Pakistan

Drought conditions in the southern 26 districts of Sindh and Balochistan provinces in Pakistan worsened in 2018 due to low rainfall during the monsoon season, affecting 5 million people.¹ The drought has exacerbated hardships for communities already vulnerable due to chronic poverty and food insecurity. In Sindh, more than 29 per cent of children are acutely malnourished, nearly double the emergency threshold; and in Balochistan, 18.6 per cent of children under 5 years and 27 per cent of pregnant women are malnourished.² Since 2010, over 455,000 internally displaced families have returned to their areas of origin in the Khyber Pakhtunkhwa merged districts, and by October 2018, 97 per cent of families had returned.³ As of June 2019, nearly 17,000 families remain displaced. The majority of returnees lack access to basic services.⁴ 47 per cent are using contaminated water,⁵ 64 per cent lack access to health care⁶ and 80 per cent of health facilities are severely damaged. Global acute malnutrition prevalence in the merged districts is 20 per cent,⁷ exceeding the emergency threshold. Lack of educational facilities has undermined access to and the quality of education; and only 1 per cent⁸ of children are registered at birth, the lowest level nationally.

Humanitarian strategy

As part of the Pakistan Humanitarian Country Team, UNICEF supported the Government to develop the drought response plan, which guides the overall implementation of the integrated emergency interventions being carried out in close collaboration with respective governments and partners. The 2018–2020 Federally Administered Tribal Areas Transition Plan (now Khyber Pakhtunkhwa merged districts)⁹ addresses both humanitarian and development needs. UNICEF’s strategy is to ensure that returns of displaced people are sustainable and that their acute humanitarian needs are met. The response addresses the residual humanitarian needs of returnees and local communities by restoring non-functional health facilities so they can provide integrated primary health care, and expand community management of acute malnutrition services. The education programme is establishing temporary, secure and safe learning environments. Access to safe water and sanitation is being increased through the provision of water, sanitation and hygiene (WASH) services in communities, schools and health facilities. Children will also gain access to preventive and protective services. In line with the Transition Plan, UNICEF is continuing to strengthen government-led technical working groups so that the clusters are deactivated by 2020.¹⁰ To facilitate emergency preparedness and build resilience, UNICEF is strengthening national and sub-national capacities for the Government and partners.¹¹

Results from 2019

As of 31 July 2019, UNICEF had US$7.36 million available against the US$25.3 million appeal (29 per cent funded).¹² Humanitarian programme implementation was constrained due to significant under-funding and the limited capacities of implementing partners. Only the nutrition programme had significant carry-over funds (US$1.4 million), which supported response in the seven tribal districts and six subdivisions of the (former) Federally Administered Tribal Areas, enabling the therapeutic treatment of nearly 3,800 children. Nearly 32,000 children aged 6 to 59 months and nearly 25,000 pregnant and lactating women received multi-micronutrients. UNICEF is supporting life-saving health services for populations returning to the tribal districts. The increase in returns has highlighted the urgent need to rehabilitate health facilities affected by years of conflict. All programmes received limited funding for the tribal districts in 2019; most of the funds received thus far are for the response to the drought emergency. As the drought response aims to provide longer-term relief (i.e., activities related to access to water are linked with the rehabilitation of drinking water schemes), the results are taking longer to realize. UNICEF leveraged its regular resources, and the resources of government counterparts and partners, to achieve limited results in the districts of Khyber Pakhtunkhwa.
NUTRITION

- Children aged 6 to 59 months with SAM admitted for treatment: 57,741
- Pregnant and lactating women who received micronutrient supplements: 239,566
- Children aged 6 to 59 months who received micronutrient supplements: 414,664

HEALTH

- Children aged 6 months to 10 years vaccinated against measles: 594,998
- Deliveries assisted by skilled birth attendants: 97,897
- People reached through health education sessions conducted during mother and child weeks/days: 540,784

WATER, SANITATION AND HYGIENE

- People provided with access to water as per agreed standards: 1,142,582
- People provided with access to appropriately designed toilets: 159,437
- People provided with key messages on safe hygiene practices: 1,195,782

CHILD PROTECTION

- Children reached with psychosocial support services: 344,687
- Children and caregivers reached through child protection awareness-raising activities, including mine risk education, child marriage, and birth registration: 325,235

EDUCATION

- School-aged children, including adolescents, enrolled in formal primary and lower secondary schools (including functional, repaired, and/or temporary facilities): 210,000
- Formal primary and secondary schools supported in the improvement of safe and secure environments: 1,460

Results are through 31 July 2019 unless otherwise noted.

UNICEF Pakistan’s appeal requirement has increased to US$46.9 million, in line with the Pakistan Transition Plan and the Drought Response Plan for 2019. The increase in the funding requirement is to support critical humanitarian response in affected areas. Without adequate and flexible funding, UNICEF will be unable to provide an integrated nutrition, health, WASH, child protection and education response to address the residual humanitarian needs of returning populations in the tribal districts and drought-affected people in Sindh and Balochistan provinces.

Funding requirements

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<table>
<thead>
<tr>
<th>Sector</th>
<th>2019 requirements (US$)</th>
<th>Revised 2019 requirement (US$)</th>
<th>Funds available (US$)</th>
<th>Funding gap ($)</th>
<th>Funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>5,353,320</td>
<td>17,182,959</td>
<td>5,065,774</td>
<td>12,117,185</td>
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<td>Health</td>
<td>3,159,605</td>
<td>4,831,122</td>
<td>984,243</td>
<td>3,846,879</td>
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<td>Water, sanitation and hygiene</td>
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<td>Child protection</td>
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<td>7,692</td>
<td>2,838,233</td>
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<tr>
<td>Education</td>
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<td>7,016,698</td>
<td>120,866</td>
<td>6,895,832</td>
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<td>Preparedness/disaster risk reduction</td>
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<td>Cluster/sector coordination</td>
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<tr>
<td>Total</td>
<td>25,375,497</td>
<td>46,866,237</td>
<td>7,361,862</td>
<td>39,504,375</td>
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