



Shahnaz Mari (12) and her classmates attend a lesson while observing COVID-19 protocol at one of the UNICEF-supported Alternative Learning Programme centres in Quetta, Pakistan.

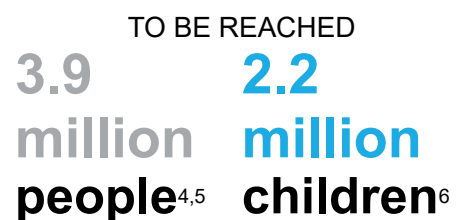
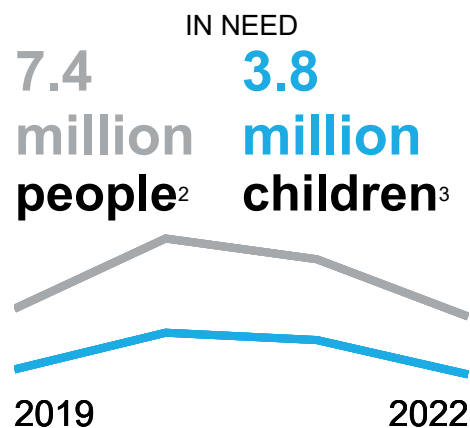
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Humanitarian Action for Children

Pakistan

HIGHLIGHTS¹

- Due to the ongoing COVID-19 pandemic, nutrition emergency and emerging and recurrent disasters, women and children in Pakistan require urgent assistance. As of 30 September 2021, there have been 1,245,127 confirmed cases of COVID-19 and the global acute malnutrition rate is 18 per cent.
- UNICEF's COVID-19 response prioritizes supporting health and nutrition service continuity by empowering health workers with training and equipment; providing timely/accurate information; promoting behaviors that reduce risk and limit transmission; facilitating infection prevention and control; supporting learning continuity; and implementing child protection services, including psychosocial support.
- UNICEF is also responding to the protracted nutrition emergency with curative and preventive life-saving services, including community management of acute malnutrition; maternal, infant and young child health; and infant and young child feeding services.
- UNICEF requires US\$69.5 million to provide life-saving response, mitigate the impacts of COVID-19 and ensure emergency preparedness and response for potential emergencies.



KEY PLANNED TARGETS



852,704

primary caregivers receiving infant and young child feeding counselling



2.5 million

people reached with hand-washing behaviour-change programmes



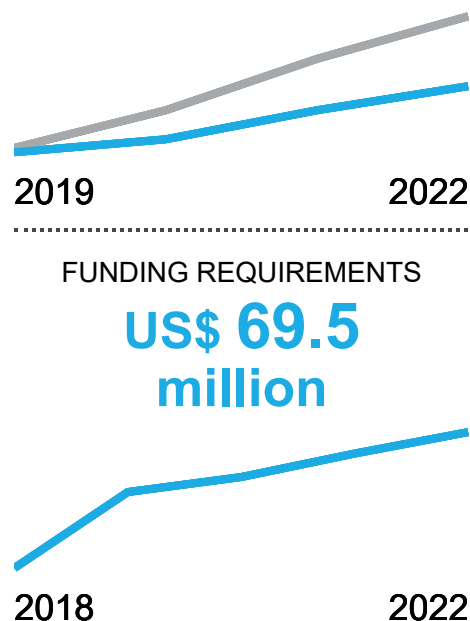
250,000

children/caregivers accessing mental health and psychosocial support



691,079

children accessing educational services



Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

Since 25 February 2020, Pakistan has experienced four waves of COVID-19. As of 30 September 2021, the country has recorded 1,245,127 confirmed cases, including over 1,169,566 patients who have recovered, and 27,729 deaths.⁸

UNICEF's response focuses on high-burden districts with the largest number of COVID-19 cases. In 2022, UNICEF will prioritize prevention of COVID-19 transmission and continuity of essential services to avoid additional morbidities and mortalities, particularly among women and children.

Water, sanitation and hygiene (WASH) infrastructure, as part of the response to COVID-19, remains a priority in communities and institutions. Without appropriate and operational WASH facilities/services in schools and healthcare centres and support for handwashing facilities in communities, children will be at risk of COVID-19 and other preventable diseases, including diarrhea, typhoid, cholera and polio.

While schools have reopened after efforts for safe opening and operation, approximately 1 million children (especially girls) are estimated to have dropped out due to the pandemic,⁹ adding to the existing 22.8 million children already out of school.

Pakistan is also seeing a rise in child protection risks in the context of the COVID-19 pandemic, including abuse, neglect, violence and exploitation, gender-based violence, psychosocial distress and mental health challenges, as well as a resort to harmful practices like child marriage and child labour. Gender discrimination and societal norms may place girls at additional risk, including to forms of sexual violence. Children with disabilities may experience increased vulnerability due to disrupted access to essential health, education and child protection services.

Pakistan is facing a protracted nutrition emergency. The national global acute malnutrition rate is nearly 18 per cent,⁷ exceeding the internationally agreed emergency threshold of 15 per cent. If urgent action is not taken, this will lead to rising mortality rates among children under 5 years of age. The Lancet cites wasting to be the major single cause of increased child mortality, estimated at 18 per cent.¹⁰

Pakistan also suffers from the impact of recurrent natural shocks (earthquakes, floods, drought and epidemics), human-induced crises and potential humanitarian crises due to spillover effects from regional insecurity. Strengthened preparedness and risk reduction measures are critical to curtail losses and support effective responses to potential emergencies.

SECTOR NEEDS



2.9 million children and women require nutrition services^{11,12}



6 million people require access to health services¹³



4.1 million people need WASH services¹⁴



1.1 million children in need of protection responses¹⁵



2.3 million children impacted by school closures¹⁶

STORY FROM THE FIELD



The increase of COVID-19 cases in Khyber Pakhtunkhwa, Pakistan's Northwestern province, around February 2020, had an impact on all aspects of life including education. All schools were closed and remained closed for months before reopening when the number of cases decreased. The authorities ensured strict adherence to COVID-19 preventive behaviours and Standard Operating Procedures. UNICEF supported 136 healthcare facilities and 260 schools with Infection, Prevention and Control – WASH services. A total of 492 handwashing stations were installed at public places with the capacity for over 300,000 people to wash their hands daily.

[Read more about this story here](#)

Students at the Government High School Hashimabad avail the facility of safe drinking water from water chillers provided by UNICEF

HUMANITARIAN STRATEGY

In Pakistan, COVID-19 is being managed by a multipronged approach, which includes response to the pandemic and mitigating its impacts. Through community engagement and communication, effort is being made to efficiently coordinate, generate evidence, and provide timely and accurate gender-sensitive information for positive behaviours and to reduce risk and limit transmission. UNICEF will support infection prevention and control in health facilities and schools with gender-appropriate and disability-friendly WASH services, and increase communities' knowledge and practice of handwashing. In support to the Government's efforts, UNICEF will source and procure quality essential medical supplies for COVID-19 response and support vaccine deployment. Child protection systems will be strengthened and capacities enhanced for front-line workers/partners on the prevention/response to violence, abuse, neglect, exploitation, gender-based violence and harmful practices, including providing psychosocial support to children and families and preventing COVID-19-related stigma. UNICEF will continue to strengthen prevention and response to sexual exploitation and abuse through capacity building of partners, expanding reporting, and intensifying awareness raising. UNICEF will support continuity of learning and safe school reopening, including through parents' mobilization, capacity building of teachers on safe school operations and mental health and psychosocial support services (MHPSS), encouraging teachers' vaccination, provision of supplies to minimize infection risk, take-home learning packs and tech-based learning initiatives.

UNICEF will work with the Government to build a more resilient health system to manage and refer cases of COVID-19 and will support continuity of life-saving essential primary healthcare services with greater focus on maternal, neonatal and child health and immunization. UNICEF will work with various government levels to support timely and quality treatment of severe acute malnutrition (SAM) and reduce morbidity and mortality due to wasting through existing health systems, using a community-based management of acute malnutrition approach. Key interventions will include enhancing the capacity of front-line healthcare providers in identifying, locating and referring cases and promoting infant and young child feeding (IYCF) practices in high-burden SAM/COVID-19 districts. Outreach/mobile services will be supported where static health facilities are not available, alongside preventive healthcare measures through IYCF counselling and multi-micronutrient supplementation to children under 5 years of age. UNICEF will also strengthen national and sub-national capacities for disaster risk reduction, mainstream disaster preparedness and response across all sectors, maintain contingency stocks for floods, drought and earthquakes and other humanitarian crises, and prepare for and respond to potential regional crises and population movements.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/pakistan/situation-reports>

2022 PROGRAMME TARGETS



Nutrition

- **165,531** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **852,704** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **551,098** children aged 6 to 59 months receiving multiple micronutrient powders



Health^{18,19}

- **2,362,662** People (girls and boys, women and men) accessing primary health care in UNICEF-supported facilities
- **10,000** Community and facility based frontline health workers trained on COVID-19 Public Health and Social Measures
- **82,693** children under 1 year vaccinated against measles
- **4,000** Health professionals capacitated on Pediatric Case Management of COVID-19



Water, sanitation and hygiene

- **2,480,000** people reached with hand-washing behaviour-change programmes
- **237,500** Children in schools supported with IPC measures and improved water and sanitation
- **900** Public handwashing stations installed
- **350** Healthcare facilities provided with essential WASH services



Child protection, GBVIE and PSEA

- **250,000** children and parents/caregivers accessing mental health and psychosocial support
- **2,000,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers
- **10,000,000** People reached with prevention messages on stigma and violence against children, including gender-based violence
- **2,500** Children and adolescents who received child protection services, including gender-based violence services



Education

- **691,079** children accessing formal or non-formal education, including early learning
- **6,911** schools implementing safe school protocols (infection prevention and control)



Cross-sectoral (HCT, C4D, RCCE and AAP)

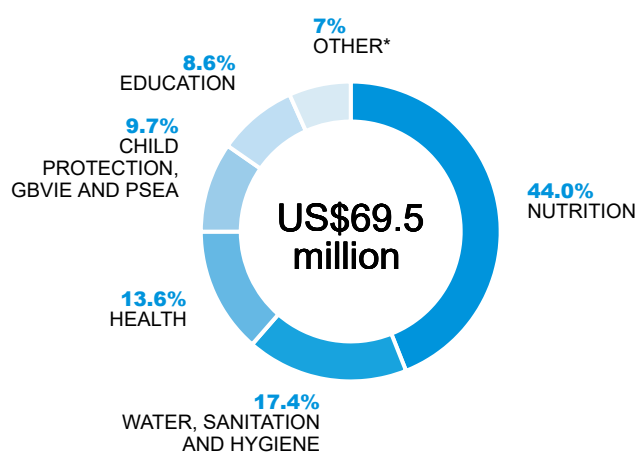
- **4,500,000** people reached through messaging on prevention and access to services²⁰
- **1,500,000** people engaged in risk communication and community engagement actions
- **1,500,000** people with access to established accountability mechanisms

FUNDING REQUIREMENTS IN 2022

UNICEF requires US\$69.5 million to respond to the critical humanitarian needs of 2.2 million children in Pakistan. The resources will enable UNICEF to support the multi-sectoral COVID-19 humanitarian response, respond to chronic nutrition emergency nationwide and support emergency preparedness and response in Pakistan. The funding will support life-saving interventions for health, nutrition, water sanitation and hygiene, access to education and preparedness, including contingency supplies for disasters, and to respond to potential regional population movements.

Of the total funding request, US\$43 million will support the humanitarian action to prevent and control COVID-19 and to reduce the socioeconomic impacts of the pandemic, including its effect on access to essential services.

UNICEF is seeking flexible funding support, ideally multi-year, for continuation of the Grand Bargain²¹ commitments required to respond to the multifaceted humanitarian needs. Without adequate and timely funding, UNICEF and its partners will not be able to help the country's many children who are in need of health services, experiencing undernutrition, at risk of dropping out of school, and affected by violence, exploitation and abuse.



Sector	2022 requirements (US\$)
Nutrition	30,568,036
Health	9,421,570
Water, sanitation and hygiene	12,120,451
Child protection, GBVIE and PSEA	6,742,413 ²²
Education	5,995,860
Emergency preparedness	3,000,000 ²³
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,648,080
Total	69,496,410

*This includes costs from other sectors/interventions : Emergency preparedness (4.3%), Cross-sectoral (HCT, C4D, RCCE and AAP) (2.4%).

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ENDNOTES

1. UNICEF's public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. Provisional PIN has been used, as inter-agency PIN is not available yet. The PIN (COVID-19) is based on the following; The latest Sero-prevalence study has shown an overall 7.1 per cent prevalence of COVID-19 in the country. For the purpose of planning, key high burden districts with positivity rate of 5 per cent and above are being taken and 7.1 per cent of the population is being included from these high burden districts. Regarding population estimates, "Projected population for year 2020" has been taken from Pakistan Economic Survey 2020-21. For Nutrition Emergency, nutrition programme has estimated 1,506,361 women (pregnant and lactating) and children from the 20 high burden SAM districts and the target is to reach 20 per cent of the caseload.
3. Ibid.
4. This figure (3,917,163 people) is calculated based on the people to be reached (2,362,662) through primary healthcare services plus (691,079) children to be accessing formal and non formal education plus 82,693 children (under 1 year of age) to be vaccinated against measles under the COVID-19 emergency. This figure also includes (446,131) primary caregivers of children to be reached under nutrition emergency (not overlapping with COVID-19 response geographic areas) and 334,598 children (aged 6 to 59 months) to be reached with multiple micronutrient supplementation (which do not overlap with COVID-19 emergency geographic areas). The total figure includes 1,919,410 women/girls (49 per cent) and 1,997,753 men and boys (51 per cent) and an estimated 117,515, (3 per cent) people with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. In the 2021 HAC Appeal, the positivity rate was more than 11 per cent but currently it is reduced to 7.1 per cent (due to increase in vaccination and a number of people already exposed and developed immunity), hence the reduced 2022 PIN compared to 2021. In addition, in 2022, UNICEF Pakistan strives to extend its support to a larger number of people, hence the higher to-be-reached figure.
6. The total number of children to-be-reached is 2,209,370, which includes 1,101,000 children under 18 years to be reached with primary healthcare services, plus 82,693 children under 1 year to be vaccinated against measles, plus 334,598 to be reached with multiple micronutrient supplementation under nutrition emergency (in geographic areas not overlapping COVID-19 emergency response areas) and 691,079 children (aged 3 to 18 years) accessing formal and non-formal education. There is no double counting as the underlying assumption is that not all school-going children seek healthcare services. The total figure includes 1,082,592 girls (49 per cent) and 1,126,779 boys (51 per cent) and an estimated 66,281 (3 per cent) children with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
7. National Nutrition Survey (NNS), 2018.
8. <https://covid.gov.pk/stats/pakistan>
9. The World Bank. Learning Losses in Pakistan Due to COVID-19 School Closures.
10. The Lancet. 7 March 2021 [https://doi.org/10.1016/S0140-6736\(21\)00394-9](https://doi.org/10.1016/S0140-6736(21)00394-9)
11. a) These are provisional needs taken from the 2021 HRP, which will be aligned with inter-agency level needs figure for 2022 once the information is available. b) Women refers to pregnant and lactating women and children under 5 years of age.
12. Nutrition numbers and ask is needs-based on high SAM districts but with limited coverage and avoiding any duplications.
13. For health, provisional figures from 2021 HRP have been taken and will be aligned once 2022 inter-agency need is defined and available.
14. This is estimated based on 70 per cent of the UNICEF HAC 2022 PIN. Provisional figures will be aligned once inter-agency needs are available.
15. Provisional figure has been taken from 2021 HRP and will be aligned with 2022 inter-agency needs figure once available.
16. Provisional figure has been taken from 2021 HRP and will be aligned with 2022 inter-agency needs figure once available.
17. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
18. In 2021, the positivity rate was more than 11 per cent but currently it is reduced to 7.1 per cent (due to increase in vaccination and a number of people already exposed and developed immunity), hence the decreased target.
19. For the 2021 HAC, more focus was put on capacity building of front-line health workers and provision of PPEs for continuity of essential health services, with most of trainings conducted online. Under 2022 HAC, Health programme will be focusing on in-person trainings, engaging/training female vaccinators, which resulted in enhanced per-beneficiary cost.
20. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
21. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.
22. US\$6,506,973 is for child protection, including GBVIE interventions. US\$200,000 is for PSEA for Pakistan country office-wide interventions.
23. This requirement includes humanitarian preparedness relating to natural hazards and potential humanitarian crises/regional insecurity.