

# Pakistan

## Prioritized Humanitarian Action for Children



### Overview

PEOPLE IN NEED	38,206,787		
CHILDREN IN NEED	24,747,249		
PEOPLE TO BE REACHED	5,465,338	<b>PRIORITIZED PEOPLE TO BE REACHED</b>	1,492,342 <sup>1</sup>
CHILDREN TO BE REACHED	3,549,782	<b>PRIORITIZED CHILDREN TO BE REACHED</b>	697,064 <sup>2</sup>
FUNDING REQUIREMENTS (US\$)	\$140,903,871	<b>PRIORITIZED FUNDING REQUIREMENTS (US\$)</b>	\$69,892,582

### Prioritized Humanitarian Strategy

Through 2025, UNICEF will support the Government of Pakistan in delivering integrated, life-saving services in line with the Core Commitments for Children (CCC) in Humanitarian Action, including support to refugees and host communities. Prioritization reflects the Humanitarian Reset and national priorities, with a focus on acute needs and rapid response in high-risk areas affected by flooding, heatwaves, other natural hazards, malnutrition, and disease outbreaks. The evolving situation related to the implementation of the Illegal Foreigners Repatriation Plan (IFRP) could potentially negatively impact existing programmes for Afghans and host populations. Given the constrained resource environment, targets have been adjusted and funding requirements reduced to concentrate on lifesaving priorities, extend reach to the most vulnerable populations, and ensure more timely responses, while still upholding essential CCC commitments.

Health, nutrition, and water, sanitation and hygiene (WASH) interventions remain central, complemented by critical education and child protection support for those most at risk. Localized contingency planning, pre-positioning of supplies, and standby partnerships will sustain UNICEF's capacity to respond rapidly to sudden-onset humanitarian crises, while also strengthening preparedness and resilience against recurrent climate shocks.

UNICEF will further rationalize its intervention packages in health, nutrition and WASH, prioritizing integrated and complementary response activities to maximize efficiency and target those most in need. Nutrition targets have been significantly reduced to concentrate on addressing acute needs in humanitarian settings, in the most affected areas, and to enable rapid response to at risk populations. Nutrition interventions in lower-risk areas will be addressed through development programming. In collaboration with national and provincial governments, civil society and UN agencies, UNICEF will focus on filling critical gaps in access to lifesaving health services and medicines, alongside curative and preventive nutrition services, through Outpatient Therapeutic Programmes (OTPs), health facilities and community-based interventions. Community health workers will remain central in promoting healthy practices and helping to prevent disease outbreaks and malnutrition.

WASH interventions will remain central to emergency response, and as the sector lead, UNICEF will prioritize rapid response in provision of safe drinking water and sanitation and the restoration of water systems during the monsoon season and other rapid onset emergencies. Given this priority, funding levels have been kept as originally planned, recognizing the critical impact of poor water and sanitation conditions on nutrition, health, and overall well-being. UNICEF will also ensure access to safe water, sanitation, hygiene education, and solid waste management in schools, child-friendly spaces, and health-care facilities.

To ensure education continuity, UNICEF will increase its focus on establishing temporary learning centres and transitional school structures where schools are damaged or destroyed, providing learning materials, training teachers, and engaging communities to support enrolment and retention. The response will be geographically targeted and of limited duration, leveraging early recovery and reconstruction efforts by government and other partners. Child protection and gender-based violence response systems will prioritize strengthening services at provincial and community levels, with emphasis on mental health and psychosocial support, as well as addressing protection risks, including for unaccompanied and separated children. The geographic focus, intervention package costs, and duration will be rationalized, while protection from sexual exploitation and abuse remains a core principle across all programming.

Finally, UNICEF will implement integrated social and behaviour change and community engagement strategies to improve awareness of and access to essential services, to promote the adoption of life-saving practices and to integration and coordination across sectors. An accountability to affected populations framework will be rolled out, with focus on girls, women, and persons with disabilities. Community-based structures will be engaged to mainstream protection, mitigate gender-based violence, and establish effective complaint and feedback mechanisms. UNICEF will help the government, and the National Disaster Management Authority prepare for emergencies by strengthening the resilience of essential services and ensuring climate-resilient infrastructure.







<sup>1</sup> People to be reached: This figure (1,492,342 people) is calculated based on 945,000 people (including 442,260 children) to be reached through primary healthcare services plus (126,000) children to be accessing formal and non-formal education plus 128,804 children (6-59 months) to be reached with Multi micronutrient supplements under nutrition programme support plus 292,538 caregivers of children (0-23 months) will be reached with IYCF counselling services. There is no overlapping within any of these targeted people including children. The total figure includes 731,248 women/girls (49%) and 761,094 men and boys (51%) and an estimated 44,770, (3%) 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.

<sup>2</sup> Children to be reached: The total number of children 697,064 to be reached with 442,260 primary healthcare services plus 128,804 to be reached with MM supplementation under nutrition emergency (no overlaps) and 126,000 children (3-18 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 341,561 girls (49%) and 355,503 boys (51%) and an estimated 20,912, (3%) 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.

## Funding

Appeal sector	2025 HAC requirement (US\$)	Prioritized 2025 HAC requirement (US\$)	Funds available (US\$)
Health (including public health emergencies)	36,121,657	13,526,028	2,703,403
Nutrition	48,897,136	14,447,260	2,162,953
Child protection, GBViE and PSEA	9,780,174	7,118,359	4,565,280
Education	20,759,922	12,455,953	4,434,479
Water, sanitation, and hygiene	18,303,822	18,303,822	8,535,709
Cross-sectoral (HCT, SBC, RCCE, and AAP)	2,041,160	2,041,160	1,179,605
Preparedness and disaster risk reduction	5,000,000	2,000,000	160,315
<b>Total</b>	<b>140,903,871</b>	<b>69,892,582</b>	<b>23,741,743</b>

## Prioritized Programme Targets

Sector	Indicators	Original 2025 Targets	Prioritized 2025 Targets
<b>Health</b> 	children and women accessing primary health care	1,422,220	945,000
	live births that were delivered in health facilities in UNICEF-supported areas	113,777	56,000
	pregnant women receiving antenatal care	284,444	64,000
<b>Nutrition</b> 	children with severe wasting admitted for treatment	256,504	60,488
	primary caregivers receiving child feeding counselling	1,136,984	292,538
	children receiving micronutrient powder	529,380	128,804
	adolescents reached with iron and folic acid supplements	2,084,470	215,417
<b>Child Protection, GBVIE, and PSEA</b> 	children/caregivers accessing MHPSS	143,536	63,938
	women and children accessing GBV mitigation, prevention, response	1,349,460	284,256
	people accessing SEA reporting channels	5,465,338	473,760
	children who have received individual case management	2,871	2,629
<b>Education</b> 	children accessing education	220,000	126,000
	teachers trained in pedagogy and MHPSS	5,500	3,150
<b>WASH</b> 	people accessing safe water	760,967	760,967
	people accessing sanitation services	312,387	312,387
	children using WASH services in learning facilities/safe spaces	38,731	38,731
<b>Cross-Sectoral</b> 	people reached with information on available services	4,480,390	4,480,390
	people engaged through community platforms	1,344,117	1,344,117
	people sharing their concerns through feedback mechanisms	26,882	26,882