

Monsoon 2012

Revised Humanitarian Operations Plan (MHOP)



Homes Completely
Destroyed
Picture: UNOCHA



Rebuilding Homes
for the Future
Picture: IOM

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Executive Summary

The revised Monsoon Humanitarian Operational Plan (MHOP) reflects the needs of the population, six months after the flooding. The Humanitarian Country Team (HCT) agreed to start focusing on early recovery needs, with an emphasis on livelihoods programming, continuing to address outstanding relief needs. The plan outlines the response for flood affected persons in northern Sindh, southern Punjab, and north-eastern Balochistan, based on assessments and needs analysis. The projects submitted under the MHOP are unchanged. Project owners will update projects in response to stakeholder interest and pursuant to bilateral contacts. The duration of this plan coincides with the original MHOP timeline, and is in effect until the end of March, 2013.

The HCT originally identified the districts of Rajanpur and DG Khan, Punjab; Jacobabad, Kashmore and Shikarpur, Sindh; and Jaffarabad and Nasirabad, Balochistan based on humanitarian partners’ reports, Government information, the Multi-sector Initial Rapid Assessment (MIRA) and other assessments. These districts remain the focus of the response, however, other areas, such as Qambar Shahdadt and Dadu, Sindh, are new areas of concern, because flood water receded into these locations. The HCT identified Food Security, Shelter, Health, and WASH as response priorities, but also confirmed the on-going critical needs for Protection, Education and Nutrition assistance to deliver an effective, efficient and appropriate response.

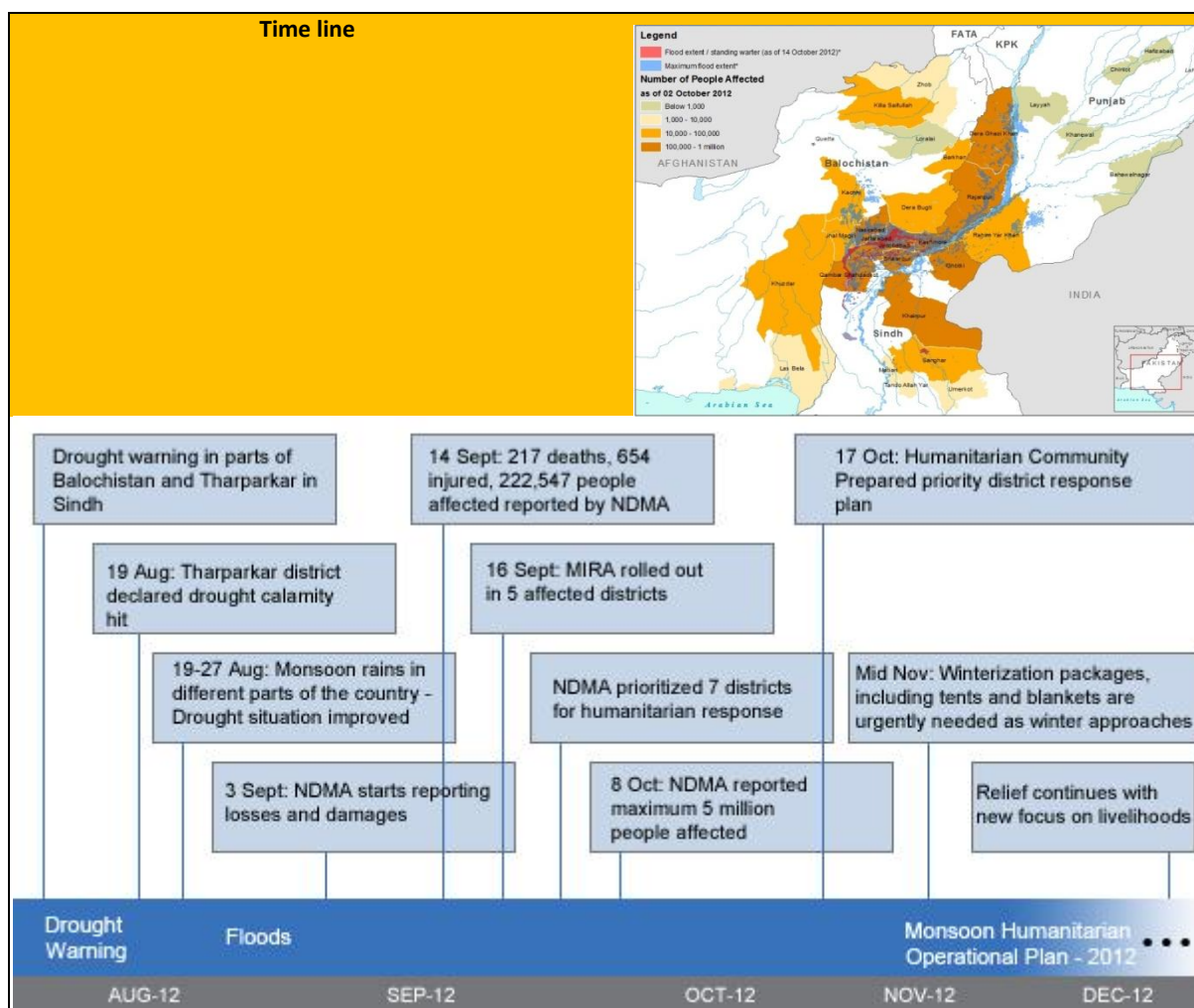
Constant monitoring of the situation shows that people have moved back to their places of origin once water receded to an acceptable level. With returns on-going, the re-establishment of livelihoods is a priority, enabling development of resilience within the population against the present conditions and future shocks. As of December 2012, an estimated 50,000 people remain displaced, temporarily housed in relief camps. As of 27 December 2012, the Government estimates around 4.8 million people were affected in the seven priority districts, with some 636,438 homes damaged or destroyed. The Government also estimates 1,172,045 acres of crop were destroyed.

With the Government leading assistance efforts, the response of the humanitarian community is aimed at addressing the most prevalent needs and gaps. The scope and scale of the affected populations’ needs are great, and the response to date has been limited by the funding allocations, with some clusters predominately unfunded, leaving large shortfalls in assistance provision against estimated requirements. In addition, the winter season for those in temporary housing is an even more difficult period, as temperatures fall to below zero degrees Celcius in many parts of Pakistan.

In 2013 challenges to delivering an effective response continue. Although much of the floodwaters have receded, some areas are still inundated, and overflow water has affected communities in outlying districts, including Dadu in Sindh. Reaching the most vulnerable populations with appropriate assistance for men, women, boys, girls, people with specific needs such as the elderly, people with disabilities, and those at risk of exclusion is critical. Cluster strategy revisions aim to address these needs in the recovery phase in a coherent, integrated, and timely and appropriate manner.

Monsoon Humanitarian Operational Plan (MHOP)	
Total beneficiaries	2.8 million persons
Priority districts	Rajanpur and DG Khan, Punjab; Jacobabad, Kashmore and Shikarpur, Sindh; and Jaffarabad and Nasirabad, Balochistan. Additional needs are noted in Dadu, and Qambar Shahdadt.
Sectors	Food Security, Shelter, Health, WASH, Protection, Education, Nutrition, Community Restoration, and Logistics
Duration	Until March 31, 2013.
Total required funding	US\$ 119.2 million

Overview of the response

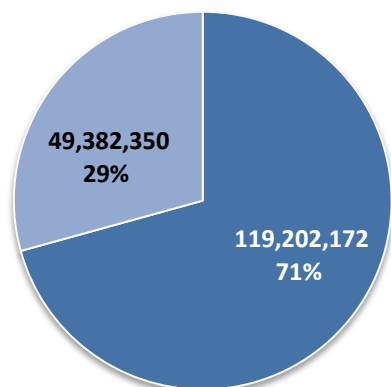


Evolution of priority needs: Many of the affected districts were already struggling to recover from the floods of 2010 and 2011. The Government notified 13 flood-affected districts as calamity-hit areas, and seven districts have been prioritized for humanitarian assistance and humanitarian community has developed response plan for those priority districts.

Funding - Monsoon Humanitarian Operational Plan

Total Funds Required: US\$ 168,584,522

■ Funding Gap (US\$) ■ Funds Received (US\$)



Funding update

The total required funding:
US\$ 168.6 million


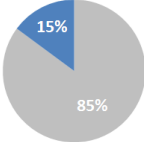

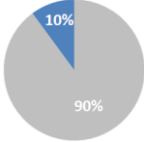

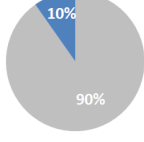

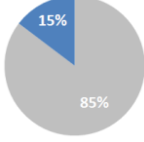

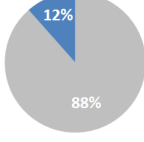
Estimated funding to date:
US\$ 49 million*


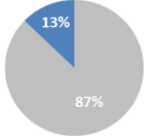

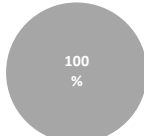

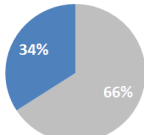

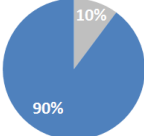
**Funding to date includes a US\$ 9.9 million CERF allocation.*

US\$ 49 million received from donors

Progress of Response and Gaps/Funding Shortfalls:



Clusters	Funding	RESPONSE (SEPTEMBER – NOVEMBER 2012)	GAP(MOST URGENT/IMMEDIATE NEEDS)
 Education		<ul style="list-style-type: none"> 505 TLCs established where 36,115 children, including 20,777 girls, were enrolled; 515 teachers trained (91 female) and 149 school committee members nominated (26 female). 	<ul style="list-style-type: none"> 1,789 additional TLCs are required for 193,309 children; 5,221 teachers and 6,219 school management committee members need training and 2,944 schools damaged by floods and 453 schools used as shelter by IDPs need to be rehabilitated.
 Nutrition		<ul style="list-style-type: none"> 98 sites for CMAM established, 170,135 under-five children and 66,887 Pregnant and Lactating women (PLW) screened for acute malnutrition. 12,522 severely acutely malnourished and 20,423 moderately acutely malnourished children received nutrition care, and 65,121 children under five and 21,259 PLW received multiple micronutrient supplementation. 34,457 children under five and 7,171 PLW at risk of acute malnutrition received assistance through blanket supplementary feeding programmes. 52,621 mothers benefitted from awareness sessions on Infant and Young Child Feeding. 	<ul style="list-style-type: none"> A total of 137,623 children under five and 97,398 PLW at risk of acute malnutrition need nutrition support
 Shelter		<ul style="list-style-type: none"> Government authorities provided 177,527 tents, 150,557 blankets, 5,606 tarpaulin sheets and 1,311 kitchen sets. Cluster partners distributed emergency shelter items to 48,862 families. 	<ul style="list-style-type: none"> 323,277 families need blankets while 159,783 families need emergency shelter and Winterisation packages, including tents and blankets, are urgently needed as winter approaches.
 Protection		<ul style="list-style-type: none"> 99 protective spaces for children in Balochistan (21), Sindh (49) and Punjab (24) and 7 Women Friendly Spaces established in Sindh; 19,438 children (46% girls) and 6,124 women received protective services, including cases of GBV referred to service providers for response. Some 740 children at risk and some 140 older persons and persons with disabilities referred to Governmental service providers. 	<ul style="list-style-type: none"> Based on demographic projections, some 130,000 elderly people and people with disabilities may still need support, and 12,000 women with no community or male support may still need protective services in the seven most-affected. 400 additional protective spaces for 100,000 children and women in return areas to support restoration and strengthening of community based protective mechanisms, including Child Protection Committees, monitoring, referral networks, and child centered DRR.
 Health		<ul style="list-style-type: none"> Basic health services to 47,837 people and 6,531 mosquito nets, essential medicines for 837,547 people for one month and comprehensive primary health services to 201,690 people provided. WASH partners in collaboration with health partners provided water purification tablets and conducted 500 health and hygiene education sessions. 130 healthcare and WASH workers trained on various health topics 51,800 children 6-59 months vaccinated 	<ul style="list-style-type: none"> Acute diarrhoea, acute respiratory infections, skin diseases and suspected malaria remain the leading causes of morbidity in flood-affected districts. Surveillance of communicable diseases and outbreaks in the flood-affected areas needs strengthening.

		<p>against measles, 45787 children provided routine immunization services, 227, 160 diarrhoea cases and 147,470 ARI cases provided community based care by LHWs, 316, 445 mothers of under-five children reached with health education messages, 3900 deliveries conducted by skilled attendants, 4000 mothers provided clean delivery kits and 4000 new-born provided new-born care kits</p>	
 WASH		<ul style="list-style-type: none"> 835,286 people received clean drinking water. 173,963 displaced people received improved sanitation services. 517,985 people received emergency WASH kits while 639,829 people are benefited from key health and hygiene messages. 	<ul style="list-style-type: none"> Prevention of WASH related diseases in the affected areas through the provision of sustainable WASH services with DRR measures in place Rehabilitation of hand pumps and water supply schemes in the flood affected areas Clean up and rehabilitation of damaged sewage system and rubbish left by flood water Elimination of open defecation and promotion of good hygiene practices through community mobilization and PATS / CLTS approaches
 CoRE		<ul style="list-style-type: none"> No response was conducted due to funding constraints. 	<ul style="list-style-type: none"> Funding is required for the rehabilitation of damaged infrastructure to restore access to affected communities and facilitate the transportation of relief items to locations in need.
 Food Security		<ul style="list-style-type: none"> The Government, and PRCS, distributed 769,759 food packs (flour, rice, oil, milk and lentils) and 11,141 tons of assorted food items in the flood-affected areas. WFP distributed 12,694 tons of food to 863,547 people in Nasirabad and Jaffarabad in Balochistan and Jacobabad, Kashmore and Shikarpur in Sindh as of 12 November 2012 and FAO and Partners targeted about 20,000 HH in Jaffarabad, Nasirabad, Jacobabad and Kashmore with Livestock, Crops and Cash for work interventions. 	<ul style="list-style-type: none"> 858,893 people continue to need food assistance and 155,960 families (1,091,720 people) require agriculture inputs.
 Logistics		<ul style="list-style-type: none"> 47 fiberglass motorboats to transport people and relief items mobilized 5,495 square metres of storage space provided to the humanitarian community to facilitate the delivery of relief items in Sukkur and Jacobabad. 	<ul style="list-style-type: none"> The road network in the flood-affected areas is severely damaged and needs to be repaired to facilitate the transportation of relief items.

Overview

Monsoon rains in 2012 resulted in flooding incidents across Pakistan. Populations in southern Punjab, northern Sindh, and eastern Balochistan were the worst affected. Since September the water has continued to recede, and the needs of the populations may have shifted depending on their circumstances. The humanitarian community in Pakistan agreed the need to shift the priorities of the humanitarian response to early recovery needs, in particular, focusing on livelihood needs, while also striving to meet unmet, critical relief needs.

Needs Analysis

Since the initiation of the flooding in September, the clusters have contributed to weekly needs and gaps analyses, which continues to guide the response in accordance with the evolving humanitarian conditions. Each cluster has now collected more comprehensive relevant data, to revise their cluster strategies in accordance with the current needs.

Continued need for relief assistance has been identified, with over 50,000 people still displaced. Some 850,000 people continue to need food provisions, access to safe drinking water and sanitation facilities, shelter support and primary healthcare assistance. There are also immediate education needs to support children through the provision of temporary learning centres, protection needs to ensure people with disabilities, the elderly, women and children are being appropriately assisted according to their specific needs, vulnerabilities and capacities and livelihood support needs including agricultural inputs required for almost 180,000 families.

For the affected persons who have returned, many found their homes damaged and some have begun to repair, and restore their communities. Priority needs include support for the rehabilitation of homes, schools, and community centres, infrastructural restoration including link roads and small bridges, restore water supply schemes, and the re-establishment of small businesses and markets. As a significant proportion of Pakistan's rural population depend on agricultural activities, then livelihood support for such activities is a priority. The benefits from these activities also compliment the nutritional stability of the population.

Disaster Risk Reduction (DRR) assistance to mitigate the impact of hazards such as flooding should be prioritized in locations where communities have been repeatedly impacted by flooding in 2010, 2011, and 2012. Acknowledging the different needs of men, women, boys and girls, the Humanitarian Country Team remain committed to addressing their needs appropriately.

Humanitarian Strategy

The humanitarian priority for the duration of the MHOP is to address early recovery needs, with a focus on livelihood support, while continuing to respond to relief requirements, including affected populations who remain displaced and/or persons/families who have been heavily impacted by the floods and who are currently reliant on humanitarian assistance for basic services.

As the humanitarian situation changes, support for persons returning to their homes to start recovering from the flooding is also critical to reduce vulnerability, mitigate protracted humanitarian needs, and protect affected families.

In terms of the geography of the response, in accordance with the initial priorities of the MHOP, the majority of assistance has been provided to affected populations from Jacobabad, Kashmore, and Shikarpur in Sindh Province, Nasirabad and Jaffarabad in Balochistan Province, and Rajanpur and DG Khan in Punjab. However, the floodwaters also impacted other districts, such as Qambar Shahdadkot, and Dadu, in Sindh. The humanitarian strategy is to ensure affected populations in affected districts are supported based on needs, and the capacity to respond.

The need to build community resilience also remains essential to mitigate against future risks of disasters and protect vulnerable populations. All responses should be relevant to the differing needs of affected persons, ensuring gender issues and the protection of vulnerable groups including persons with disabilities, older persons, women and children and groups at risk of exclusion, are adequately and appropriately supported. For example, the Shelter Cluster is adopting an approach based on best practice from previous crisis response, such as the upgradable one room shelter.

Strategic Objectives

- Assist and protect affected populations with unmet humanitarian emergency relief needs through the provision of critical basic services;
- Support returnees through early recovery assistance, prioritizing the re-establishment of livelihoods and restoration of basic community infrastructure; and
- Strengthen the resilience of vulnerable populations through DRR activities.

Cluster Strategies

All cluster strategies have been updated in this version (February 2013) to reflect the changing humanitarian needs and adapted humanitarian responses. Projects within the MHOP remain in line with the overall strategic objectives of the MHOP and cluster specific strategies. Updated cluster strategies were devised based on information gathered through a variety of sources, including the on-going Temporary Shelter Support Unit (TSSSU) surveys, which provide information related to all sectors through inputs received by various clusters, and includes villages of origin and temporary settlements. Working closely with respective Government counterparts, clusters have gathered information on the damages to services, facilities, and resources, and used this information to contribute to the strategies.

Approaches developed by the clusters lean towards integration of services through Government facilities, requiring on-going support and capacity building of service providers such as in the health, nutrition, protection, and education sectors. As the 2012 monsoon rains impacted some parts of the population for the third consecutive year, clusters will undertake studies to identify best practices, enabling future planning to be based on lessons learned over this period. The humanitarian response aims to continue working with an integrated approach to ensure complementarity between cluster strategies, for example, the provision of hygiene promotion messages at food and Non Food Item (NFI) distributions, and nutritional screening at vaccination delivery.

Acknowledging the context within Pakistan, the humanitarian response during this phase continues to advocate for and respond to the distinct needs of men, women, boys and girls, taking into consideration gender and age diversity in the planned response. Where possible, all partners are expected and shall be supported to provide gender and age disaggregated data.

Disaster risk reduction initiatives are critical to help ensure populations are enabled to withstand the impact of crisis, contributing to building resilience within the communities, which is an HCT priority for 2013 and beyond. Alongside the planned humanitarian response, the HCT will undertake a revision of its Preparedness and Response Planning (P&RP) initiative. The HCT aims to use lessons learned and best practices from the 2012, and previous responses, to build on the existing plans, and strengthen them.

The coordination arrangements remain unchanged throughout the flood affected areas until the end of the present response. The cluster approach is rolled out in Sindh and Balochistan, but not in Punjab. The humanitarian response in Punjab has taken place as an agency response or with light coordination, with teams reporting directly country offices.

For further information about specific projects please contact cluster partners bi-laterally. Cluster coordinators are available to connect partners and donors, and to support donors interested in funding cluster projects.

COMMUNITY RESTORATION CLUSTER

CLUSTER LEAD: UNDP

Cluster lead agency	United Nations Development Programme (UNDP)
Cluster member organizations	UNOPS, UNESCO, UN-Habitat, IOM, UNDP, OXFAM, Social Services Programme, Save the Children, Youth Welfare Society, Courage Development Foundation, HANDS, Islamic Help, MRDO, Samaj Welfare Council, Naveed Khan Foundation, SEHER
Number of projects	16
Cluster objectives	To create enabling and safe environment for the flood affected population to return to their homes, restart their livelihood activities, and have safe access to restored basic services, farms and markets.
Number of beneficiaries	826,151
Funds required	\$ 10 million
Contact information	hidayat.khan@undp.org

Categories and disaggregated numbers of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	Female	Male	Total	Female	Male	Total
Flood Affected Population	765,012	796,233	1,561,249	405,050	421,101	826,151

SECTORAL NEEDS ANALYSIS

After four months of the monsoon floods that hit the country in September 2012, the affected populations in the seven most affected districts are still striving hard to recover from the disaster. Their houses, villages, farms and market places are either submerged or surrounded by water. The flood damaged major infrastructure including primary and tertiary roads, bridges, houses and public buildings, and devastated crop area of approximately 1.12 million acres. The most affected districts are the ones located on the confluence of Sindh, Balochistan and Punjab borders. As per MIRA findings, floods have affected a population of 1,561,249 of these districts, of which 335,462 are residing in the camps. Floods seem to have become a regular feature. It is the major natural hazard which is accentuating vulnerability of the population specially, the inhabitants living in the low plains of Indus Valley.

The human factor is also playing its role to make the impact more severe. The century old canal network emanating from Sindh River—the main source of irrigation of the agriculture based economy of the low plains—multiplies the impact of floods due to its fragility and poor maintenance. It can no more bear the brunt of even normal rains, causing havoc to human life and property. The weakness of the irrigation infrastructure and lack of proper drainage system has meant local populations consistently suffer human, economic, environmental and social losses year on year. The continuous flooding and the associated damage has caused destruction to homes, loss of livelihoods, and mass displacement, and traumatized men, women and children. After the recent blow the affected

communities are once again in need of immediate attention and support to minimize the impact of this catastrophe on their lives.

Most of the villages in the affected parts of the seven most affected districts (Jaffarabad, Nasirabad, Jacobabad, Kashmore, Rajanpur and Dera Ghazi Khan) still have their communication network disrupted. The damaged primary link roads and other affiliated small infrastructure are in a dilapidated condition making community access to and from farms and markets very difficult. The Multi-Cluster Initial Rapid Assessment (MIRA) reported severe damages to the communication network, especially to the primary link roads and associated structures like bridges and culverts. Due to damaged and submerged roads, the MIRA enumerators could not approach approximately 15-20% of the communities hence not able to conduct key informant interviews. The destroyed road network is therefore also impeding humanitarian operations. A large proportion of the affected communities who could have received the humanitarian assistance at their village preferred to stay on the road side to get the assistance. The MIRA assessment identified 345 link roads of which 158 are completely damaged, and 141 are partially affected. This represents a partial picture of the areas where MIRA teams could reach, with extent of the devastation much bigger.

The damaged communication links have severely impaired the community mobility. On one hand, the affected communities face difficulty to get humanitarian assistance, and on the other they are not able to access routine public services, and continue their day to day work to earn for living. Floods have also damaged the productive infrastructure such as off-farm water channels. Out of 386 channels, 192 (50%) have been completely destroyed, 30 are not usable and only 34 are intact. 79% of crops are perished affecting 46% of the households whose primary source of living is agriculture. 29% of the shopkeepers and people running small businesses have lost their assets. Most of the economic and social activities which had virtually come to a standstill are still in jeopardy. The impact on economic activities will have a longer term repercussions on the livelihoods of the affected families.

STRATEGY

The revised Community Restoration cluster strategy focuses on restoration of livelihoods of the most vulnerable men and women of the affected communities through engaging them in cash for work activities and restoration of their small businesses. This approach would ensure that the affected communities cope with the disaster in a dignified manner and resume normal life in their place of origin in a safe and enabling environment. The strategy will:

1. Focus on restoration of access in order to facilitate the affected communities to get smooth relief assistance alongside putting joint efforts towards normalising the situation. Physical linkages would be restored by repairing damaged primary link roads and the associated small scale infrastructure with the participation of communities. For example, repair of culverts, strengthening of eroded embankment of roads, and restoration of damaged portions of main streets and link roads etc. DRR considerations would be integrated in the restoration of infrastructure. The immediate restoration will help the humanitarian organisation to provide uninterrupted provision of relief assistance and men, women and children of the affected communities would be able resume their social and economic activities.
2. Provide economic assistance through employing cash for work modality and providing cash support for restoration of small enterprises. The cash for work and business grants would be linked to the skills training so that the grants result in better financial returns to the communities. The community restoration cluster has a very well defined guidelines on “Cash for Work” to safeguard interest of the vulnerable groups specially women and children. The CFW would be intensively employed for repair and restoration of infrastructure.

This strategy will help to actively involve the affected communities with the focus on most vulnerable households in the restoration efforts and normalising their situation. The cluster will integrate transparency and accountability in the process and rapidly restore access and services. Active and timely collaboration with all the important stakeholders especially the provincial and district authorities and PDMA and DDMA will facilitate an integrated and coordinated approach that avoids duplication and ensures the relevant clusters and other partners to supplement their activities. The cluster will also put in place a timely and effective monitoring and reporting system.

OBJECTIVES, OUTCOMES, OUTPUTS, AND INDICATORS

Objective: Basic/critical community infrastructure is repaired and functional, and contributes to the quick return of flood affected populations, short-term employment opportunities and disaster risk reduction		
Outcomes	Indicator	Activities
Community basic infrastructure restored for re-activation of social and economic activities and humanitarian operation	<ul style="list-style-type: none"> No. and km of link roads restored Number of critical infrastructure repaired % of affected communities which have access to restored public services and have resumed economic activities 	Repair of damaged portion of link roads
		Repair of culverts and other minor structure
		Provision of cash for work
Critical canal and drainage embankments repaired to reduce risk from potential canal breaches	<ul style="list-style-type: none"> No and length of embankments/drains repaired and strengthened No. of HH having more secure living environment 	Repair of canal embankments
		Cash for work for repair of embankments
		Integration of DRR in infrastructure restoration and orientation of communities on DRR
Objective: Provide income support to the most vulnerable flood affected households especially women		
Outcomes	Indicator	Activities
Most vulnerable Households have generated income to meet their urgent needs	<ul style="list-style-type: none"> No. of men and women received skill trainings and business restoration grants No. of men and women benefitted from CFW 	<ul style="list-style-type: none"> Identification of most vulnerable households and persons with destroyed businesses
		<ul style="list-style-type: none"> Training of men and women on market oriented skills
		<ul style="list-style-type: none"> Provision of business cash grants for restoration of damaged businesses
		<ul style="list-style-type: none"> Employment of vulnerable HH for CFW

CLUSTER MONITORING PLAN

The cluster will monitor progress, impact and gaps of the cluster response against the defined outcomes using clear monitoring indicators. The cluster members will be responsible for providing

monthly updates on physical and financial progress, which will then be consolidated by national cluster for sharing with cluster members, donor agencies and relevant government ministries. The cluster in its district level coordination meetings will discuss progress and facilitate integrated approaches to the extent possible to avoid any duplication of activities. Progress reports will be presented and shared with the national cluster to have a holistic view of the response and gaps. National Cluster will also maintain a 4W matrix, for which implementing partners and other cluster members will provide data and information on monthly basis.

Map or table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Nasirabad	UNOPS, UNDP, UNHABITAT
Jaffarabad	SC, UNOPS, UNDP, UNHABITAT, NKF, SEHER,
Jacobabad	SC, UNESCO, UNOPS, UNDP, YWS, HANDS, UNHABITAT, IOM, MRDO, SWC,
Kashmore	UNOPS, UNDP, UNHABITAT, IOM, OXFAM GB,
Dera Ghazi Khan	SSP, SC, UNESCO, CDF
Rajanpur	SHID, SC, Islamic Help, CDF

EDUCATION CLUSTER

CLUSTER LEAD: UNICEF and Save the Children

Cluster lead agency	UNICEF and SAVE THE CHILDREN
Cluster member organizations	AMRDO, SC, CDF, UNICEF, ABCD, UNESCO, PRDP, SRPO, KWES, SF, ITA, SAFWCO, HANDS, SAAD, BBSA
Number of projects	15
Cluster objectives	<ul style="list-style-type: none"> Ensure all most vulnerable children, adolescents and adults including girls and females affected by the floods have access to safe learning opportunities that are life-saving and life-sustaining and are supported by resuming education services in formal and non-formal education in coordinated manner through participatory community based approach in line with existing priorities of the Education Department and INEE Minimum Standards for Education in Emergency. Provide gender friendly capacity building for teachers, PTA/SMCs and other education personnel/partners to gain required skills including DRR and Contingency Planning and psychosocial support to address immediate needs of emergency and early recovery and to support quality participatory teaching and learning.
Number of beneficiaries	Total: 241,492 including 113,501 girls and women <ul style="list-style-type: none"> 229,389 children including 107,813 girls 5,735 teachers and para-teachers including 2,695 females 6,368 SMC members including 2,993 females
Funds required	USD 7,112,058

Contact information	<ol style="list-style-type: none"> 1. Syed Fawad Ali Shah, Cluster Coordinator, UNICEF Mobile: +92 333 5057820 Email: sfashah@unicef.org 2. Erum Burki, Cluster Coordinator, Save the Children Mobile: +92 345 854 0768 Email: erum.burki@savethechildren.org
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Categories and disaggregated numbers of affected population and beneficiaries

Category	Affected Population			Education Cluster Target		
	Females/Girls	Males/Boys	Total	Females/Girls	Males/Boys	Total
School age children 3 to 17 years*	397,236	413,450	810,686	107,813	121,576	229,389
Capacity building of teachers				2,695	3,039	5,735
Capacity building of PTC members				2,993	3,375	6,368
Total				113,501	127,991	241,492

NEEDS ANALYSIS

Following the 2012 floods, information collected in December on schools damaged by the District Education offices found 3,030 schools damaged (partially: 2180, fully: 850) in 7 districts, and a further 453 schools were used as IDP shelters in Punjab and Sindh. Under the early recovery response there is urgent need to quickly refurbish partially damaged flooded schools and IDP occupied schools, and provides Transitional School Structure (TSS) for fully/ severely damaged schools.

During the initial response, the Education Cluster focused on the set up of temporary learning centres (TLCs), provision of learning materials, and psychosocial supports to displaced children, to help bring normalcy to children's lives by quick resumption of learning. As part of the lessons learned from the early recovery education response in the 2011 floods, all children and adolescents who accessed and benefitted from TLCs will be integrated into government education system to ensure learning sustainability. This approach will enable children and adolescents, including out of school and first timers, to continue their education within government schools when they return to their villages.

As of 12 December 2012, 36,115 children, of which 20,777 are girls, were reached through the provision of 505 TLCs in Sindh serving 30,301 children (13,192 girls); 4,637 children (1,562 girls) in Balochistan; and 1,177 children (626 girls) in Punjab. The Multi-sector Initial Rapid Assessment (MIRA) findings revealed **74%** of children were out of school in the affected areas after the 2012 flood. The top three reasons for this were difficult access to education facilities because of damages to school, road and teacher unavailability. **55%** of children lost or had damaged their education materials (books, pencils, etc.) **47%** of teachers were unavailable to work.

The main focus of revised education cluster strategy is the restoration of education services through the Government system. The education cluster will focus on an integrated early recovery response at provincial and district level to reach the most vulnerable.

OBJECTIVES:

- Ensure all most vulnerable children, adolescents and adults, including girls and females, affected by the floods have access to safe learning opportunities which are life-saving and life-sustaining, and are supported by resuming education services in formal and non-formal education in a

coordinated manner, through participatory community based approach, in line with existing priorities of the Education Department and Inter-agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergency.

- Provide gender friendly capacity building for teachers, Parent Teacher Associations (PTA) and other education personnel/partners to gain required skills including DRR and Contingency Planning and psychosocial support to address immediate needs of emergency and early recovery and to support quality participatory teaching and learning.

PROPOSED STRATEGY

The Education Cluster Early Recovery strategy aims to support the restoration of the education system in flood-affected areas, both formal and non-formal education, in line with the priorities and plans of Government. This will strengthen education systems to enable all children, adolescents and adults including girls and females to access quality learning opportunities in a protective, gender sensitive and learner-centred environment.

The Education Cluster response strategy is in line with INEE Minimum Standards for Education to ensure a certain level of quality response. Linking Education in Emergency responses into Pakistan government’s system is a cluster member priority, part of a commitment to sustain identified good practice.

In response to the above mentioned situation, the Education Cluster will:

- Continue learning activities through provision of Temporary Learning Centres (TLCs) where education has not yet resumed in area of return and second displacement.
- Mainstream TLCs enrolled children in Government Education system in areas of return.
- Rehabilitate partially flood damaged, or IDP shelter schools.
- Provide TSS for severely damaged schools to ensure continuation of education during transitional and reconstruction period.
- Develop gender specific inter-sectoral linkages with, for example, Health, Child Protection, Water, Sanitation and Hygiene (WASH), Food/Nutrition and Shelter, to enhance security and physical, cognitive and psychological well-being of the children.
- Continue advocacy for and support re-opening of schools and establishment of non-formal education and recreational programmes, provide appropriate basic education, early learning, and recreational materials and include special measures for children who may need help re-engaging in education, e.g. girls and other vulnerable and socially excluded children.
- Conduct life skill teacher training Education in Emergency including preparedness, response, DRR, psychosocial support using participatory, gender, and learner-centred teaching methodology.
- Reactivate and strengthen PTAs) and School Management Committees (SMCs) so as to improve their life skills to support school based management including DRR and contingency planning.
- Link good practices of emergencies and Early Recovery with development phase through existing mechanism to ensure sustainability of response.

Cluster response

Objective 1: Ensure all most vulnerable children and adolescents affected by the floods have access to safe learning opportunities that are life-saving and life-sustaining and are supported by resuming education services in formal and non-formal education in coordinated manner through participatory community based approach in line with existing priorities of the Education Department and INEE Minimum Standards for Education in Emergency.

Outcomes	Indicators	Activities
• School-age	• # of children (girls, boys)	• Establishment of temporary learning

<p>children/adolescents have access to safe, protective and quality learning environments</p> <ul style="list-style-type: none"> • Minor refurbishment of partially damaged schools is undertaken and where school structures are completely damaged, transitional structures are in place to allow teaching and learning to continue • Children including adolescents’ educational, health and protection needs are addressed by the integrated approach 	<p>benefitting from temporary learning centres</p> <ul style="list-style-type: none"> • # of out of school children (girls/boys) and adolescents benefitting from learning opportunities • # of partially damaged /schools occupied by IDPs renovated • # of children accessing transitional school structures • # of TLCs with linkages to Health, Child Protection, Nutrition and WASH facilities • # of children accessing Health, Child Protection, Nutrition and WASH facilities through TLCs 	<p>centres which are safe and child-friendly.</p> <ul style="list-style-type: none"> • Cleaning/fumigation of schools affected by the floods or as a result of school buildings being used for IDP shelter • Provision of transitional school structures for completely damaged schools to ensure continuation of education during the transition period from temporary learning centres to permanent buildings • Provision of safe drinking water and gender sensitive sanitation to functioning schools¹ in consultation and with WASH cluster so as to avoid duplication.
<p>Objective 2: Provide opportunities for teachers, PTA/SMCs and other education personnel/partners to gain required skills including DRR, Contingency Planning, and psychosocial support to address emergency issues and recovery situations and to support quality teaching and learning.</p>		
Outcomes	Indicator	Activities
<ul style="list-style-type: none"> • Teachers, PTA/SMCs and other education personnel gain skills to address emergency issues including DRR and Contingency Planning and to support quality post emergency teaching and learning 	<ul style="list-style-type: none"> • # of teachers (female, male) oriented on DRR, Contingency Planning psychosocial and teaching methodology • # of capacity building courses organized for teachers and PTAs/SMCs/partners (female, male) on DRR, disaster management, psychosocial support, learner-centred classroom management and pedagogy, protection, and health education etc. 	<ul style="list-style-type: none"> • Reactivation and strengthening of Parent Teacher Committees (PTC’s)/School Management Committees (SMCs) in the affected schools and capacity building in disaster management with a focus on (i) increased enrolment and retention of learners, (ii) post-emergency education and health needs, (iii) monitoring of educational activities (quantitative and qualitative), and (iv) safety and maintenance of school structures • Building the capacity of partners by rolling out series of capacity building initiatives covering <i>INEE Minimum Standards for Education: Preparedness, Response, Recovery, DRR, preparedness, contingency planning, psychosocial support, project management and coordination.</i>

¹This includes separate latrines for girls and boys.

CLUSTER MONITORING PLAN

Accountability and transparency of education responses will be ensured through community based participatory approaches including Government and non-government counterparts. It is vital the education relief and early recovery responses are linked. The Education Cluster will focus its handover strategy on building capacity of cluster partners, and partnership and supporting a sustained knowledge management.

The Education Cluster will collect, compile and analyse education responses by making use existing reporting mechanism of Humanitarian Dashboard, 4Ws, district profiling, and UC ranking exercise in close collaboration with cluster partners, UNOCHA, NDMA, PDMA and Education Department, as well as other sectors, and the thematic working group to review the impact of the response on the ground.

ANNEX: DAMAGED SCHOOLS INFORMATION (SECONDARY DATA)

Province	District	Partially Damaged			Fully Damaged			Total number of Govt. School	Total damaged	% of school damaged and used as IDP camps
		Boys	Girls	Total	Boys	Girls	Total			
Punjab	Rajanpur	43	61	104	0	0	0	1,243	104	8%
	DG Khan	363	62	425	3	5	8	2,104	433	21%
Balochistan	Jaffarabad	282	80	362	102	49	151	1,089	513	47%
	Nasirabad	113	74	187	52	21	73	463	260	56%
Sindh	Jacobabad	531	57	588	390	51	441	1,561	1,029	66%
	Shikarpur	141	19	160	103	19	122	1,502	282	19%
	Kashmore	347	7	354	27	28	55	1,380	409	30%
Total		1,820	360	2,180	677	173	850	9,342	3,030	32%

Map or table of proposed coverage per site

SITE / AREA	ORGANIZATIONS
Jaffarabad	Save the Children, UNESCO, UNICEF, HANDS, SAAD, BBSA
Nasirabad	UNESCO, UNICEF, HANDS
Rajanpur	Save the Children, UNICEF, PRDP, HANDS
DG Khan	Save the Children, UNICEF, HANDS
Jacobabad,	AMRDO, Save the Children, UNESCO, CDF, UNICEF, PRDP, KWES, SAFWCO, HANDS
Shikarpur	Save the Children, UNESCO, UNICEF, Shikarpur, SRPO, Sukkur Foundation, ITA, SAFWCO, HANDS
Kashmore	AMRDO, UNESCO, UNICEF, SAFWCO, HANDS

FOOD SECURITY CLUSTER

CLUSTER LEAD: FAO/WFP

Cluster lead agency	FAO/WFP
Implementing agencies	WFP, FAO, Save the Children, Oxfam GB, ACTED, Islamic Relief, BHR, PAIMAN, AIMS, WHEELS, SENSE, SSP, REED, HDS, Azat
Number of projects	16
Revised cluster objectives	<ol style="list-style-type: none"> 1. To improve the food security and livelihoods of the most vulnerable and food insecure through: <ol style="list-style-type: none"> a) Improved consumption levels, availability and access of food for targeted groups. b) Essential crop/horticulture support in the form of cereal, vegetables and fodder packages for Zaid Rabi and Kharif seasons. c) Support to the productive capacities of livestock and poultry through the provision of feed/fodder, and animal health interventions. d) Cash based interventions to help food insecure populations supplement their food security and livelihoods needs. 2. Ensure effective coordination of strategic joint needs analysis, response planning and dissemination of timely information to promote equitable distribution of humanitarian assistance among the affected populations.
Beneficiaries	1,315,800 individuals (including 919,345 individuals receiving agricultural packages along with food assistance; 219,300 families)
Funds requested	US\$ 50,160,968
Contact information	Ruby Khan, 0346 8544189, ruby.khan@fao.org ; Rizwan Bajwa, 0345 5005166, rizwan.bajwa@wfp.org

Categorization of caseload

Category	Affected Population ^[1]			Beneficiaries (if different)		
	Female	Male	Total	Female	Male	Total
Flood affected families	1,437,681	1,381,302	2,818,983	684,033	657,209	1,341,242

NEEDS ANALYSIS

Heavy monsoon rains have caused severe flooding in parts of Sindh, Balochistan and Punjab, caused widespread losses in terms of life, infrastructure, crops and productive assets, and displaced tens of thousands of people. Almost 2.8 million people¹ were affected in the seven severely affected districts in Sindh (Jacobabad, Kashmore, Shikarpur); Balochistan (Nasirabad, Jaffarabad) and Punjab (Rajanpur, D.G. Khan) affecting with 59,137 families displaced. An estimated 908,165² acres crop area affected in seven districts of standing crops sustained severe losses and 2,309 large heads of livestock, as well as countless small livestock and poultry reported perished. As families return to their damaged and destroyed homes, the massive task of rebuilding and restarting their livelihoods begins.

¹ Satellite imaging and remote sensing data, September 2012

² NDMA notification of the affected areas as of 8th October 2012

After the onset of the flooding and notification of five districts, the MIRA was launched in the five severely affected districts in three provinces. In December, the Food Security Cluster conducted the Detailed Food Security Assessment (DFSA) in the seven severely affected districts.

Across all areas at the time of the MIRA, available food stocks were reduced or non-existent. Households (HHs) have lost a large proportion of their food stocks (almost 88%) due to floods in the five districts of surveyed communities. The assessment findings also show that there is little or no disposable income available with the affected households to purchase food from the market. MIRA showed that 27 per cent of households have no income at all to buy food.

According to the DFSA, the flood has negatively impacted the food consumption in affected HHs: at least 57% of HHs skipped at least one meal a day; 40 % have skipped meals for an entire day, and 39% of both males and females limit their portions size at meals. Findings from the DFSA also suggest that for 79 per cent of the households in the surveyed area, the available food stock is adequate for only up to one week or less. Seven per cent of the households have food stocks adequate for up to two weeks and 12.5 per cent have food stocks adequate for up to one month. 2.3%, a very small proportion of the surveyed households have food stocks available for a period of more than one month. In the DFSA, about 52% of households have reported contracting debt in the past three months (since the floods) about three quarters (77%) to pay for food.

The MIRA indicated 58% of those affected have agriculture while 18% reported day labour (which includes agricultural labour) as their main source of income, and 65% have had their livelihoods impacted. About 79% of agriculture based households reported a loss in their income source. Of those interviewed, 80% reported standing crop losses (rice mostly, sugarcane and cotton as well) grown in the districts affected. About half the population grows their own cereals (wheat) for food, the other half purchase them from the market.³ In the DFSA, the respondents estimated acreage of *Rabi* crop (mainly wheat) for this year has decreased by 17%.

One of the biggest challenges to farmers is the widespread damage to irrigation sources. A total of 40.4% cited it as the reason for the decrease in wheat cultivation. About 35% of respondents stated that their sources for irrigation were totally destroyed, while 24% cited heavy damages; and only 33% cited irrigation damages that can be repaired.

In rural settings, where livestock and poultry serve as an important source of protein, the loss of animals during the floods severely compromises the recovery capacity of rural families. 62% of milk and related dairy products and 71% of eggs produced by families are used for their own consumption. MIRA findings revealed that 14% have their main source of income as livestock, and that 91% of these communities lost their fodder stock, which was expected to feed their animals over the next months. According to the DFSA, families reported a 40% decrease in large ruminants, 45% decrease in small ruminants and a 55% decrease in poultry citing the decrease in livestock mainly as a result of loss from the floods or theft. A small percentage sold their livestock or poultry for cash to meet their needs. The main livestock and poultry related needs reported are fodder and restocking, followed by fodder seed, vaccine, concentrated feed, and medicines.

According to the MIRA, besides destroyed crops, food stocks and other assets, there was significant damage to markets in terms of loss of goods and infrastructure, including physical access. According to the preliminary results of the DFSA, food and input availability in markets in affected communities is almost normal, though still recovering. Shopkeepers mentioned continuing challenges included damage to shops or other infrastructure. Suppliers of goods and local production of food were

³ Results of the MIRA Pakistan Monsoon 2012

affected, in the DFSA, 100% of shopkeepers said they bought both food and fodder stock from local farmers.

PROPOSED STRATEGY

The Food Security Cluster response strategy aims to improve food security and livelihoods of the flood affected population. The strategy of the Food Security Cluster covers following thematic areas in emergency response:

- Provision of unconditional food assistance as a means of immediate relief.
- Provision of conditional food assistance and supplementary feeding to flood affected populations with a provision to cater for most vulnerable headed households (women, children, elderly, disabled) to further support food security
- Ensuring resumption of essential agricultural activities through support to families for late winter (Zaid Rabi) Crops⁴ with a winter vegetable pack as source of food and income and spring and summer seasonal (Kharif) packages.
- Promote immediate livelihood protection by preserving livestock productivity (feed and health support) and
- Implement cash based interventions in areas of functioning markets.
- Mainstream the building of resilience within HHs and communities engaging both men and women to enable them to effectively cope with future hazards.

The FSC strategy aims to address prioritized food security and livelihoods needs of 1,341,242 beneficiaries (684,033 females and 657,209 males) of vulnerable populations in seven districts worst affected⁵ by floods in three provinces: Jacobabad, Kashmore and Shikarpur in Sindh; Nasirabad and Jaffarabad in Balochistan; and Rajanpur and DG Khan in Punjab.

Food security for the most vulnerable groups

Vulnerable flood affected persons will be supported through unconditional life-saving general food distribution. The monthly family food basket consisting of fortified wheat flour, pulses, iodized salt, high energy biscuits and fortified vegetable oil⁶ will be distributed among targeted families. The ration of high-energy biscuits will be provided to all families, with a blanket distribution to preclude the incidence of nutritional decline amongst children between the ages of 2 and 12 years of age.

For geographic and beneficiary targeting, the most severely affected villages have been identified through assessments, and at the household level vulnerable families qualifying for assistance are selected based on specific targeting criteria, including the extent of household food stock and asset losses, and levels of household income with which to purchase food. Populations living in temporary shelters will also be targeted.

Special consideration will be given to the provision of food assistance to the most vulnerable groups in the communities based on the DFSA and MIRA figures whereby WHH are estimated to be an average of 4%, including the elderly, sick, disabled, children, pregnant and lactating mothers, and female and child headed households. It would be ensured that general food distribution is conducted in a safe and dignified manner while remaining sensitive to protection concerns. Distribution to women and female headed households and disabled will be facilitated by establishing separate counters and waiting areas at distribution points, staffed by females.

⁴In affected areas where water has been receded, Zaid Rabi packages include oil seeds, fodder, vegetables, pulses and legumes

⁵Notified by the NDMA

⁶Fortified Wheat Flour (80kg), Yellow Split Peas (8kg), Fortified Edible Oil (4.5kg), High Energy Biscuits (4.5kg) and Iodized Salt (1kg). The total food basket is 98 kg per household of 6 people

⁷All MAM and SAM children along PLW's and siblings have been reflected in the nutrition cluster strategy

Distributions will be carried out on a monthly basis, in order to meet the immediate food needs of vulnerable targeted families. Beneficiaries will receive their food rations directly from distribution points. Logistical challenges are expected to be associated while covering the widely dispersed inundated flooded areas. In areas where markets are functioning and food and necessary infrastructure/support is available, cash based assistance will be given to targeted families for purchase of food commodities to meet their basic food needs.

A period of six months (September 2012 - March 2013) has been proposed with an initial three months relief food assistance that will be reviewed after three months to determine continued relief needs and recovery priorities. While the first three months are critical, the additional three months will allow for the provision of unconditional and conditional food assistance while the flood water recede. This extended support will enable households to engage in livelihood activities while receiving support to alleviate their basic food security concerns.

Targeted nutrition based interventions are already underway as part of the Community Management of Acute Malnutrition (CMAM) initiative. Pregnant and lactating women, moderately malnourished children (MAM), acutely malnourished children (SAM) and siblings (male and female) of all SAM and MAM children both boys and girls are all catered to in the flood affected districts as part of the on-going CMAM program.

Food security and livelihood related interventions

These activities are, protect the food security of affected populations and substantially reducing dependency on food-assistance in the short- and medium-terms.

Similarly, assistance in the form of agricultural input packages for cereals, vegetables, and other crops would aim to improve household food security prevent immediate further loss of productive assets and by resuming farming activities. According to the DFSA, affected families stated that seeds, fertilizer and credit were the most preferred assistance across all areas. The FSC recommends support for the Zaid Rabi (cereals crops, oilseeds and legumes) and Kharif season crops, including vegetables.

Support to crops in Zaid Rabi season (starting January) will be important specifically in those areas where farmers could not plant Rabi crops (mainly wheat) due to standing water and disruption of the support structures. Hence the provision of critical crop inputs (seeds, fertilizers, and toolkits etc) for Zaid Rabi crops (oilseed, fodder, legumes) would help small farmers (landholders and tenant farmers) revitalize their livelihoods. For Kharif season, the focus in flood affected areas is on rice and vegetables. All agricultural packages should be accompanied with home gardening (kitchen gardening) package and coupled with relevant training and follow up for the targeted households, with focus on females and female headed households.

Restocking of small ruminants and poultry will help vulnerable families, particularly female-headed households by providing an important food and income source. This will enable retention of assets and improved income streams, and improved nutrition. Feed related support is required to ensure surviving livestock and poultry recover and are healthy, including the provision of feed and fodder, supplemental feed, fodder seeds to farmers; transitional animal shelters, primary veterinary care for animals (including therapeutics, vaccinations, disinfectants, and de-wormers). Milking equipment provision, with training on safe and hygienic collection of milk, would serve as the core interventions within livestock sub-sector.

Conditional cash interventions are effective in address income losses and to limit negative and irreversible coping strategies (e.g. increase in borrowing to meet basic needs, distress selling of livestock and assets, etc.) should reach severely food-insecure population critical for the resumption of livelihood activities. As many respondents in the DFSA cited significant damage to the irrigation

water sources, efforts to use CFW to rehabilitate and repair involving women where culturally accepted to allow them to benefit from CFW. Support to activities such as land clearing, rehabilitation and preparation; rehabilitation, and de-silting of community owned water courses; drainage of standing water and farm to market paths and roads will enable the resumption of agricultural activity. Vouchers and other cash based interventions can serve as a stimulus for local level economies where families can buy food and inputs, as well as sell their crops and other value added products.

Cash for Training is another option linked to technical and nutrition related training within the sector. Training and provision in the processing and preservation of food leads to improved nutrition by providing food diversity year round, and in value addition and marketing of certain food products⁷ can improve food diversity and nutrition income earning capacity within households. Additional trainings may include: food preparation, hygiene and storage can improve the utilization of food, improved nutrition and less food borne illnesses; other training activities include safe storage of wheat seed, food, and fodder stocks to ensure safe keeping in case of further disasters.

Coordination

The Food Security Cluster co-leadership of FAO, WFP and the NDMA/PDMAs in partnership with the relevant line departments, and the participation of NGOs, donors and other stakeholders would maintain a coordination forum mandated with coordinating the on-going humanitarian response and analysing food security situation within targeted population.

The FSC aims to facilitate assistance to women, unaccompanied children, the elderly and minorities, who will receive priority attention during, registration and distribution processes. Assistance is to be provided with awareness of protection in order to prevent neglect, exclusion and exploitation of those who may not have a voice or power to be represented, including displaced, women, elderly, disabled and other vulnerable groups. Moreover, a principled, humanitarian approach will be pursued so that the sensitivities of assisting various groups affected in different communities (including different religions, sects, tribes, and other considerations) is respected while delivering assistance to prevent further deterioration of already precarious conditions.

The FSC promotes the integration of critical cross cutting issues, such as gender, protection and disaster risk management and reduction in to the response of all stakeholders.

Cluster Objective, Outcomes and Indicators

Objective 1: To improve the food security and livelihoods of the most vulnerable and food insecure population in the most affected districts.		
Outcomes	Indicator	Activities
Improved food consumption for targeted groups	<ul style="list-style-type: none"> Household food consumption score exceeds threshold for 80% of targeted households Number of women, men, girls and boys receiving food, as a percentage of planned beneficiaries Tonnage of food distributed, as a percentage of planned tonnage 	<ul style="list-style-type: none"> Provision of conditional food assistance/monthly family food ration Conditional cash/voucher assistance where appropriate
Productive livestock assets protected within the affected population towards improved level of food security	<ul style="list-style-type: none"> Number of HH receiving livestock feed/fodder packages Number of livestock and poultry vaccinated/treated Number of HH provided with poultry/small ruminants restocking packages against the targeted beneficiaries Number of animal transitional shelters Number of individuals participating in cash based interventions Number of HHs benefiting from cash based interventions <p>(Including a breakdown of female headed households)</p>	<ul style="list-style-type: none"> Provision of livestock feed packages (feed, containers for feed/ and water, fodder seeds/tools) Livestock and poultry health activities : vaccinations + treatment +care training (mostly females) Poultry restocking and feed packages Provision of equipment kits for hygienic collection and storage of animal products (milk, eggs, ghee, yogurt) Cash based modalities for provision of inputs and training
Resumption of agricultural production within affected populations contributing to improved level of food security and livelihoods	<ul style="list-style-type: none"> Number of HH supported with agricultural packages Number of HH receiving other inputs (toolkits) Increase in harvest from improved agricultural production (munds/kilos per HH) Number of HHs benefiting from cash based programs Number of HHs receiving training on nutrition and food Number of individuals participating in cash based programs <p>(Including female headed households)</p>	<ul style="list-style-type: none"> Distribution inputs (seeds, inputs, tools) for Zaid-Rabi and/or Kharif crops + provision of training and technical support Conditional cash transfer modalities for the resumption of agriculture based infrastructure Provision of training and inputs for nutrition and other food based trainings (food preparation, hygiene processing and preservation) Cash based modalities for provision of inputs and trainings
Objective 2: To ensure effective coordination of needs analysis, response planning and dissemination of timely information to promote equitable distribution of humanitarian assistance among the affected populations		
Food Security sector is well coordinated and harmonized through improved analysis and response capacity	<ul style="list-style-type: none"> Number of assessments conducted Number of , strategic and guidance documents produced and shared with partners 	<ul style="list-style-type: none"> Collate information monitor presence of humanitarian/early recovery presence to identify gaps and avoid overlapping Conduct and disseminate Detailed Food Security Assessment and other assessments Facilitate guidance and standards to improve food security conditions of the flood-affected population, including in cash based interventions and nutrition/food security Collect and disseminate sex, age and vulnerability disaggregated information Improve the capacity of FS cluster members in various aspects

Cluster Monitoring Plan

Food Security Cluster activities will be monitored through 4W's matrix, which will be compiled at the provincial level for each targeted district indicating the activities implementation status and progress achieved at the field level. The provincial level data will be compiled and shared with all cluster members in the FSC meetings which will be held regularly at the national level. At the provincial level there will be a focal person for the FS cluster who will hold regular coordination meetings with relevant humanitarian actors including the concerned government departments at the provincial level to review the progress. This provincial structure will be strengthened by the presence of district level FS cluster focal persons who will coordinate with district officials and other stakeholders.

Map or table of proposed coverage per site

Thematic Areas of FSC	SITE / AREA	ORGANIZATIONS
Food (Supplementary Feeding, Cash for Food)	Jacobabad, Kashmore, Shikarpur, Jaffarabad, Nasirabad	WFP, BHR, AIMS, PAIMAN
Livelihood/Agriculture (Crops, Livestock, CFW)	Jaffarabad, Nasirabad, Jacobabad, Kashmore, DG Khan, Rajanpur	FAO, ACTED, WHEEL, SENSE, SSP, REED, HDS, AZAT
Integrated Projects (covering all aspects)	DG Khan, Rajanpur, Jacobabad, Kashmore, Jaffarabad	Save Children, Oxfam GB, Islamic Relief

HEALTH CLUSTER

CLUSTER LEAD: WHO

Cluster lead agency	World Health Organization (WHO)			
Number of projects	33			
Revised cluster objectives	<ol style="list-style-type: none"> Revitalization and rehabilitation of PHC services in all affected districts to pre-floods levels Maintenance and strengthening of communicable disease surveillance and response system to mitigate morbidity and mortality in the flood affected population Coordination of relief and early recovery interventions (transition) within the cluster mechanism and in partnership with the local authorities 			
Beneficiaries	Demographic Estimation of Health in Emergencies			
		Context Population	Programming Groups	%
	Total Population	1,972,806		
	Male (52%)	1,025,859	484,837	52%
	Female (48%)	946,947		48%
	child bearing age (48.8% of female)	462,110	462,110	48.8%
	Population below 15 years	856,198	417,248	43.4%
	New-borns 7% of total Pop under 15years		146,974	7.45%
	Children (Below 5 years excluding new-borns)		291,975	14.8%
	Population 15 - 64 years	1,047,560	974,566	53.1%
	Pregnant Women 3.7 % of 15 - 64 population		72,994	3.7%
	Elderly (Above 65 years)	69,048		3.5%
		1,972,806		100%

Funds requested	US\$ 20,579,465
Contact information	Dr. Jorge Martinez WHO Emergency Coordinator/Pakistan Health Cluster Coordinator Email: martinezj@pak.emro.who.int

NEED ANALYSIS

The MIRA reported 138 health facilities as damaged or destroyed in the 2012 floods. The priority districts for health response are Jaffarabad, Nasirabad, in Balochistan; Jacobabad, Kashmore, Shikarpur, in Sindh; and DG Khan, Rajanpur in Punjab. The main health problems highlighted by the key informants of the MIRA are malaria (95%), diarrhoea (93%), skin infections (82%), cough, cold and fever (68%), Measles (18%), all threats to health and well-being of children even without the emergency. Population displacement, overcrowding in temporary shelters, lack of access to safe water and sanitation facilities, low pre-existing immunization coverage, and high level of pre-existing malnutrition magnify the threat. For pregnant mothers and new-born, lack of access to skilled care during childbirth and exposure to unclean birthing environment are the key threats. In face of these threats, the disruption access to health services delivered by community based health care providers (the lady Health Workers and the Community Midwives), and damage to health facilities has further reduced access to services in areas which already had low access. Due to damage health infrastructure many health facilities are unable to provide health services which are now covered by temporary health posts and mobile health units/camps. Disease surveillance, alert response and outbreak control is been carry out by WHO/Disease Early Warning System teams in all flood affected districts. Most of the safe water sources are damaged and population use unsafe sources to meet their needs, which may result in a rise in water borne diseases, such as cholera.

The major health needs identified are:

- Due to damaged health infrastructure many health facilities are unable to provide health services out of which some are now covered by temporary health posts and mobile health units/camps. The damaged health facilities need to be reactivated for provision of health services to the affected communities (291 or 49% of health facilities out of 600, have been partially/fully damaged in the three provinces);
- Health facilities and camps serving the affected population are short of essential medicines especially for treatment of malaria, ARI and diarrhoea in children;
- Most of the safe water sources are damaged and population is turning towards unsafe sources to meet its needs that may result in rise in the water borne diseases during coming days;
- Need of clean delivery kits, equipment and supplies for safe delivery are needed as the deliveries are being conducted in the temporarily established medical camps;
- Temporarily displaced people are surrounded by contaminated stagnant water and needs safe drinking water;
- ARI Treatment Centres need to be established at Jaffarabad, Nasirabad and other flood affected districts;
- Preventive, 'promotive' and curative actions to respond to the health threats identified by communities which are Malaria, diarrhoea, Skin infections, cough, cold and fever & Measles and low access to health facilities.

RESPONSE STRATEGY

The overall strategy will continue to achieve the overarching Health Cluster objectives based on the standard package of health cluster response during relief and early recovery phases is based on the following key pillars:

1. **Restoration of the functionality of damaged/destroyed health facilities and strengthening of referral mechanisms:** This include basic emergency rehabilitation of health facilities including water supply and storage, facilities and/or setting up of ad-hoc temporary health facilities to allow immediate re-launching of essential primary health care services including vaccine cold chain restoration and activities comprised within the Minimum Initial Service Package (MISP) for reproductive health including provision of reproductive health kits.
2. **Maintenance and strengthening of Disease Early Warning, Surveillance and Epidemic Response Systems (DEWS):** This component will undertake disease surveillance and response through DEWS for alert and outbreak detection and timely and effective response to mitigate morbidity and mortality through communicable diseases, with special emphasis on malaria and dengue. Mainstreaming epidemiologic surveillance, early warning systems into the regular provincial and district operations will be carried out. Prevention, control and provision of a public health response to communicable disease outbreaks - priority health interventions need to be directed towards diseases that are endemic and particularly those which can potentially cause excess numbers of mortality and morbidity within a short span of time. A crucial initial step for a public health emergency and early recovery response is to establish adequate disease surveillance systems that take into account the inherent disruption of the public health infrastructure of the affected country and to ensure that affected population have access to information about prevention of key killer diseases.
3. **Accessibility to essential PHC services including MNCH/RH and immunization coverage:** This component will support government health facilities and community health care providers' network in the flood affected areas to make them operational through provision of essential medical equipment and provision of necessary medical male and female staff through health cluster partners and support to health department. Continuation of provision of essential primary health care (PHC) services including activities comprised within the MISP/RH (skilled birth attendants and new born care) and GBV prevention and response will be supported. Support will be provided to mobilize community base health care providers, vaccinator, and health facility network to conduct mass vaccinations/immunization campaigns, specifically against Polio, Measles and Vitamin A supplements for all children aged 6 –24 months and pregnant and lactating women. Mass communication and social mobilization activities are undertaken for mass awareness on health practices and protection from diseases. Basic rehabilitation of health facilities including water supply and storage, facilities and/or setting up of ad-hoc temporary health facilities to allow immediate re-launching of essential primary health care services will be ensured with the support of health cluster partners and health department. Measles vaccination, vitamin A supplementation, de-worming; Tetanus Toxoid vaccination receive tetanus Toxoid vaccination will be ensured under the essential comprehensive PHC coverage.
4. **Improving access and availability of essential life-saving medicines, supplies and equipment:** Uninterrupted and sustained provision of essential medicines, medical supplies, and equipment has been critical to health delivery at all levels of health service delivery for the early recovery phase. The Essential Medicine package provided during the relief phase, covers the treatment for communicable diseases, non-communicable diseases, MNCH related medicines, Pediatric medicines, Minor Surgery and Diphtheria Anti-toxins. These lifesaving interventions play a vital role in reducing the incidence of morbidity and mortality. The provision of essential medicines increased the utilization of underutilized health facilities evident from the consultation data (increased from 0.12 visits per capita per annum to 0.8 visits per capita per annum).
5. **Coordination of Relief and Early Recovery responses and information management support for prioritization of response, streamlining decision making and monitoring:** The Health Cluster has set up an effective and efficient mechanism of coordination whereby the health partners

share/map the information, produce situation reports and 4W matrices. The information is used to identify the gaps and plan the response activities. In support to the government efforts the World Health Organization as the Health Cluster lead, along with cluster partners, is ensuring that a coordinated response is put in place to ensure delivery of health services to the most vulnerable population both in relief and early recovery phases. Information management activities will also be strengthened at all levels to guide decision making, identify needs and critical gaps, and monitor impact of interventions. Additional expertise for GIS/geo-spatial analyses will also be commissioned to produce maps including mapping of health partners working in the affected districts to avoid overlapping and duplication of activities. Information management capacities including those for geo-spatial analyses will be made available at Islamabad office and field hubs.

RESPONSE OBJECTIVES, ACTIVITIES, INDICATORS AND OUTCOMES

Objective 1: Restoration and strengthening of essential PHC services, including provision of essential lifesaving medicines and medical supplies for filling gaps and unmet needs in the health care service delivery.		
Outcomes	Indicators	Activities
<ul style="list-style-type: none"> Continuation and immediate restoration of the essential lifesaving primary health care services, availability of essential medicines, supplies and equipment and strengthening of referral mechanisms along with mobile health units coverage. Accessibility to essential PHC services including MNCH/RH and immunization coverage to the affected population. 	<ul style="list-style-type: none"> # of static health units re-activated for provision of essential PHC services # of active mobile units in the affected districts # of EHKs, DTKs, ARI kits LLINs, procured and distributed. # of LHWs engaged in community based care # of children vaccinated against measles # of coordinated health promotion activities delivered 	<ul style="list-style-type: none"> Reactivation/strengthening of static health units with provision of necessary essential medicines, essential medical supplies and equipment. Filling gaps in the establishing referral system from primary to secondary and tertiary health facilities along with filling gaps through Mobile Health Units. Conducting campaigns (measles, polio, vitamin A supplementation, mother and child week etc). Revitalization of services by addressing LHWs needs Provision of health services 24/7 including BEmOC in communities with referral system to identified static health units for complicated cases Filling gaps through mobile health service units
Objective 2: Strengthening of communicable disease surveillance and response to mitigate morbidity and mortality among affected and displaced population		
Outcomes	Indicator	Activities
<ul style="list-style-type: none"> Prevention against emerging health threats and outbreaks through early detection and response and strengthening of speedy, timely, effective and coordinated joint health interventions. Waterborne diseases 	<ul style="list-style-type: none"> # of alerts and outbreaks identified and responded within 48 hours. #No of training courses held for communities and health workers on DEWs # of workers trained in each course # of Rapid Response Teams 	<ul style="list-style-type: none"> Active disease surveillance and response in all affected areas. Deploy rapid response teams (male and female members) to investigate alerts and outbreaks Remedial actions to mitigate the outbreak Carrying out laboratory tests for confirmation of an outbreak

surveillance and identification of affected communities facing greatest health risks from water borne diseases identified and appropriate response mechanisms put in place.	deployed <ul style="list-style-type: none"> • # of water samples collected, tested and reported • # of children vaccinated against measles • # of community children with diarrhoea treated with ORS and Zinc • # of ARI cases treated • # of health facility with restored functioning • # of community health workers with restored functioning 	<ul style="list-style-type: none"> • Weekly analysis of consultation reports data from implementing partners • Provide trainings communities and health workers for strengthening of DEWS • Undertake speedy dissemination of IEC materials for mass awareness • Conduct regular water quality surveillance affected areas, and routinely disseminate microbial water quality results and trends with all WASH partners
Objective 3: Coordinate and streamline health relief and early recovery responses within the cluster mechanism and in partnership with local authorities and other actors		
Outcomes	Indicator	Activities
<ul style="list-style-type: none"> • Coordination meetings and federal, provincial, agency and district level • HeRAMS activation in the affected districts and regular updates/ information sharing in the form of bulletins and situation reports 	<ul style="list-style-type: none"> • # of health cluster meetings held per month at federal/provincial/district/agency level • # of health facilities reporting to HeRAMS. • # of Health Cluster bulletins published/month 	<ul style="list-style-type: none"> • Conduct regular health cluster meetings at federal, provincial and district/agency level addressing both relief and early recovery issues. • Compile 4W matrix and develop GIS maps showing cluster partners services in the affected areas. • Publish monthly health cluster bulletins and other response/situation updates.

CLUSTER MONITORING STRATEGY

Health Cluster partners will monitor health interventions according to the indicators outlined above disaggregated by gender and age, and conduct evaluations and assessments to measure the impact of the interventions and to facilitate improvement / changes where required. Specific areas of focus such as the DEWS will deploy surveillance officers in the districts affected for close monitoring and supervision of the disease trends and investigate any alerts and outbreaks to provide the timely and appropriate response. The essential drugs team will monitor the rational use, storage and dispensing activities and capacities of the department of health and all the proposing organizations through the deployment of a pharmacist in each district. Joint monitoring visits along with the EDO Health are one of the successful mechanisms for the monitoring of cluster activities. Health Cluster uses IASC standard indicators for communicable and non-communicable diseases, including average population coverage, emergency obstetric care, maternal and neonatal care, etc. Health Cluster uses different data collection tools and methods for the assessment of health facilities like HeRAMS (Health Resources Availability and Mapping) and others Assessment tools).

Map or table of proposed coverage

SITE / AREA	ORGANIZATIONS
Sindh: Jacobabad, Kashmore, Shikarpur	ARC, BRDS, BDSP, CARE International, CDO, CCHD, Friends Foundation, HHRD, HANDS, IMC, HIS, IHP, IOM, MERLIN, Muslim Aid, NRC,
Balochistan: Nasirabad, Jaffarabad	NATPOW, NCBP, NGAEPAK, NVWS, PAO, Relief International, Save the Children, SMAAJ, SDP, SDS, UNFPA, UNICEF, WHO, YWS, NHEPRN,
Punjab: Rajanpur, D.G. Khan	PDMA, DG Health and EDOs Punjab, Sindh and Balochistan

ANNEX: FINANACIAL SUMMARY OF PROJECTS

Health Cluster Pakistan - Monsoon Operational Plan 2012			
List of Approved Projects			
S.No.	Agency	Project title	Funds required
1	American Refugee Committee	Ensuring lifesaving access to quality primary and reproductive health services and protection services to flood affected population in Tehsil Jhat Pat, District Jaffarabad.	718,175
2	Balochistan Rural Development Society (BRDS)	Provision of Maternal, Newborn and Child Healthcare	300,000
3	Balochistan Social Development Program (BSDP)	Emergency Health Response in the Flood Affected areas of District Nasirabad, Balochistan	348,552
4	CARE International	Improved access to humanitarian health assistance of flood-affected communities in targeted areas of district of Rajanpur (Punjab), Pakistan	197,458
5	CDO	CDO Health Watch Sindh' through integrated programming: PHC/MHPSS & Nutrition Support to Flood Affected Women & Children of District Shikarpur, Sindh	55,000
6	CITIZENS' COMMISSION FOR HUMAN DEVELOPMENT (CCHD)	Primary Health Care Outreach Program (PHCOP)	105 789
7	Friends Foundation	Emergency Comprehensive PHC Project for Flood effected communities of four union councils of DG khan	151,667
8	HEALTH AND NUTRITION DEVELOPMENT SOCIETY (HANDS)	The immediate health risks to flood affected families will be reduced through provision of primary health care services for 3 months in 7 most affected districts of Sindh, Balochistan and Punjab.	577,500
9	Helping Hand for Relief and Development (HHRD)	Provision of comprehensive Primary Health Care services to the flood affected communities in District Kashmore, Sindh	185,500
10	IMC	Emergency Comprehensive Healthcare and Mental Health Services for the Flood Affected Population in Sindh	628,752
11	Integrated Health Services (IHS Pakistan)	PHC & MNCH Service Delivery through RHC & BHUs in Two Flood Affected Talukas of District Shikarpur	330,146
12	International Health Partners (IHP)	Provision of Essential Medicines & Coordination of Supply Chain for Health Cluster response to 2012 floods	310,500
13	IOM	Rapid Establishment of Enhanced Emergency Primary Health Care Services and Strengthening of Assisted Referral system in Flood Affected Communities of Northern Sindh	260,006
14	MERLIN	Provision of life saving and emergency health care services to the flood affected population in Nasirabad district, Balochistan through 6 Static Health Facilities and 2 Mobile Health Teams.	409,500
15	Muslim Aid Pakistan	Facilitation in PHC services with focus on EmONC continuation in affected areas of Rajanpur (Punjab) and Shikarpur (Sindh)	250,000
16	National Relief Committee (NRC)	Providing malaria treatment and prevention to the community especially pregnant and under 5-Years children	239,421
17	National Trust for Population Welfare- NATPOW	Provision of Life Saving Primary Healthcare-PHC Services with special focus on Safe Motherhood, Newborn & Child Healthcare-MNCH including Basic EmONC, PFP/ PPIUCD, HTSP, PAC and Treatment for Minor Ailments in women, girls, adolescents and elderly, Psycho-social Support and	274,625

		Anti-GBV Awareness	
18	Nations Capacity Building Programme – NCBP	Primary Health Care Services through Fix and Mobile Units for Reducing Excess Morbidity and Mortality Amongst Highly Vulnerable due to floods	216,308
19	NETWORK FOR THE ADVANCEMENT OF GENDER EQUALITY (NAGE)- PAKISTAN	Mobile Health Response Program for the flood affected new-born babies, lactating mothers and pregnant Women of District DG-Khan (Punjab) Pakistan	246,100
20	New Vision Welfare Society (NVWS) Balochistan	Provision of essential Health care including Mother & Child Health Care through 2- Mobile and 4-Static Health Camps for community in Dera Murad Jamal Tehsil of Nasirabad.	254,880
21	POVERTY ALLEVIATION ORGANIZATION	Provision of Primary and Reproductive Health Services to flood affected populations in 22 BHUs of District Nasirabad of Balochistan	150,490
22	Relief International (RI)	Provision of Essential Primary Health Care Services to the Flood affect communities to reduce morbidity and mortality particularly in most vulnerable groups of population	475,000
23	Save the Children	Emergency Health Assistance to the flood affected communities of Punjab, Sindh and Balochistan provinces	1,250,000
24	Society for Mobilization, Advocacy and Justice (SMAAJ)	Improved Reproductive Health Status of Women and Child care In Flood Affected Areas	196,200
25	Support To Deprived Peoples - SDP	To prevent avoidable death, disease and disability through the provision of high quality essential primary health care (PHC) services. To specifically address the essential health needs of women and young children.	330,000
26	Sustainable Development Society (SDS)	Malaria Control Project in Flood Affected Area of Nasirabad District of Balochistan (MCP)	295,362
27	UNFPA	Integrated Life-saving maternal and new-born healthcare and GBV services for flood affected population in 7 districts in Pakistan.	500,000
28	UNICEF	Emergency health assistance to flood affected new-born, children and their mothers	4,869,831
29	WHO	Coordination of health cluster response, disaster risk management and umbrella rapid fund for NGO partners for filling gaps in the emergency health response for the flood affected population	1,000,000
30	WHO	Provision of essential package of Primary Health care medicines and supplies including MNCH for the population living in flood affected districts.	3,478,200
31	WHO	Communicable Disease control including Disease Surveillance, outbreak Response, Environmental health and vector control intervention.	783,142
32	WHO	MNCH Assistance to the 2012 Flood Affectees and Scale up health community based interventions to increase access to MNCH health care	1,132,000
33	Young Welfare Society (YWS)	Save Pregnant Women & New-born (SPWN) of Rain of District Jacobabad Sindh	165,150
TOTAL BUDGET (US\$)			20,579,465

LOGISTICS CLUSTER

CLUSTER LEAD: WFP

SECTORAL OBJECTIVES

To augment the humanitarian community's capacity to provide uninterrupted delivery of life-saving relief to the affected population through coordination and provision of common services to cover the identified logistics gaps.

STRATEGY AND PROPOSED ACTIVITIES

Coordination and minimum required logistics capacity and support made available to the humanitarian community and the government to ensure uninterrupted supply of life-saving relief to the flood affected population.

PROPOSED ACTIVITIES

- 1) Facilitation of regular coordination meetings with the humanitarian partners and government counterparts for information sharing on logistical challenges, bottlenecks and gaps.
- 2) Provision of information management services and production of relevant information management products to support operational decision-making.
- 3) Provision of logistics related geographical information systems or mapping tools and products where requested (GIS.) Mapping products will include general maps, road accessibility maps, logistics infrastructure maps, etc.
- 4) Establishment of 2 strategic storage facilities in to provide for the secured storage as operational staging areas for the relief items including basic warehouse management training for local humanitarian community.
- 5) Provision of transport services to augment the capacity of humanitarian partners for the priority relief items where gaps and bottlenecks were identified, as a provider of last resort.
- 6) Coordination and provision of transport services via boats, where necessary to ensure continued access for the cut-off areas in response to a demonstrated needs of the humanitarian community and the government to augment the logistics capacity.

EXPECTED OUTCOMES

The overall intervention will provide minimum required logistics capacity and service available to the humanitarian community and the government to ensure uninterrupted supply of life-saving relief items to the displaced population in the affected area:

- Smooth coordination of the logistics activities for a timely and efficient response;
- Effective response through sharing geographic information amongst humanitarian partners to facilitate a coordinated decision-making;
- Adequate and secure storage facilities available to the humanitarian community for the effective response;
- Uninterrupted delivery of humanitarian relief items to address the needs of the affected population through provision of secured common storage facilities and transport services where necessary;
- Access to essential services (health, water, sanitation & food) for the affected population where roads maybe cut-off to support governments intervention. Also to provide essential access for the humanitarian community to the affected communities.

INDICATORS

- 1) Number of coordination meetings with humanitarian partners and government counterparts for information sharing, identification of bottlenecks and the gaps.

- 2) Numbers of information management products (GIS products included) shared with the cluster members.
- 3) Establishment of two storage facilities to provide common services.
- 4) Volume of Non-Food and Food items transported for the humanitarian partners and the government to augment the response capacity.
- 5) Number of boats operated to support the relief effort.
- 6) Number of humanitarian organisations used the boat, transport and storage services provided.

NUTRITION CLUSTER

CLUSTER LEAD: UNICEF

CLUSTER OBJECTIVES

The principal goal of the nutrition response is provision of lifesaving nutrition services for nutritionally vulnerable children under five (boys and girls), pregnant and lactating women in effective manner by ensuring acceptable level of access and utilization by intended beneficiaries.

SPECIFIC OBJECTIVES

1. To ensure the provision for lifesaving nutrition services for acutely malnourished children (boys and girls) and pregnant and lactating women;
2. To control and prevent micronutrient deficiencies among children aged 6-24 months and pregnant and lactating women;
3. To promote appropriate infant and young child feeding practices by strengthening caring capacity of family members, health care providers at community and facility levels;
4. To prevent and control donation and distribution of breast milk substitutes in emergency affected areas;
5. To strengthen capacity for effective implementation of nutrition interventions; ensure effective and timely implementation of nutrition interventions through enhanced coordination and information gathering; monitoring of trends and status of malnutrition in the target population.

STRATEGY AND PROPOSED ACTIVITIES

The interventions will encompass: Screening for acute malnutrition, micronutrient supplementation; Management of acute malnutrition through CMAM approach; integration and promotion of appropriate infant and young child feeding practices; strengthening the referral linkage between various components of CMAM continuum of care i.e. OTP(outpatient Therapeutic Program), Stabilization Centre (SC), Supplementary Feeding Program (SFP) and Community Mobilization; Improving the efficiency of the response information system; establishment of a strong surveillance system, and capacity development of health care providers for all these service areas. To ensure the implementation of the aforementioned interventions, the following approach will be put into practice.

- Embarking on community mobilization through community volunteers and Lady Health Workers to create awareness about the nutrition services provided the importance of the program, the referral procedure, the role of beneficiaries and service providers;
- Conducting Screening of children (6-59 months) and pregnant and lactating women;

- Health Workers untrained on management of acute malnutrition through CMAM approach will undergo training with on-going on job support will be provided;
- Decentralized(within vicinity of beneficiary community) Outpatient Therapeutic Feeding Programmes (OTP) sites and Stabilization centres (SCs) for the treatment children aged 6-59 months suffering from severe acute malnutrition as per CMAM protocols will continue providing nutrition services;
- Support supplementary Feeding Programme (SFP) in coordination with food cluster for the moderately malnourished children, pregnant and lactating women;
- Provide multi-micronutrient powders for all children aged 6-24 months, and pregnant and lactating women;
- Protect and promote appropriate infant feeding practices by strengthening skills/knowledge of health workers, creating breastfeeding corners/safe heavens in the affected areas, and conduct regular nutrition and hygiene education sessions for mothers and caretakers of children under five years of age;
- Strengthen partners (NGOs/Department of Health) capacity to implement nutrition interventions, including community and facility based management of acute malnutrition (CMAM);
- Inter-cluster coordination between Nutrition and Food Security cluster will be strengthened to establish referral linkages between nutrition and food security interventions;
- Improvements in the Nutrition Information System (NIS) are planned. A user friendly version of NIS software, with UNICEF support, will be made available to all implementing partners. Staff at district, provincial and national level will be trained on NIS. Implementing partners report to provincial level cluster. The report is collated at national level. The provincial level information officer works closely with partners and DOH to ensure information flow. Continued coordination role for nutrition working group, including strategy and plan, capacity development of members through orientation/training, monitoring trends and address critical nutritional gaps, contingency strategy with supplies and distribution plan for emergency nutrition interventions.

EXPECTED OUTCOMES

- 215,424 children (6-59 months) screened for acute malnutrition;
- 18172 Severely acute malnourished children treated;
- 27,257 Moderately acute malnourished children enrolled in Targeted Supplementary Feeding Program (TSFP);
- A total of 123,023 pregnant and lactating women screened for acute malnutrition;
- 27,274 Pregnant and lactating women at risk supported through TSFP;
- 83,738 Children (6-36 months) and 29308 pregnant and lactating women provided with micronutrient supplements;
- About 107,712 mothers and caregivers targeted for IYCF, Health and Hygiene promotion;
- A total of 98 CMAM sites continue provision of nutrition services;
- 381 health care providers trained on effective implementation and management of CMAM, IYCF, multi-micronutrients, NIS and surveillance.

*target includes 49% Girls and 51% boys

Fund Required: USD 9,451,591.00

PROTECTION CLUSTER

CLUSTER LEAD: UNHCR & IRC

The Protection Cluster response to the 2012 monsoon flooding aimed to ensure adequate attention in the disaster response to persons and groups with specific needs: children, women (including female heading households; single women without effective male or community support; women at risk, including survivors of violence), older persons, persons with disabilities and other groups at risk of exclusion. The cluster planned to work in coordination and cooperation with key protection and social welfare governmental institutions as well as in cooperation with the other clusters to effectively mainstream protection principles and criteria into the work of the other clusters.

The cluster planned to intervene in the 7 most affected districts and prioritised 18 projects, largely from INGOs and NGOs (see below).

Table 1 – Initial overview of MHOP projects

Actors		Type	# per type	Areas/ Provinces	# Projects	Districts	Project coverage per District
UN	1	Prot	4	Punjab	3	D.G. Khan	4
INGO	3	CP	9	Sindh	8	Rajanpur	4
NGO	14	GBV	3	Balochistan	5	Jacobabad	7
		CP/GBV	1	Multiple	2	Kashmore	6
Tot actors	18	DISAB	1			Shikarpur	4
Beneficiaries planned	557,109 (including direct and indirect and through various type of services/ consultations/ reach out/ communication)					Jaffarabad	6
						Nasirabad	4

ACHIEVEMENTS TO DATE

Amidst funding constraints impeding the activation of 70% of the projects, during the first three months of the response, the cluster was able to move towards its strategic objectives and achieve some of the intended results in different sector of the response. It is deemed that the cluster has so far been able to reach between 10-15% of the initially intended direct beneficiaries.

Table 2 – Response against Objectives and Indicators

Response (against indicators) as of 20 December 2012	Impact against outcomes and objectives
Protection (general):	
<i>Objective: The protection situation of individuals/ groups with specific needs in the most heavily flood affected areas are effectively monitored and identified and their right to access to assistance is promoted in cooperation with the authorities and other service providers</i>	
<ul style="list-style-type: none"> Some 4,800 persons (50.5% F) consulted and informed on available assistance through more than 200 consultations (Focus Group Discussion) in Punjab and Sindh and reached through 30 community awareness sessions on basic rights; 30 community-based protection monitoring committee formed in Sindh and sensitized to bring forward protection concerns from the field. 1,620 people informed/ advised through help lines and/or referred to service providers (NGOs or governmental services) in Punjab and Sindh, mainly on humanitarian and health assistance, as well as documentation support. Some 340 individuals (24% women, Women HoH, unaccompanied women, widows; 18% older persons; 35% persons with disabilities or in psychological distress) 	<ul style="list-style-type: none"> Improved overall knowledge on the needs and the overall protection situation of persons/ groups with specific needs Through community consultations, issues related to obstacles in accessing assistance, gaps in coverage, lack of documentation, legal issues have been detected and action has been taken or advocacy raised with local authorities or at national level; Information on procedures and available assistance disseminated to communities for better inclusion and knowledge of their rights and obligations; Attention of relief providers and of

<p>referred to service providers, particularly for health and psychological support and material assistance; 272 families supported in restoring documentation, especially CNIC through facilitated access to procedures, and / or provided with legal consultations.</p>	<p>authorities – particularly Social Welfare, Police and health institutions – solicited particularly for cases of women, elderly, displaced/returning populations.</p>
<p>Child Protection</p>	
<p><i>Objective: Specific protection needs of children area adequately addressed through the provision of protective services in cooperation with key protection and social welfare governmental institutions</i></p>	
<ul style="list-style-type: none"> • 99 protective spaces for children and women established plus 73 mobile outreach locations): 40 in Balochistan, 34 in Sindh, 25 in Punjab; • 19,438 children (48% girls) 4804 women enjoying support(literacy and vocational skills, rights and self-protection related information and awareness(recreational, psychosocial) in protective spaces for children and women; • 734 cases of children at risk identified in protective spaces for referral to governmental and other service providers, including for psychosocial support and health services, early marriages interventions social welfare certification of children with disabilities, school enrolment and facilitation to CNICs and birth certificates; • 1988 child protection committee members (47% F) trained in child protection principles and active in monitoring and referral of cases; • 11,644 persons reached by communication on child protection. 	<ul style="list-style-type: none"> • Children and women provided with access to protective, learning and psychosocial services in supportive spaces. Most of the spaces are structured to offer an integrated response, including educational, nutritional, health and WASH services. 25% of the initial target reached, leaving still gaps in the provision of services to children and women in need; • Reinforced links with the Child Protection Units SWD, for the referral and follow-up on cases; technical and material support to government institution (including child protection coordinator of NDMA) assured to strengthen the response, including in the longer term and for future preparedness; • Through a community based system of trained Child protection facilitators and Child Protection Committees identification, reporting support to and referral of child protection issues and cases has improved. Additional 6000 Child Protection Committee members to be mobilized and trained. • Sensitization on children protection promoted through male and female communication strategies and messages targeting communities at grass-root level.
<p>GBV</p>	
<p><i>Objective: Specific protection needs of women and girls, with particular attention to women heading households and other women at risk (including GBV survivors) are adequately addressed through the offer of protective services and referral to service providers</i></p>	
<ul style="list-style-type: none"> • 6,124 women receiving support (psychosocial counseling, advice, information, adult literacy and vocational training) either in child protective spaces in all three Provinces (77%) as well as in 13 dedicated Women Friendly Spaces active in Sindh, 1 WFS in Balochistan, 1 GBV Survivors’ Support Unit at District Hospital and 2 friendly desks at District Police Stations in Balochistan; • 6 GBV counselors deployed to support the Mobile Support Unit providing Reproductive health assistance; • Around 361 cases of GBV identified and referred to service providers for response through 8 Mobile Support Units (some 70% of cases), active under the health sector, WFSs (27% of cases), GBV Survivor Support Unit and Friendly desks in hospital and Police Stations in Balochistan. • Referral Pathways developed in Jacobabad and Kashmore; directory of Services produced for all three Sindh districts; • 3 one-day training events organized in Sindh on GBV 	<ul style="list-style-type: none"> • Women at risk in the most severe flood-affected areas are able to address protective spaces, including as part of integrated mother-child services, and find an aggregation space and a safe space for psychosocial support, access to information – including on reproductive health – and referrals; • Mechanisms for the referral of women at risk, including GBV survivors, strengthened, through stronger coordination amongst the key service providers; • Sensitization and training on response to GBV and survivor-centred approach provided to local authorities, protection actors and other key protection and social welfare institutions.

referral mechanism development, GBV coordination in emergencies and socialization of GBV SOPs at district level;	
Ageing and Disability	
<i>Objective: Specific protection needs of older persons (> 50 years old) and persons with disabilities are adequately addressed through specialized support, in coordination with key social welfare governmental institutions</i>	
<ul style="list-style-type: none"> Some 40 cases of older persons with no support and some 100 cases of persons with disabilities (40% physical) identified through community consultations and provided with information on assistance, support and referral of non-specialized nature in Punjab and Sindh (especially to Social Welfare Department); Situation of persons with disabilities monitored in certain districts (e.g. Jacobabad) through dedicated local grass-root Associations. 	<ul style="list-style-type: none"> The situation of older persons and persons with disabilities received attention but specialized support also for community-based associations still lacking due to the lack of funding to start dedicated projects; Mobility support not delivered due to the absence of funding to dedicated projects; Initiatives of capacity building and mainstreaming disabilities in the disaster response targeted clusters and authorities (Gender and Child Cells)
Coordination	
<i>Objective: Effective coordination amongst protection actors and with key protection and social welfare governmental institutions is ensured; protection principles are effectively mainstreamed in the work of other clusters engaged in relief assistance</i>	
<ul style="list-style-type: none"> 3 Protection Working group re-established and trained in Jacobabad, Shikarpur and Kashmore and conducting joint monitoring, advocacy and liaison with authorities; Focal Points nominated in Punjab and Balochistan affected areas. Since the monsoon inception, 12 training sessions organized on protection principles – including Child Protection in Emergencies, GBV survivor-centred approach, technical Guidelines on disabilities –and specifically directed to protection partners and authorities (including PDMA Gender and Child Cell and SWD), or part of protection mainstreaming strategy (notably in shelter and education clusters). Protection mainstreaming in assessment tools of the shelter (Temporary Shelter Support Unit) and food security clusters as well as in other strategic documents (e.g. beneficiary selection criteria) and approaches (e.g. CNIC); Continuous advocacy on funding support from national level (400,000 USD CERF and some 200,000 USD ERF contributions assured for the cluster); Regular monthly meeting of the cluster and sub-clusters (CP and GBV), including at provincial level; Continuous technical and human resources support to key protection governmental institutions (NDMA/PDMA Gender and Child Cells; Social Welfare Department/ Child Protection Units), particularly through UNICEF. 	<ul style="list-style-type: none"> The cluster continued its participatory approach to operations and advocacy, in full respect of the areas of expertise of the various sub-cluster and task forces; The re-establishment of Protection Working Groups or at least of Focal Points in the most severely flood-affected areas contributed to strengthen the coordination amongst local actors on the ground, including with key protection institutions/ authorities, and strengthened the referral mechanisms; Continuous advocacy on protection principles assured, including at national level (ICCM and HCT) and including protection mainstreaming through training, sensitization and advocacy (e.g. beneficiary selection criteria in the relief assistance, training, inputs in assessment tools). Through assiduous advocacy, funding from CERF and ERF were secured, although funding levels remain minimal and severe funding gaps persists with serious foreseen consequences for 2013. Through technical and human resources support, key institutions such as the Social Welfare Department and the Gender and Child Cell are increasing their ability to be operational on the ground.

ASSESSMENT OF CURRENT NEEDS

Feedback received through monitoring and presence on the ground, as well as through the results of protection components in assessments conducted by other clusters show that the protection concerns and issues are still substantial in the flood-affected areas. In particular, interventions to monitor, to refer and to support persons with specific needs and groups at risk of exclusion are still relevant.

Access to assistance for persons with specific needs is still a challenge, as identified by the protection actors that have conducted consultations amongst affected communities as well as by on-going assessments in the most severely affected areas. In the various districts affected in North Sindh, key informants reported that while lack and inadequacy of the assistance are deemed to be the most relevant barriers to assistance, the inability to reach the distribution points by female heading household, older persons and persons with disabilities remains a significant problem (8% to 20% of key informants (KI) according to areas). This is confirmed by the high number of calls requesting information on assistance received through the hotlines put in place by protection partners, as well as by the type of referrals conducted, where women heading households, widows, older persons continued to constitute the most significant part of the cases. Exclusion of minority groups, particularly in Sindh has been again an issue of concern and protection partners have brought few cases to the attention of the authorities.

In addition, the **loss or lack of documentation** continues as one of the main problems in accessing assistance. 14 to 23% of the consulted KI highlighted the issue as problematic, particularly in Sindh, but consultations with communities in South Punjab and Balochistan confirmed that the problem exists in other areas as well, particularly for women. The protection cluster has repeatedly advocated with the humanitarian community and the Government not to consider the possession of a Computerised National Identity Card (CNIC) as a pre-requisite for the delivery of primary relief assistance. However, identity documents continue to be requested also to obtain the second instalment of the 2010 Watan Card and 2011 Pakistan Card, which becomes a critical injection of financial means to restore shelter and restart livelihoods in the flood-affected areas after the third destructive monsoon in a row. The situation is monitored in the field and facilitation continues, directly by M-HOP protection partners or through referrals of cases to other initiatives of documentation support by other non-humanitarian local actors.

The need to support **older persons and person with disabilities** to reach assistance and to obtain specialised services continues to be highlighted. While, reportedly, grass- root associations have put in place initiatives of registration of persons with disabilities in some Districts of Sindh, specialised assistance has been lacking. At the same time, the scarce resources of the Social Service Department could not cater for all identified cases, including cases of persons with disabilities not registered due to lack of identity documentation. Protection partners have often been instrumental in referring older persons and persons with disabilities to health facilities, including with transport assistance. However specialised assistance, including through the provision of mobility devices and the strengthening of self-support of local Associations for Persons with Disabilities, is still lacking.

Protective services for children continue to be in high demand, as confirmed by the affluence so far recorded in the operational protective spaces and which has recently increased due to the inception of outreach activities. While family separation does not seem to constitute a high protection concern, the psychological wellbeing of children in the flood-affected areas, as well as the risk of neglect and exploitation or the resort to harmful traditional practices such as early marriages as a “form of protection” remain of high concern. The destroyed infrastructures and the lack of child-friendly aggregation structures still call for the presence of safe, recreational and educational structure. This includes also dedicated spaces for adolescent girls and adult women, who have increasingly visited the child protective spaces to gain access to integrated services such as WASH facilities, psychosocial support, adult literacy and vocational training. And yet, the outreach is estimated to have reached only 25% of the targeted population, particularly in Balochistan, largely due to the lack of resources and the inactive state of several M-HOP child protection projects.

The **protection of women at risk including survivor of Gender Based Violence (GBV)** remains of concern, as documented by the numerous cases supported by the 8 Mobile Health Units currently deployed in the flood-affected districts. Although the endemic nature of this problem is well-known and social, cultural and economic barriers have likely a more profound impact than the humanitarian emergency, the incidence is exacerbated by the current conditions of disrupted community

structures, lack of shelter and bathing facilities, lack of privacy. At present, the attempt to build a linkage between the response to GBV and reproductive health initiatives – through the presence of GBV counsellors and psychologists in the RH mobile units – is generating some results even if it may need further adaptation to the Pakistani context and more sensitization amongst communities to remove cultural barrier to access. Protective services for women remain in demand, including as a preventive measure to limit violence and abuses. The offer of Women Friendly Spaces is currently only possible in Sindh and Balochistan (13 + 1 WFS active). In Balochistan one GBV Survivor Support Unit has been activated at a District HQ hospital in Nasirabad, and two friendly reporting desks are reactivated at local police station. All these activities may end due to lack of funding, while the gap in services persists.

CORE OBJECTIVE AND STRATEGY

In light of the assessed situation and needs on the ground, and given the slow transition of the humanitarian emergency into an early recovery phase, the strategy of the protection cluster will not change in the next three months of the response

The cluster will continue to pursue its stated overall goals and devote its attention and planned activities to target the segment of the population in the flood-affected areas that are most exposed to marginalization, neglect from the delivery of assistance, violations based on gender or age diversity, as well as families who may need legal and documentation support. The specific objectives per segment of activity (general protection, child protection, support to women at risk, support to older persons and persons with disabilities, coordination and advocacy) will remain. The cluster will continue to adopt participatory mechanisms and community involvement as methods of intervention.

Several considerations contribute to determine the suitability of the current protection response and the opportunity to continue with the established activities. The nature of the protection challenges is still largely unaltered and the attention towards persons and groups with specific needs is still evidently required. The rapid cycle and limited geographical span of displacement for the affected population still call for a localized response at *Tehsil* level, which is the approach currently followed by all on-going and planned projects. The community-based approach of many of the on-going and planned activities, working with grass-root associations, child-protection committees, protection monitoring committees and local institutions has been set from the inception of the response. The linkages and involvement already established with local authorities and structures, such as the District authorities, the Social Welfare Department and the Gender and Child Cell, including in the referral of cases, well position the current approach into the early recovery phase.

In terms of **activities**, the protection cluster will continue with the following interventions:

- Protection monitoring through community consultations and referral interventions;
- Documentation support, particularly if the Government enacts new schemes of flood-related assistance such as cash compensation, where identity documents will likely become a legitimate requirement;
- Rights awareness and basic individual legal advice, including land and property issues in return villages;
- Specialised support to older persons and persons with disabilities, to promote inclusion;
- protective services for children, including with community-based involvement (Child Protection Committees) and with continuous support to the Social Welfare Department Child Protection Units;
- Protective services for women, including survivors of GBV, through protective spaces and other responsive activities linked to reproductive health;
- Awareness for communities and training and capacity building support for local authorities;
- Cluster coordination, advocacy and protection mainstreaming at both national and provincial levels.

PARTNERS, FUNDING AND PROJECTS

Since its inception, the Monsoon HOP included eighteen projects selected by the cluster based on their relevance, coverage of the various protection activities and geographical distribution across the seven most affected districts. Current MHOP projects are almost exclusively carried out or planned by international and national NGOs (17 out of 18).

Table 3- Type of activities covered by projects

Type of activities	CFS/ Places	CP Committees	Women Friendly Spaces	Monitoring/ Consultations/ FGD	Referrals	Legal Document.	Psychosocial Support (Wo and Chi)	Disability (specific)	Info/ Awareness	Capacity building/ training
Number of projects	13	3	4	10	8	4	14	1	5	14

To date only four of the eighteen projects have funding support to carry out the intended activities. Based on the information released by the various organizations in mid-January, 1.37 million USD has been received, most notably in support to Child Protection activities. This includes the 2012 CERF allocation and represents some 22.2% of the overall requested funds in the M-HOP 2012 protection sector. In addition, two of the five active projects in 2012, including one dedicated to protection monitoring, referral, documentation and legal advice in South Punjab and one dedicated to GBV response in Balochistan, have terminated their much needed activities at the end of the funding support at the beginning of January 2013.

The cluster has repeatedly advocated for funding, and will continue this effort. The cluster also counts on mechanisms such as the Emergency Relief Fund and hopes that - after a first project in Sindh – other recommended ERF projects within the MHOP may eventually be selected.

It is however clear that donor support is vital to continue – or simply start – much needed protection activities in favour of flood-affected women, children, older persons, persons with disabilities and excluded groups, reaching out to hear their concerns, limiting their exclusion and providing them with protective services for a safer and more dignified life after the emergency. For further information on projects, please refer to annexes.

SHELTER CLUSTER

CLUSTER LEAD: IOM

IASC PAKISTAN FLOODS SHELTER CLUSTER
Inter-Agency Standing Committee

2012 FLOODS EARLY RECOVERY

Caseload:

5 million people affected

3 provinces

15 districts

386,172

houses damages and destroyed

EMERGENCY RESPONSE

33 million USD requested for emergency shelter and NFI

11 million USD funded for emergency shelter and NFI

31% coverage

(as of Dec 14th, including pipeline)

226,482

families remain in need of shelter assistance

EARLY RECOVERY RESPONSE

386,172

houses damages and destroyed

Shelter cluster target considers self-coping capacity and organizations capacity to assist:

50% of total number of houses damaged and destroyed

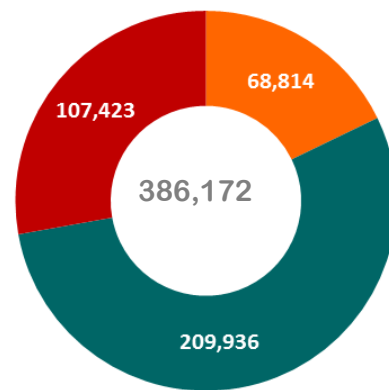
173,777 EARLY RECOVERY SHELTERS (One room shelter, roofing kits)

MHOP Revision:

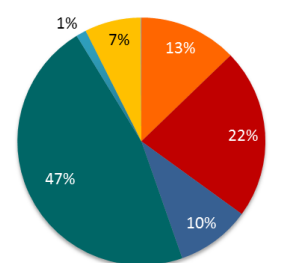
87 million USD are required to meet the early recovery shelter needs

Houses damaged and destroyed

■ Balochistan ■ Sindh ■ Punjab

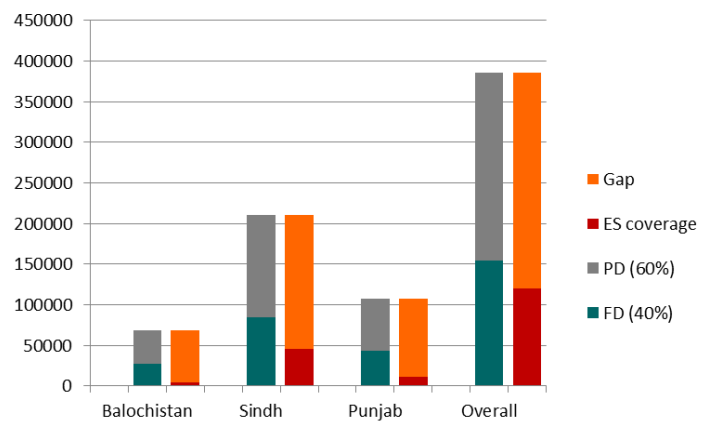


Current living conditions (TSSU Assessment)



■ No Shelter ■ Tents
■ Makeshift/Self Made Shelter ■ Host Families
■ Shelter Using Tarpaulins/Bamboos ■ Community Building

Houses damaged and destroyed, ES coverage and Gap



OVERALL OBJECTIVE FOR EARLY RECOVERY SHELTER STRATEGY:

TO PROVIDE LOW COST SHELTER SUPPORT TO FAMILIES WHOSE HOUSES HAVE BECOME UNINHABITABLE AFTER THE 2012 FLOODS, IN A WAY THAT IMPROVES THEIR RESILIENCE TO FUTURE NATURAL DISASTERS.

Key concepts:

- Beneficiary driven
- Catalyse self-help efforts
- Maximize minimum input to expand coverage
- Flexible approach and different shelter solutions
- Assistance tailored to needs and capacities of beneficiaries
- Improve resilience of affected population
- Introduce DRR measures into shelter construction
- Shelter is a process rather than a product
- Incremental upgrade
- Knowledge transfer
- Technical guidelines and technical trainings
- Site selection
- Target limited resources to most vulnerable groups
- Beneficiary selection criteria
- Assist remaining humanitarian needs

CONTEXT

Following the 2012 floods and rains in Pakistan, 5 million people were affected in Northern Sindh, Southern Punjab and Eastern Balochistan. MIRA shows that across the 3 affected Provinces 386,172 houses were damaged or destroyed. The Shelter/NFIs cluster initially requested 33 million USD to respond to the immediate emergency shelter needs of families affected by the floods. As of December 14th, 2012, only 31% of emergency shelter needs have been covered, with 226,482 families remaining in need of immediate shelter assistance.

According to MIRA, an estimated 2,000,000 people were initially displaced by the floods. In October and November 2012, TSSU first phase results showed that while the majority of IDPs returned home quickly, some were facing extended displacement- 50,195 individuals identified in 313 settlements in 7 districts of Sindh. Initial findings of the second TSSU phase completed in December 2012 and targeting both displacement and return sites show that both IDPs and families who returned to their village remain in need of immediate shelter support to facilitate their recovery, and help them finding durable solutions.

Given the re-occurrence of disasters in affected Provinces, and taking stock of lessons learned from the 2010 and 2011 floods response, the overall objective of the Early Recovery Shelter Strategy is to provide a low cost shelter support to families whose houses have become uninhabitable after the 2012 floods, in ways which improves their resilience to future natural disasters.

Considering self-coping and organizations capacities, it is estimated that at least 173,777 families (50% of all affected families) are in dire need of early recovery shelter support. To enable humanitarian organizations to provide adequate shelter assistance to most vulnerable families, catalyse self-help efforts, and ensure a transfer of knowledge on safe construction practices and DRR to build their resilience to future disasters, the Shelter/NFIs Cluster estimates that 87 million USD are needed under the revised MHOP to continue emergency relief support and meet early recovery shelter needs of people affected by the 2012 floods.

WASH CLUSTER

CLUSTER LEAD: UNICEF

Cluster lead agency	UNICEF
Cluster member organizations	ACF, UN Habitat, Mercy Corps, Oxfam GB, Muslim Aid, Concern Worldwide, Oxfam Novib, IRC, Save the Children, UNICEF, Qatar charity, WHO, World vision Pakistan, UN Women, NCA, ACTED, NRC, Asian Development Organization, RedR, Friends Foundation, Young Welfare Society, Sewa Development Trust Sindh, Solidarites International
Number of projects	34 (Individual project sheets are not revised by cluster as agreed by HCT. Project owners are asked to update them in response to stakeholders' interest. Cluster lead will liaise between donor and the project owner as needed to ensure that the individual projects are in line with the overall cluster strategy)
Cluster objectives	<p>Address <i>early recovery needs while continuing to provide relief assistance</i> to those in need of life-saving water, sanitation and hygiene (WASH) services for approximately 1,200,000 men, women and children of flood affected communities in priority areas affected by Monsoon Flood 2012 through the following specific objectives:</p> <p><u>Specific Objectives:</u></p> <ol style="list-style-type: none"> 1. Coordination: Ensure effective coordination of the residual emergency relief and early recovery response program within the WASH Cluster at all levels and collaborate with other clusters/ sectors and relevant government counterparts aiming at introducing sustainable and enduring outcome to the sector including sector capacity building, DRR and preparedness. 2. Water: Ensure that population especially women and children (including those who remain displaced) in the flood affected areas have access to a sufficient quantity of safe and sustainable water for drinking, cooking and maintaining personal hygiene and wellbeing 3. Sanitation: Ensure that population especially children and women in the flood affected areas have access to sustainable sanitation services and facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate and populations are empowered to maintain the cleanliness in/around settlements/ villages in which they reside. Stimulate demand for sanitation through the implementation of total sanitation approaches (e.g. PATS, CLTS, SLTS, PHAST) 4. Hygiene: Ensure affected populations especially children and women in the flood affected areas are provided with appropriate hygiene skills and basic supplies (where appropriate) which support the prevention of water, sanitation and hygiene related diseases through the implementation of C4D, C2C, PHAST, BCC strategies and other community mobilization techniques 5. WASH in Schools: Ensure that children and teachers have access safe and sufficient water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces. Use WASH in school as a key strategy for behavioural change.
Number of beneficiaries	Approximately 1,200,000 people (500,000 children, 350,000 women and 350,000 men) in affected districts of Punjab (Rajanpur, DG Khan), Sindh (Kashmore, Jacobabad, Shikarpur, Qambar Shahdadkot, Dadu) and Balochistan (Nasirabad, Jaffarabad)
Funds required	US\$ 24,359,288
Contact information	sklawitter@unicef.org tel 0345-500-6491

Sectoral Needs Analysis

Although the Flood waters have receded from most of the areas, they have contaminated wells and other sources of drinking water, compromised sanitation and hygiene, contributing to a rise in water, sanitation and hygiene related diseases such as diarrhoea. According to MIRA results,

approximately 50% of informants report water as 'unclean' citing foul odour, bad taste and the presence of suspended solids as the main reasons for poor quality water. Over 90% of KI report inadequate access to sanitation and bathing facilities for women and children with approximately 60 % of the population reportedly defecating in the open, which drastically increases the affected population's vulnerability to diarrhoea and other WASH related disease. Already, more than 90% of KI cited diarrhoea and malaria, both WASH related, as the main health problems in affected communities with over 80 % reporting skin infections (scabies), also linked with inadequate access to water.

Following the recommendation from HCT, the WASH cluster started emergency WASH response with an initial estimated caseload of 1,200,000 people in the seven most affected districts of Sindh, Punjab and Balochistan using contingency stock, emergency loan facilities to meet the critical needs of vulnerable women and children. As Flood waters moved south/downwards, people in additional two districts of Sindh (Qambar Shahdadt and Dadu) also became victims. Due to the limited resources at hand, limited WASH agencies have been responding to the humanitarian situation, while the government response is almost negligible in terms of water and sanitation needs especially in Sindh and Balochistan. There remains a huge gap between the needs and the current WASH services being provided by limited number of cluster members.

Additional funding is needed to address residual emergency needs and support the early recovery WASH interventions including provision of sustainable solutions and implementing disaster risk reduction (DRR) measures in order to prevent WASH related disease outbreak and reduce vulnerability, increase the community capacity and minimize the impact of any future disasters.

Achievements to date:

As of December 2012, WASH Cluster member agencies have enabled:

- 835,286 people to receive clean drinking water (mostly temp water supply through trucking)
- 173,963 displaced people to receive improved sanitation services
- 517,985 people to receive emergency WASH kits
- 639,829 people have benefited from key health and hygiene messages.

Proposed strategy

The cluster strategy for the monsoon floods of 2012 is built on lessons learned in Pakistan over the last two floods of 2010 and 2011, both of which caused destruction affecting millions of people across Pakistan. The current strategy supports the provision of safe and sustained access to water and sanitation facilities and hygiene promotion for women, girls, boys and men affected by the disaster. The focus is being shifted to early recovery interventions in WASH sector while also continuing to address residual relief in the areas which are still surrounded by water and in need.

The cluster intention for the flood response during the recovery and reconstruction period is to:

- Support coordination and information sharing for residual emergency response and recovery activities to optimize use of resources;
- Work in partnership across clusters to reduce, mitigate, control WASH related outbreak of diseases among affected communities by implementing timely information;
- Promote evidence based actions, gap identification and coordinate resources to define key priority areas with implementing partners;
- Enhance accountable, predictable and effective WASH recovery solutions through strategic advisory and technical working groups.

Moving beyond the initial rapid response plan of the 2012 floods, these strategic guideline aims to provide WASH (Cluster/ER) partners with the principles required to adapt work plans based on ER frame work. With the vast majority of people having returned to their areas, the cluster envisages to

improve or re-instate damaged/destroyed WASH infrastructure with sustainability and DRR perspective

CLUSTER APPROACH

In order to increase the effectiveness of the early recovery interventions WASH cluster member agencies will adopt the following approaches while designing their projects.

- i. **Provision of Sustainable WASH services:** Flood affected people (children and women in particular) will gain equitable and sustainable access to safe and sustainable drinking water; improved sanitation and practice safe hygiene.
- ii. **Promotion of community based and participatory approach:** involving beneficiaries throughout the project cycle from designing, implementation, and monitoring and reporting. Promotion of PATS, CLTS, SLTS, PHAST, C2C, C4D approaches in WASH sector during early recovery.
- iii. **Introduction of disaster risk reduction (DRR) concepts and technologies:** link reconstruction of water supply and sanitation infrastructures in the flood affected areas with long term development programs. Environmental safeguard, strengthening institutional/ community capacity and preparedness will be focussed as key DRR measures.
- iv. **Support to inter-sector collaboration and improved coordination** among the stakeholders to maximize the water and sanitation interventions including institutions like schools and health centres.
- v. **Gender mainstreaming and inclusive policies** while designing WASH activities. This includes age and disability sensitive programming.

Objective 1: Cluster Coordination: Ensure effective coordination of the residual emergency relief and early recovery response program within the WASH Cluster at all levels and collaborate with other clusters/ sectors and relevant government counterparts aiming at introducing sustainable and enduring outcome to the sector including sector capacity building, DRR and preparedness.

Outcomes	Indicator	Activities
Coordination mechanism provides guidance to all partners on common approaches and standards; ensures that all critical WASH gaps and vulnerabilities are identified; and provides information on who is doing what, where, when and how, to ensure that all gaps are addressed without duplication	# of WASH cluster coordination mechanisms that are activated and functioning # of WASH Cluster coordination meetings that are conducted at national, provincial and district levels with actionable outcomes.	a. Formulation of the WASH early recovery strategy & sharing with all stakeholders b. Map out the cluster capacity to deliver the quality WASH response and early recovery interventions c. Ensure the appropriate IM system and tools for rapid assessment, needs/gaps analysis for better planning & coordination d. Share standards, protocols and tools (SPHERE standards, sectoral protocols, additional technical guidelines etc.) with cluster member agencies e. Participate in ICCM and advocate for resource mobilization f. Coordinate sectoral emergency preparedness for 2013

Objective 2: Water supply- Ensure that population especially women and children (including those who remain displaced) in the flood affected areas have **access to sufficient quantity of safe and sustainable water** for drinking, cooking and maintaining personal hygiene and wellbeing

Outcomes	Indicators	Activities
<p>1,200,000 affected people including (approx. 500,000 children and 350,000) women have improved access to safe drinking water of appropriate quality and quantity for drinking, cooking, personal hygiene, at least 5 litre per person per day in relief and 15 litre per person per day in recovery phase</p>	<p># and % of target population with access to sufficient quantity of safe drinking water meeting minimum standards until durable solutions are achieved (relief)</p> <p># and % of target population with sustained access to sufficient quantity of safe drinking water meeting minimum standards through permanent sources (early recovery)</p>	<p>a. Installation of water treatment units to address residual emergency needs (<i>only in selected areas</i>)</p> <p>b. Hand Pumps with DRR: shock chlorination, rehabilitation and installation of hand pumps with concrete raised platform</p> <p>c. HH Water Treatment: Provision of household ceramic filtration units; introduction of household water treatment technology e.g. SODIS, bio-sand filter etc</p> <p>d. Rehabilitation or water supply schemes – community based rehabilitation and reconstruction of rural and peri-urban small scale water supply schemes in the affected communities (with DRR)</p>
<p>Objective 3: Sanitation: Ensure that population especially children and women in the flood affected areas have access to sustainable sanitation services and facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate and populations are empowered to maintain the cleanliness in/ around settlements /villages in which they reside. Stimulate demand for sanitation through the implementation of total sanitation approaches (e.g. PATS, CLTS, SLTS, PHAST)</p>		
Outcomes	Indicators	Activities
<p>600,000 (50% of total target) flood affected people (including approximately 180,000 women and 240,000 children) live in an open defecation free (ODF) environment with access to sanitation facilities with a maximum ratio of 20 people per hygienic toilet or latrine squat hole; users should have a means to wash their hands after defecation with soap or an alternative (such as ash).</p>	<p># & % of target population with safe access to appropriate sanitation provisions and practice effective use</p> <p># & % of target population living in open defecation free (ODF) environment with safe sanitation practices</p>	<p>a. Open Defecation Free living: promotion of community based approaches for sustainable sanitation solutions such as Community led total sanitation (CLTS)/Pakistan Approach to Total Sanitation (PATS)</p> <p>b. Latrine construction with DRR: most vulnerable people are provided safe and equitable access to sanitation facilities (segregated by sex) as per SPHERE standards through a participatory process.</p> <p>c. Solid Waste Management : community based waste management to ensure access to solid waste collection and disposal facilities with the provision of solid waste containers</p> <p>d. DRR Measures : sanitation infrastructure must incorporate DRR measures including introduction of innovative resilient sanitation technologies and approaches for disaster preparedness</p>
<p>Objective 4: Hygiene: Ensure affected populations especially children and women in the flood affected areas are provided with appropriate hygiene skills and basic supplies (where appropriate) which support the prevention of water, sanitation and hygiene related diseases through the</p>		

implementation of C4D, C2C, PHAST, BCC strategies and other community mobilization techniques		
Outcomes	Indicators	Activities
<ul style="list-style-type: none"> 1,200,000 flood affected people (including approximately 500,000 women and 350,000 children) reached with appropriate hygiene education to support improved hygiene practice 	<p># & % of target population with access to information about essential personal and HH hygiene behaviour benefits & practice</p> <p># & % of people with access to basic hygiene supplies</p>	<ol style="list-style-type: none"> ToT of hygiene promoters on delivery of key hygiene messages (approx @20 per affected district) Hygiene promotion campaign for adoption of safe and healthy hygiene practices (use of clean drinking water, household treatment methods, safe excreta disposal, hand washing with soap at critical times) Basic WASH Kits with demonstration: Distribution of gender sensitive basic WASH hygiene kits (2-10 litre Jerri cans, 1-20 litre Bucket, Female hygiene cloth and 6 bars of toilet soaps per family) along with demonstration of its use (<i>only in selected areas as residual relief assistance</i>). Promotion behavioural change communication (BCC) tools and techniques e.g. C4D, C2C and PHAST and other innovative approaches to scale up the behavioural change in WASH Creation and training of community based WASH committees & mobilize them for disaster preparedness planning
<p>Objective 5: WASH in Schools: Ensure that children and teachers have access safe and sufficient water, sanitation and hygiene facilities in their learning environment and in child-friendly spaces. Use WASH in school as a key scale up strategy for total sanitation and behavioural change.</p>		
Outcomes	Indicators	Activities
<p>Water and sanitation facilities restored, rehabilitated and installed in schools, health facilities and public places of the affected areas</p>	<p># and % of children in learning facilities and child-friendly spaces with access to: drinking water per child per day; hygienic toilet or latrine squat hole; means to wash their hands after defecation with soap or an alternative; appropriate hygiene education and information</p> <p># and % of teachers trained as trainers (ToT) in appropriate hygiene education and information</p>	<ol style="list-style-type: none"> Teachers Training (ToT) : on Hygiene and sanitation practices to sustain hygiene education Water facilities in target schools, temporary educational; child friendly spaces and public places installed/restored Sanitation facilities (latrines) in target schools, child friendly spaces, health facilities and public places restored/rehabilitated and installed (1 for 50 pupils) Solid Waste management: Provision of Solid waste containers & installation of waste disposal points Personal Hygiene in Schools: Children have access to hygiene promotion messages and activities which address

		<p>key behaviours and support the prevention of water, sanitation and hygiene related diseases</p> <p>f. Construction of Hand washing points(in camps & public places) with proper drainage (1 for 40)</p>
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Cluster monitoring plan

Through cluster tools monitoring response activities will be enhanced through:

- The update of the WASH Cluster Activity Map, coverage and resource capacity with gaps
- Training of WASH partners on knowledge, attitudes and practices (KAP) surveys and basic WASH survey methodologies and reporting
- Support to WASH cluster focal points who organize regular coordination meetings and monitor activities at district level through effective coordination and reporting system
- Working with health clusters to monitor DEWS and urgently respond to outbreaks and low key but high impact incidents
- Information management system to ensure that concise and clear information is collated, analysed and shared among cluster members, donor and government counterparts and ensure an informed decision.
- Bi monthly cluster briefing is shared with the donor community.

12	Youth Org.	NGO	Protection of Vulnerable Children and Families in Flood Hit Areas of Nasirabad and Tambu	CP	200,000	22,355	9,855	7,138	5,363	12,500									Y	> Protection monitoring > Mobile & static CFS > Psychosocial support > Child Protection Committees > Training and capacity building (partners, committees, Authorities)	Not Active		
13	Kainaat	NGO	Helping women and children in flood area of Kashmore.	GBV	95,996	5,000	3,000	1,000	1,000	2,000									Y	> Protection monitoring relating to GBV > Direct cash grant to children and women > Psychosocial support > Capacity building/ Training/GBV awareness	Not Active		
14	National Rural Support Program (NRSP)	NGO	Provision of protection places for flood affected vulnerable women and children in Jacobabad and Kashmore	CP	384,141	27,500	7,500	12,000	8,000	20,000	1,000	1,000							Y	Y	> Establishment of child and women CFS > Psychosocial support for children > Identification of CP cases and referral to service providers > Formation and training of social protection committees on GBV > Advocacy campaigns > Training and capacity building (partners, committees, Authorities)	Not Active	
15	Plan International	INGO	Child Protection Response to 2012 Floods in Rajanpur	CP	133,263	4,530	1,500	1,500	1,500	3,000									Y	> Establishment of child CFS > Psychosocial support for children > Training and capacity building staff and women regarding CP	Not Active		
16	SHARP	NGO	Protection Monitoring, Counseling and Legal Aid Services in two flood affected districts of Balochistan	PROT	136,460	20,000	7,000	3,000	3,000	6,000										Y	Y	> Protection Monitoring, consultations with communities > Referral of vulnerable individuals to Service providers > Help line and Information sessions on available services > Documentation support > Legal consultations	Not Active

17	SHARP	NGO	Protection Monitoring, Counseling and Legal Aid Services in two flood affected districts of Punjab	PROT	183,860	20,000	7,000	3,000	3,000	6,000			7,000	Y	Y							> Protection Monitoring, consultations with communities > Referral of vulnerable individuals to Service providers > Help line and Information sessions on available services > Documentation support > Legal consultations	Not Active	24,000
18	BBSA	NGO	Child protection and GBV Response in flood-affected District of Jaffarabad	CP/GBV	187,002	60,387	16,240	24,580	18,467	43,047			1,100							Y		> Protection monitoring > Establishment of child and women PLACES/ CFS > Psychosocial support for children > Identification and referral system for GBV/ CP > Training and capacity building (partners, committees, Authorities)	Not Active	
					6,194,705	557,109	168,418	160,575	133,863	294,438	13,965	35,596	94,253	4	4	7	6	5	6	4			22.2%	1,375,732