

UNICEF HUMANITARIAN ACTION UPDATE

PAKISTAN

22 May 2009

ACUTE NEEDS FOR DISPLACED CHILDREN AND THEIR FAMILIES IN THE NORTHWEST FRONTIER PROVINCE AND IN THE FEDERALLY ADMINISTERED TRIBAL AREAS

- 2 million IDPs of which an estimated 65% are children continue to be in need of emergency support in water, sanitation, hygiene, education, health, nutrition and child protection
- Some 516,000 IDP school-age children (5-17 years old) are currently out of school with 110,000 of them in camps and 406,000 in host communities
- Only up to 20% of children in camps have access to Child Friendly Spaces due to limited resources available for psychosocial support



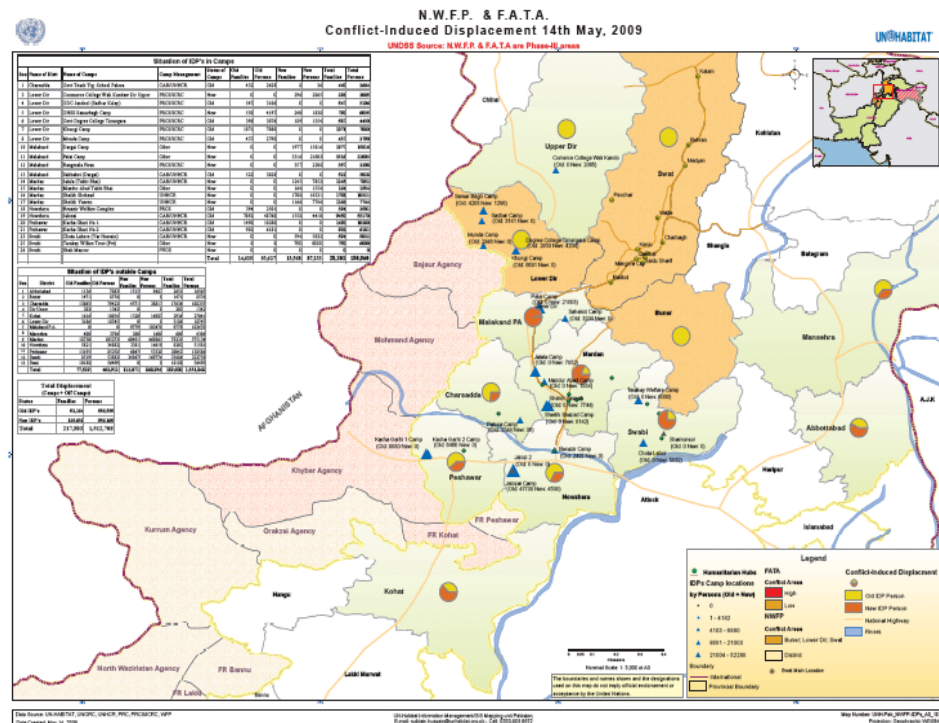
1. ISSUES FOR CHILDREN

Since August 2008, conflict between militants and government troops in parts of Pakistan's Federally Administered Tribal Areas (FATA) - notably in FATA's Bajaur agency - has led to over half a million people being displaced. Over the last two weeks, an additional 1.1 million people have been displaced from Swat, Buner, Lower Dir and Shangla districts of North West Frontier Province (NWFP) as a result of increased fighting between the Pakistan Army and militants in the Malakand division of NWFP. As government forces temporarily lift curfews in the affected areas, thousands of civilians flee in the course of a few hours. Pakistan now hosts the greatest number of displaced persons since its formation and is likely to see further increases in displacement in the coming weeks.

The total number of registered Internally Displaced People (IDPs) is now estimated by local authorities to be 2 million out of which an estimated 65% are children. Out of the overall number of children, 25% (about 325,000) are in camps and 75% (about 975,000) are living within host communities. Since existing camps are already at full capacity, it is essential to ensure that the new camps can accommodate and provide all essential services to the IDPs. Families in rented accommodation or with host families risk running out of money or goodwill, and strain the limited resources of their host communities. Registering IDPs in camps and the community is essential to target resources appropriately.

Many women and children from FATA's conservative tribal society have to learn to access information and services for the first time, and thus need culturally appropriate support. Literacy rates are low, at only 7% amongst women and girls above 10 years of age in FATA, and those children who are enrolled have had their schooling interrupted by conflict. Only 16% of girls were attending primary school in Bajaur before the conflict. This suggests that IDP camps also provide an opportunity to enrol thousands of children, especially girls, in school for the first time and provide information to once unreached women. Nearly 516,000 IDP children remain without access to basic education services.

Preliminary data from the Nutrition Assessment among IDPs in camps and in host communities of North West Frontier Province in May 2009 jointly undertaken by the Department of Health and UNICEF in the camps and the communities have shown prevalence rate of acute malnutrition in children under five less than the emergency threshold (Global Acute Malnutrition less than 10% and severe acute malnutrition less than 4%). This reflects the effectiveness of the humanitarian response, including community-based management of acute malnutrition (CMAM) interventions on child survival. However, if the ongoing nutrition supports are not continued until the situation returns to normality, the progress made so far will be reversed due to increases in relapse cases. It is equally important to start CMAM to prevent further deterioration in the nutritional status of children and women of the new IDPs.



2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

UNICEF works with UN agencies and other international and local humanitarian organisations to support the Federal and NWFP provincial government in providing basic services to families in 23 IDP camps and host communities. UNICEF's humanitarian action is framed by recently adopted inter-agency 'Basic Operating Rules' (BOR) that provide guidance to humanitarian organisations to enhance their ability to access and assist persons affected by armed conflict, in accordance with well-established and recognised humanitarian principles and in a manner respectful of local culture and traditions.

In the area of **health**, UNICEF supports actions to improve child and maternal survival and wellbeing and prevent the spread of disease amongst women and children in IDP camps and host communities. Key activities include ensuring that women and children have access to services and routine immunisation (EPI), and appropriate information on good health practices, and health workers are appropriately trained. Three fully equipped maternal and child healthcare centres have been established including support for WASH facilities in these centers, and have provided comprehensive health services to over 25,000 people. They also provide antenatal and postnatal care. In two camps, women receive comprehensive Emergency Obstetric Care at a nearby hospital with all expenses borne by UNICEF. In an ongoing vaccination campaign, over 37,000 children have been vaccinated against measles and 8,000 have received vitamin A supplements. UNICEF supports regular EPI vaccination services and their supervision. Polio vaccinations have been provided to 15,000 children. Social mobilisers have been deployed to provide health education. UNICEF helps train healthcare providers working in IDP camps in behaviour change communication, integrated management of childhood and neonatal diseases and disease early warning. One hundred Lady Health Workers have also been trained in health education in camps. The community health workers have been helped to establish health corners and educate pregnant and lactating mothers in the old IDP camps.

UNICEF leads the **Nutrition cluster** which aims to ensure that all mothers and children in IDP camps and host communities receive appropriate nutrition for their age and needs, and that those suffering from malnutrition receive supplemental food or treatment. Families affected by conflict are especially vulnerable to inadequate nutrition, especially with food prices increasing by 22 per cent in the area. Nutrition initiatives listed here are those for IDPs displaced before late April 2009. Additional initiatives to assist the newly displaced are under development. Over 31,264 children aged 6–59 months and 13,688 pregnant or lactating women have been screened for nutrition interventions. About 5,410 moderately malnourished children and 2,560 pregnant or lactating women are registered in the supplementary feeding programme and provided with the fortified food (Unimix) and 1,251 severely malnourished children in the outpatient therapeutic programme where they were treated with the therapeutic food (PlumpyNut) and medicines. Over 200 government and NGO staff were trained in Community Management of Acute Malnutrition (CMAM). Stabilisation centres for IDPs have also been established in two major Peshawar based public sector hospitals and one Satellite Hospital.

UNICEF leads the **Education Cluster**, which has been assisting the Government of NWFP to provide emergency education services for IDP children that include primary, middle, and secondary education services, and non-formal education interventions. The Education Cluster has established 25 primary schools in 14 of 23 camps with an enrolment of 10,350 (3,775 girls and 6,575 boys). UNICEF directly supports all these primary schools through NGO implementing partners and the District Education offices. Some 1,066 middle school children (1,003 boys, 63 girls) are enrolled in 12 middle and secondary schools in 10 IDP camps supported by UNESCO and other cluster partners. An estimated 532,000¹ school-age children (5-17 years old) have been displaced in the ongoing conflict. Overall, only 9% of the 122,000 children in camps are enrolled in temporary camp schools. For the 410,000 IDP children in host communities, the lack of access to basic education is much worse. Only 1% or 4,452 (1,229 girls and 3,223 boys) children attend the second shift schools established in existing government schools with UNICEF support. Repair work has been completed with UNICEF's support in 273 damaged schools used as temporary IDP shelters in Lower Dir that benefited 55,866 children (30,270 boys, 25,596 girls).

As chair of the water, sanitation, and hygiene (**WASH**) cluster, UNICEF together with other partners are assisting over 90,000 IDPs living in camps with safe drinking water and basic sanitation facilities. Overall, UNICEF and its WASH partners are providing 2.5 million litres of safe water daily and to date, more than

¹ Numbers of children in this section are based on revised PHRP planning figure of 1.5 million IDPs.

6,208 latrines have been installed, including more than 3,000 latrines are for women and girls, and in camp schools and health centres. UNICEF and its partners are also concurrently responding to the recent influx of IDPs by providing water to over 42,000 affected people living in host communities and by rehabilitating installing more than 200 water points and water supply schemes. With UNICEF support five borehole wells are now functional and 40 water tanks were connected to pipe networks in 5 of the 12 new camps benefiting some 32,739 people (15,715 children, 7,700 boys, 5,015 girls). In addition, household water storage containers and hygiene kits have been distributed to approximately 35,000 families as part of multi-agency convoy of relief goods for families residing in conflict areas. Sanitation facilities installed include 381 latrines, 172 bathing places, 115 washing points and 115 water storage tanks. Hygiene sessions were conducted to more than 2,000 families in new IDP camps. The WASH cluster, together with the Health cluster, has also actively responded to control WASH-related disease outbreaks, both inside and outside the camps. UNICEF is supporting the monitoring of the quality of drinking water being supplied in the camps. KAP surveys and ongoing monitoring help UNICEF gauge the impacts of these hygiene interventions.

As chair of the **child protection** sub cluster within UNHCR-led Protection cluster, UNICEF coordinates efforts to identify, register separated, unaccompanied and missing children and reunite them with their families or provide alternative services when the reunification is not possible. Over 1,100 separated children have been identified and assisted, as well as 3,300 vulnerable families including those headed by children or women. There is a mechanism put in place to identify, register and refer the violations against children. Approximately 40 monitors are observing and reporting the status of child's rights in camps daily. Altogether, some 40,000 children are being reached. 47 Child Protection Committees have been set up in all camps. These play an important role in reporting and referring cases of child abuse, violence, exploitation. To date there are 29 Child Friendly Spaces in 16 IDP camps, benefiting 12,750 children. More than 2,500 children (1,305 girls and 1,252 boys) and 1,134 women have been provided with psychological counseling and referred to other public or private services.

Coordination and Partnerships: UN and other international humanitarian partners are using the Cluster Approach's spirit of 'better coordination for better results' in responding to this large scale emergency. UNICEF continues to lead in Water, Sanitation and Hygiene, Nutrition and Education and is providing key support in Health (Cluster Lead: WHO) and Protection (Cluster Lead: UNHCR). Sector coordination groups, led by an agency acting as cluster leader and co-chaired by Provincial line Ministries, map out needs and identify the most appropriate response; ensuring efforts are complementary and preventing overlap or gaps in the overall response. UNICEF's support is fully integrated in the overall response of the Government of Pakistan as led by the recently created Special Support Group (SSG) for IDPs and the NWFP Provincial Government.

3. FUNDING REQUIREMENTS AND RECEIPTS

The expanded humanitarian actions presented in the last Revision of the Pakistan Humanitarian Response Plan (PHRP) bring the total funding requirement to US\$544,072,583. This revised PHRP was officially launched on 22 May in Islamabad. It fully complements the Government of Pakistan's own appeal that was released on 21 May. The Government of Pakistan has also stated that it supports the PHRP and welcomes international assistance for the displaced populations. With US\$88,524,302 already provided, the balance needed to help the estimated 2 million displaced conflict-affected people for May to December 2009 totals US\$455,548,281. UNICEF's component of the PHRP amounts to **US\$ 53.3 million** of which US\$11.9 million (22%) have been received so far.

Given the massive humanitarian needs of the IDP population and the expectation that additional population displacement will occur in the coming days and weeks and considering that UNICEF Pakistan has almost depleted its contingency stocks and available funding to respond to this crisis, additional funding is urgently needed.

Table 1: Revised Funding Needs in 2009 (US\$) *

Appeal Sector	Revised HRP Requirements – May 2009 (US\$)	Funds Received against HRP (US\$)	Funding Gap against HRP (US\$)	Percentage Unfunded
Health	7,698,972	1,085,062	6,613,910	86%
Nutrition	3,658,833	1,750,000	1,908,833	52%
WASH	19,850,000	6,166,804	13,683,196	69%
Education	11,962,130	2,204,139	9,757,991	82%
Child Protection	9,900,000	637,737	9,262,263	94%
Coordination	200,000	36,052	163,948	82%
Total*	53,269,935	11,879,793	41,390,142	78%

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

Further information on the UNICEF emergency programme in Pakistan can be obtained from:

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