access safe drinking water and adequate sanitation, an estimated 1.8 million people will face severe public health risks and increased transmission of diseases, including COVID-19.

In some districts in Pakistan, up to 40 per cent of the water supply systems were damaged in the 2020 floods. Access to sanitation remains limited with 53 per cent of the population defecating in the open and 62 per cent unable to wash hands on a regular basis- which has become a more pressing requirement during the pandemic. Failure to provide drinking water and access to sanitation will increase the risk for outbreaks of waterborne diseases and other infectious diseases as well as the transmission of COVID 19 among already vulnerable communities.

In case of underfunding, the WASH Sector will not reduce the range of activities but will limit the geographic scope with preference given to the districts mostly affected by Covid-19 and those with the least access to safe water and sanitation in the four provinces of Sindh, Khyber Pakhtunkhwa, Baluchistan and Punjab.

6.4

How to Contribute

Contribute to the Humanitarian Response Plan

Pakistan's humanitarian response plan provides sector-specific descriptions of the activities required to address the needs of the affected people, and the estimated funding requirements to address these needs. The plan contains contact information for each of the sectors. To learn more about the outstanding gaps, needs, and response priorities, download the plan from:

www.unocha.org/pakistan.

Donating through the Central Emergency Response Fund

The CERF provides rapid initial funding for lifesaving actions at the onset of emergencies and for poorly funded, essential humanitarian operations. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund, to be used for emergencies anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

cerf.un.org/donate

Contribute through Pakistan Humanitarian Fund

The Pakistan Humanitarian Fund (PHF) is a multi-donor pooled fund that provides humanitarian organizations with rapid and flexible in-country funding to address critical funding gaps in the core humanitarian response, and to respond quickly to urgent emergency needs. Further information on country-based pooled funds can be found here:

<https://www.unocha.org/pakistan/about-phf>.

6.5

Acronyms

AAP – Accountability to Affected Population	HCT - Humanitarian Country Team
ACC - Afghan Citizen Card holder	HNO - Humanitarian Needs Overview
ACLED - The Armed Conflict Location & Event Data Project	HPC – Humanitarian Programme Cycle
ALAC - Advice and Legal Aid Centres	HRP – Humanitarian Response Plan
CCAR - Chief Commissionerate of Afghan Refugees	ISCG - Inter-Sector Coordination Group
CPRP - UN COVID-19 Country Preparedness and Response Plan	IPC - Infection Prevention and Control (Health)
CBT - Cash-Based Transfer	IPC - Integrated Food Security Phase Classification (Food Security)
CWG – Cash Working Group	IM – Information Management
DDMA – District Disaster Management Authority	JIAF - Joint Intersectoral Analysis Framework
DHIS - Disease Health Information Systems	JIAG - Joint Intersectoral Analysis Group
DRIVE - Documentation Renewal and Information Verification Exercise (Refugees)	MAM – Moderate Acute Malnutrition
FAO – Food and Agriculture Organization	MEB - Minimum Expenditure Basket
FFA - Food-Assistance for Assets	MHPSS - Mental Health and Psychosocial Services
FLW - Front-Line Workers	MIYCN - maternal, infant and young child nutrition
FPCCI - Federation of Pakistan Chambers of Commerce & Industry	MPCA – Multi-Purpose Cash Assistance
FTS - Financial Tracking Service	MSNA – Multisector Needs Assessment
GAM - Global Acute Malnutrition	MNCH - Maternal, Neonatal and Child Health
GBV – Gender Based Violence	NDMA - National Disaster Management Authority
GoP - Government of Pakistan	NDMP - National Disaster Management Plan
	NDRMF - National Disaster Risk Management Fund

NFPP-IV - National Flood Protection Plan (IV)	SERF - UN Socio-Economic Response Framework to COVID-19
NGOs – Non-Governmental Organizations	SUN - Scaling Up Nutrition
NMDs - Newly Merged Districts	UASC - Unaccompanied and Separated Children
NNS – National Nutrition Survey	UNDRR - United Nations Office for Disaster Risk Reduction
NOCs - Non-Objection Certificates	UNFPA – United Nations Population Fund
OOSC - Out-of-School Children	UNHCR – United Nations High Commissioner for Refugees
PARR - Priority Areas of Return and Reintegration	UNICEF – United Nations International Children's Fund
PDMA - Provincial Disaster Management Authority	UNOCHA– United Nations Office for the Coordination of Humanitarian Affairs
PIN - People in Need	UNRCO - United Nations Resident Coordinator Office
PLW – Pregnant and Lactating Women	WASH – Water Sanitation and Hygiene
PPRP - Preparedness and Response Plan	WHO – World Health Organization
PSEA - Protection from Sexual Exploitation and Abuse	WFP – World Food Programme
PTA - Parent Teacher Association	
PTSMC - Parent Teacher School Management Committee	
SAFRON - States and Frontier Regions Division	
RC/HC - United Nations Resident Coordinator and Humanitarian Coordinator	
RCCE - Risk communication and community engagement	
RMNCAH - Reproductive, Maternal, Neonatal, Child and Adolescent Health	
RNA - Rapid Needs Assessment	
RPM - Response Planning and Monitoring Module	
SEA - Sexual Exploitation and Abuse	
SDG – Sustainable Development Goal	

6.6

End Notes

- 1 https://www.germanwatch.org/sites/germanwatch.org/files/20201e%20Global%20Climate%20Risk%20Index%202020_14.pdf
- 2 Pakistan was included in the second iteration of the GHRP
- 3 National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMA), the National Disaster Risk Management Fund (NDRMF), SAFRON, as well as other Line Ministries
- 4 For instance, the Pakistan Vision 2025, the National Disaster Management Plan (NDMP) 2012-2022 and National Flood Protection Plan (IV) (NFPP-IV) 2015-2025
- 5 The HCT and the Government of Pakistan are committed to providing support to the entire undocumented population, but additional assessments and surveys are required to fully understand the number of people in country and the scope of need.
- 6 Pakistan Drought Response Plan 2019, OCHA (https://reliefweb.int/sites/reliefweb.int/files/resources/drought_rp_draft_20190305.pdf).
- 7 ADB Economic trends and prospects in developing – South Asia Update September 2020
- 8 Checklist: Scaling Up Disaster Risk Reduction In Humanitarian Action, Recommendations for the Humanitarian Programme Cycle, UN Office for Disaster Risk Reduction, 2020, <https://www.undrr.org/media/47913/download>.
- 9 In one example, the Start Network and its partners have been working together since 2017 with the Government of Pakistan on a planned pilot facility that will release funds based on predetermined scientific triggers for floods, drought and heatwave, while utilizing insurance tools and principles.
- 10 While working on identifying critical gaps for preparedness and disaster risk management interventions that will help guide planning with development partners and international financial institutions partners to improve the overall disaster management capacity
- 11 Comprehensive Food Security and Livelihood Assessment Report 2019
- 12 <https://reliefweb.int/sites/reliefweb.int/files/resources/globalhumanresponseplancovid19-200510.v1.pdf>
- 13 The Joint Interagency Analysis Framework (JIAF) is a set of global guidance to provide a common framework, tools and methods to conduct intersectoral analysis, and to lay a foundation for regular joint needs analysis, to inform strategic decisions, response analysis and subsequent strategic response planning and monitoring. For details of the JIAF used in Pakistan please see the Humanitarian Needs Overview (HNO). For the global guidance see here: <https://reliefweb.int/sites/reliefweb.int/files/resources/JIAF%20Guidance.pdf>
- 14 Natural disasters; COVID-19 and other communicable diseases; Food insecurity and Malnutrition; Population movements and protection related issues
- 15 Refugees and asylum-seekers, Afghan Citizen Card holder (ACC), Undocumented Afghans; Returnees; Populations affected by floods, food insecurity, malnutrition, and the indirect effects of COVID-19
- 16 Prioritized districts were identified in the provinces of Baluchistan, Khyber Pakhtunkhwa, Punjab and Sindh- 81 in total for a multi sectoral response. The situation in other provinces, eg Gilgit Baltistan will be closely monitored throughout the year
- 17 As of end 2020, 69 % of Afghan refugees live in urban/semi-urban localities, whereas 31% continue to reside in the remaining 54 refugee villages.
- 18 <https://www.unicef.org/pakistan/media/1951/file/Final%20Key%20Findings%20Report%202019.pdf>
- 19 <http://resourcecenter.nhnpakistan.org/prp>
- 20 <https://www.connectingbusiness.org/>
- 21 https://interagencystandingcommittee.org/sites/default/files/the_centrality_of_protection_in_humanitarian_action_english.pdf
- 22 https://interagencystandingcommittee.org/system/files/iasc_policy_on_gender_equality_and_the_empowerment_of_women_and_girls_in_humanitarian_action.pdf
- 23 Established in 2016, the P-PSEA network member organizations have worked in the areas of prevention, mitigation and response to SEA. Further, a common HCT response system has been established in 2019- the Community Based Complaint and Referral Mechanism (CBCRM), enabling the network to ensure coordinated and effective responses to potential SEA cases by ensuring accessibility, confidentiality and quality provision of services to survivors. While specific agencies have mechanisms and institutional infrastructure in place to deal with SEA cases at agency level, and ensure that their implementing partners have the capacity to do so, the role of the Pakistan PSEA network is one of ensuring coordination in action through different task force groups associated with the pillars
- 24 This response aligned with Pakistan's national development priorities mention in vision 2025, Pakistan One United Nations Programme III (OP III) 2018-2022, national education policy and SDG-4 which recognizes the importance of Education in Emergencies and the need to address the educational needs of children.
- 25 <https://www.macrotrends.net/countries/PAK/pakistan/health-care-spending>

- \$40M US dollars for the Response plan for Afghan Citizen Card holders and Undocumented Aftghans, that is presented in more details in chapter 5.
- 26 To reduce suffering and deliver better services and support for people caught in humanitarian emergencies. One of these 5 areas prioritized for action and change in the Agenda for Humanity, is "Catalyzing Action to Achieve Gender Equality" and includes commitments to empower Women and Girls as change agents and leaders; ensure universal access to sexual and reproductive health; implement a coordinated global approach to prevent and respond to gender-based violence in emergencies; ensure that humanitarian programming is gender responsive; and fully comply with humanitarian policies, frameworks and legally binding documents related to gender equality, women's empowerment, and women's rights..
 - 27 Sector partners will select the most vulnerable families and individuals for emergency assistance. A ranked system of vulnerability criteria, such as female-headed, child-headed, elderly-headed, and households headed by disabled persons or chronically ill, will be applied. Partners will coordinate with community leaders, such as religious leaders, teachers, and local councilors to determine beneficiaries in need as well as avoid any duplication.
 - 28 This feeds directly into the specific objective "Increase the number of people with access to life-sustaining essential services, particularly access to water, sanitation and primary health and sexual and reproductive health" and is clearly reflected by data collected in RNA1, RNA2 and PDMA Sindh LRDF which shows that 40% of water systems were damaged, 53% of the population was attending their needs in the open and 62% of affected population did not practice hand washing with soap.
 - 29 The updated figures and data are available on UNHCR Pakistan's data portal: <https://data2.unhcr.org/en/country/pak>.
 - 30 Similar to the Pakistan population, 71% percent of the more than 1.4 million registered Afghan refugees hosted in Pakistan are aged below 30 and of these, 24% are aged 15 to 24 years (defined as 'Youth' in this context).
 - 31 Poverty Score Card Survey 2018
 - 32 this assistance was implemented by the Commissionerate for Afghan Refugees (and provinces CAR) and UNHCR and mirrored the Government's Ehsaas emergency cash program, where vulnerable families receive Rs.12,000 (approximately \$77) to cover a four-month period. Cash assistance is being disbursed in 55 districts and 54 refugee villages across Pakistan through an innovative partnership with the Pakistan Post.
 - 33 This is fully aligned with Pakistan's national development priorities and key outcomes of the UN Sustainable Development Framework (UNSDF) in Pakistan, thereby contributing to the achievements of the United Nations 2030 Sustainable Development Agenda goals, including: SDG 1 - No Poverty; SDG 2 - Zero Hunger; SDG 3 - Good Health and Wellbeing; SDG 4 - Quality Education; SDG 8 - Decent Work and Economic Growth; and SDG 10 - Reduce Inequalities.
 - 34 A Participatory Assessment is a process of building partnerships with refugee women and men of all ages and backgrounds by promoting meaningful participation through structured dialogue. Participatory Assessments involve holding separate discussions with women, girls, boys, and men of concern, including adolescents, in order to gather accurate information on the specific protection risks they face and the underlying causes, to understand their capacities, and to hear their proposed solutions.
 - 35 A dedicated Support Platform for the SSAR was launched in late 2019. The Support Platform seeks to achieve: (i) enhanced international solidarity and burden-sharing for the Afghan refugee situation, resulting in stronger political and financial commitments to achieve solutions; (ii) additional investments and expanded partnerships for coherent humanitarian and development responses that increase absorption capacity for voluntary repatriation and sustainable reintegration in Afghanistan, while easing the burden on host communities in the Islamic Republics of Iran and Pakistan; and (iii) sustained visibility for the Afghan situation by linking the SSAR to the Global Compact on Refugees, enabling the sharing of regional good practices and lessons learned, showcasing the positive contributions of refugees to their host country and community and advocating for the implementation in the subregion of unassigned pledges made at the Global Refugee Forum. The Core Group of the SSAR Support Platform currently comprises 12 members: Germany, Denmark, Japan, Korea, Qatar, Switzerland, Turkey, US, European Union, ADB, WB and UNDP. UNHCR is working with the EU to define EU's Core Group chairmanship priorities in 2021 and will convene "local" meetings of the Core Group in Kabul, Islamabad and Tehran.
 - 36 Enhancing capacity and creating conditions for sustainable reintegration in Afghanistan through coordinated multi-sectoral, area-based, humanitarian-development-peace investments in the Priority Areas of Return and Reintegration (PARRs). The PARRs link short- and medium-term community-based projects to longer-term development programmes and encourage private sector investment, benefitting communities as a whole, including returnees and local communities. They are aligned with Afghanistan's National Peace and Development Framework II (ANPDF II) and relevant National Priority Programmes, notably the Citizens' Charter.
 - 37 This exercise will be carried out jointly by the Government of Pakistan and UNHCR.
 - 38 such as updated biodata and data on vulnerabilities, education level, livelihoods and skills profile, and economic status
 - 39 Outreach volunteer networks are structured and trained to conduct their activities in accordance with UNHCR's Age, Gender and Diversity (AGD) Policy and human rights principles. Close partnership and direct two-way communication between UNHCR and the communities, through the outreach volunteers, empowers those involved in the programme to play a central role as analysts, implementers, and evaluators of their own protection. Outreach volunteers assist their own people in their own language.

**HUMANITARIAN
RESPONSE PLAN**
PAKISTAN

ISSUED DECEMBER 2020