

## UNICEF Humanitarian Action 2010

# PAKISTAN

### SITUATION UPDATE

The humanitarian situation in the northwest of Pakistan is extremely complex and continually evolving. In the first half of the year, Pakistan continued to face the consequences of widespread conflict in the provinces bordering Afghanistan. Continuing displacement has occurred simultaneously with returns, as the conflict moves from one area to another. Military operations resulted in the increase of 200,000 newly displaced people, which brings the total number of internally displaced (IDPs) to 1.4 million people. Out of the displaced population, 110,000 are living in seven camps whilst the majority are living with host communities. Meanwhile, 1.9 million people returned to their homes (an increase of 200,000 people). The total number of 3.3 million IDPs and returnees is the worst displacement crisis since Pakistan's partition from India in 1947. Children below the age of 18 represent over 60 per cent of the displaced population. Families have been divided, and children and female-headed households are often unable to access services or have their most basic needs met. One million additional people are in dire need of emergency assistance, community-based and early recovery interventions. Nutrition surveys in camps and communities suggest malnutrition rates of 10 per cent amongst children. These rates are below critical levels thanks to ongoing interventions from late 2008 to manage acute malnutrition through the unfolding emergency. With vaccination activities severely constrained for months due to threats from militants in insecure districts, a spike in polio cases (29 cases reported as compared to 22 in 2009) was reported. Through monitoring of children in camps, host communities and areas of return, 100,800 children were identified as vulnerable. Finally, landslides and flooding in the Hunza Lake Emergency in the Northern part of the country displaced another 40,000 people.

These diverse emergencies require different types of humanitarian assistance. The displaced require access to basic needs, while the returnees require assistance to re-establish themselves in their districts of origin. Early recovery assistance is required to rehabilitate services in areas that hosted IDPs as well as areas that experienced conflict. Health services in the affected areas are also badly damaged. At the same time, water installation and infrastructure rehabilitation including tube wells, water systems, hand pumps and providing access to water have been key activities which need to be continued. Uncertain funding coupled with the continued evolving situation poses serious challenges to humanitarian action in relief, recovery, reconstruction and rehabilitation activities.

### KEY RESULTS FOR CHILDREN

**Health:** UNICEF co-funded and provided technical assistance to the Department of Health to conduct the measles and polio campaigns in Khyber-Pakhtunkhwa (KP) province and the Federally Administered Tribal Areas (FATA) region. Out of the 1.7 million HAR target, 1.2 million children were vaccinated against measles and provided vitamin A. An additional 271,766 children were vaccinated against polio in these two regions. Around 136,789 pregnant and lactating women received the first vaccination dose against Tetanus (TT), while 19,012 received the second dose. The target of one million TT vaccinations could not be reached due to lack of funding, which impeded the realization of this campaign. Through NGO partners, UNICEF also supported the establishment of 11 Mother and Child Health Centres, and equipped 36 health facilities with Expanded Programme on Immunization (EPI) equipment for 316,000 children.

**Nutrition:** In collaboration with the Health Department and selected NGO partners, UNICEF supported the expansion of Community-based management of acute malnutrition. Out of the original target of 211,000 and 80,000 pregnant and lactating women, UNICEF interventions supported the screening of 520,165 children and mothers, of which 32,400 moderate and severe malnourished children and mothers were referred for further treatment. Additionally, UNICEF provided the inputs to ensure that 76,200 children and 26,000 mothers received multi-micronutrient powder and tablets while 53,000 children between the ages of 2-5 years received de-worming tablets. Furthermore, 34,000 mothers and caretakers in the IDP camps, host districts and conflict-affected areas received information about the importance of breastfeeding and child feeding best practices.

**Water, Sanitation and Hygiene:** Out of the original HAR 2010 target of 1.2 million, UNICEF supplied 873,126 individuals with clean drinking water. Installation and rehabilitation of infrastructure including tube wells, water systems and hand pumps was carried out along with distribution of hygiene kits to 406,000 individuals. An additional 550,000 of the affected population received hygiene messages, and 250,000 individuals obtained latrine installation. WASH facilities were provided for health units in IDP camps to serve approximately 105,000 individuals, while latrines, hand washing facilities and waste bins were installed in 104 schools in conflict affected areas serving 20,800 children.

**Education:** UNICEF funded the establishment and running of 59 camp schools enrolling 21,500, including 9,000 girls, in eight districts, UNICEF also supported 79 schools in host-areas to ensure the inclusion of 6,500 IDP in host community schools. In the areas of return, UNICEF has provided school tents and supplies to the education department to ensure that 20,000 children continue attending school. Out of the 5,000 primary schools foreseen in the HAR 2010, after assessment, UNICEF funded minor repairs, including toilet facilities for 3,770 government schools which had been used as shelters by the displaced families. This project allowed the return to school of 448,630 children in host districts.

**Child Protection:** UNICEF funded the monitoring of children in camps, host communities and areas of return, which resulted in the identification 100,800 children as vulnerable, out of which 13,120 children and 1,423 women were referred to support services. An additional 82,130 children benefited from the establishment of 178 Child Protection Centres for IDPs in camps, host communities and places of return. Through the creation of 335 child protection committees and child protection monitors, UNICEF facilitated access to basic social services for 60,000 children out of the original 100,000 target. This also included the birth registration of 30,000 children in the conflict zones where birth registration has traditionally been dismally low. In camps, host communities and places of return, 35,910 children received psychosocial support. Three Child Protection Help-lines were set up jointly with Social Welfare Departments, which benefited 579 children.

### KEY CHALLENGES

The security situation throughout Pakistan, and particularly on the border with Afghanistan, is still very uncertain and volatile, considering that twelve UN workers that were killed in 2009 and seven NGO workers in 2010. The insecure operating environment has restricted humanitarian action and has forestalled very much needed development activities in an area that registers some of the worse human development indicators. Service provision is restricted as Health and Education workers, most notoriously women in a highly conservative part of the country, were compelled to flee their areas of origin, and who might now be reluctant to go back. Insufficient funding, as explained above, is also a major challenge.

### INTER-AGENCY COLLABORATION

UNICEF is the Cluster lead in the WASH, Nutrition and Education Clusters (along with Save the Children Alliance) and is also leading the Child Protection Sub-Cluster. UNICEF is also one of major actors in the Health Cluster. Through UNICEF's leadership of these clusters, along with the national government counterparts, an integrated response has been achieved, gaps covered and duplication avoided. UNICEF has also provided capacity building to partners led by facilitating 8 trainings to their members. UNICEF has also ensured that coordination takes place at the district level by delegating coordination activities to trained NGO partners. As Cluster lead, UNICEF has also developed sectoral action plans drawn according to technical standards customised to the local context including gender sensitive assistance. UNICEF has also ensured emergency preparedness capacity by developing sectoral contingency plans to respond immediately to unforeseen emergencies. For example, when a tornado hit Jalozi camp at the end of June destroying a large part of the infrastructure of the camp, the UNICEF-led Cluster was able to restore all structures and services within one week.

### FUNDING REQUIREMENTS

Original HAR requirements of \$100.9 million were revised to \$66.8 million, of which only \$12.5 million have been received as of mid-year. UNICEF resorted to \$9.6 million carried over from the previous year, and the Emergency Programme Fund (EPF), an internal loan mechanism, to bridge \$5 million. All needs have been adjusted as per the mid-year review of the Pakistan Humanitarian Response Plan.<sup>1</sup> If funding is not received urgently, UNICEF will not be able to supply water and sanitation and will have to restrict health and nutrition services in camps and host communities beyond the summer.

<sup>1</sup> At the time of dissemination of the midyear review of the HAR, the UNICEF requirement of the Pakistan Humanitarian Response Plan had increased to \$ 74,652,732.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	22,000,000	6,465,166	809,957	5,655,209	250,000	5,405,209
Nutrition	15,300,000	7,680,953	1,294,591	6,386,362	179,896	6,206,466
Water, Sanitation and Hygiene	28,000,000	20,207,000	3,569,496	16,637,504	5,558,512	11,078,992
Education	25,000,000	21,536,179	4,687,284	16,848,895	355,433	16,493,462
Child Protection	10,000,000	9402000	1,751,135	7,650,865	3,237,310	4,413,555
HIV/AIDs	100,000	100,000	18,866	81,134	0	81,134
Coordination	500,000	1,480,000	356,495	1,123,505	0	1,123,505
<b>Total*</b>	<b>100,900,000</b>	<b>66,871,298</b>	<b>12,487,824</b>	<b>54,383,474</b>	<b>9,581,151</b>	<b>44,802,323</b>

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

## EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

### Health

UNICEF will deliver essential health service packages to cover the needs of 1.4 million IDPS and 1.9 million returnees focusing on Maternal, Neonatal and Child Health, specifically to ensure:

- Vaccination coverage against measles, Tetanus Toxoid, vitamin A and de-worming medication will be provided to 90 per cent of the relevant age group in the affected population.
- Ninety per cent of children aged 12 to 23 months will be fully covered with routine Expanded Programme of Immunization vaccine doses.
- At least one basic maternal newborn and child health care facility will be established per 100,000 people.

### Nutrition

- 645,000 children and 344,000 women will be screened, and 45,150 malnourished children treated (including 10,320 treated against severe acute malnutrition). UNICEF will promote optimal infant and young child feeding practices for 67,854 mothers and prevent micro-nutrient deficiency diseases will be prevented and controlled for 45,159 children and 22,704 women.
- Local capacity will be strengthened through the integration of nutrition interventions into primary health care. As part of this effort, 500 health care providers and 1,000 workers will be trained on community-based management of acute malnutrition and Infant and young child feeding interventions.

### Water Sanitation and Hygiene

- UNICEF will provide access to safe drinking water and appropriate sanitation and safe hygiene practices for 2.3 million IDPs in camps (120,000), host communities (720,000) and areas of return (1,500,000).
- As Cluster lead, UNICEF will continue providing essential coordination of WASH interventions.

### Education

- Around 1.15 million children of school age will benefit from UNICEF-supported education interventions, including 500,000 IDP and host children (including 175,000 girls) and 650,000 children in areas of return (including 200,000 girls).
- UNICEF will implement the Welcome to School initiative in the FATA region and promote enrolment of children with a special focus on girls, particularly those who never attended school.

### Child Protection

- Protection services such as Child Protection Centres will be provided for 271,000 children and their families (including 158,300 children and 62,700 women) as well as psychosocial support and mine risk education with the aim to protect children against violence, abuse, exploitation, discrimination and violation of rights.
- UNICEF has identified the Social Welfare Department as a prime partner to strengthen the child protection system at the community level and to ensure longer term sustainability of services whilst benefiting 1.5 million children and care givers.