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Pakistan

Since 2010, more than 455,000 internally displaced families have returned to their areas of origin, and as of October 2018,¹ more than 97 percent of displaced persons have returned.² Out of the nearly 14,000 families that returned in 2018, nearly 3,200 were female-headed households,³ which face specific risks, and nearly 16,000 remain displaced in nine districts. The majority of returnees lack access to basic services.⁴ Forty-seven per cent of the population is using contaminated water⁵ and 64 per cent of the population lacks access to health care.⁶ More than 80 per cent of health infrastructure is severely damaged and not functioning and global acute malnutrition prevalence is at 20 per cent,⁷ exceeding the emergency threshold. The lack of basic educational facilities has undermined access to and quality of education. Half of girls and one third of boys are currently out of school.⁸ Mine-related incidents are increasing and children struggling with the loss of family and friends are experiencing significant psychosocial trauma. The tribal districts have the lowest rate of child birth registration nationally, estimated at only 1 per cent.⁹ The situation in drought-affected areas of Sindh and Balochistan is of increasing concern.¹⁰

Humanitarian strategy

The 2018-2020 Pakistan Transition Plan developed by the United Nations, the World Bank, non-governmental organizations and the Government addresses both humanitarian and development needs. UNICEF's strategy in the tribal districts is to ensure that returns of displaced people are sustainable and that their acute humanitarian needs are met. The response will address the residual humanitarian needs of both returnees and local communities by restoring non-functional health facilities and supporting restored facilities to provide integrated primary health care for newborns, children and mothers and expand community management of acute malnutrition services. The education programme will establish temporary secure and safe learning environments and provide learning materials to affected school-aged children. Access to safe water and sanitation will be increased through the provision of water, sanitation and hygiene (WASH) services in schools and health facilities. Children will gain access to preventive and protective services, including recreational support and mine risk education. In line with the Transition Plan, UNICEF will continue to strengthen government-led technical working groups so that the clusters can be deactivated by 2020.¹¹ To facilitate emergency preparedness and build resilience, UNICEF will strengthen national and sub-national capacities for disaster risk reduction and maintain and replenish contingency stocks for 100,000 people.¹²

Results from 2018

As of 31 October 2018, UNICEF had US\$4.6 million¹³ available against the US\$18.2 million appeal. Humanitarian programme implementation was constrained due to significant underfunding, the limited capacities of implementing partners, lengthy administrative procedures and the inaccessibility of districts due to insecurity. The health, WASH and child protection sectors received no funding in 2018. The education and nutrition programmes were 50 per cent funded, which allowed for the enrolment of some 68,000 children in schools (85 per cent of the target) and the provision of multi-micronutrient supplementation to 80,000 pregnant and lactating women (63 per cent of the target). Due to inadequate humanitarian funding, UNICEF leveraged its regular resources, as well as the resources of government counterparts and partners, to achieve limited results in the tribal districts of Khyber Pakhtunkhwa (KP).¹⁴ As part of the national measles campaign, UNICEF supported the vaccination of over 840,000 children against measles in the tribal districts.¹⁵ Some 55,000 people (37 per cent of the target) gained access to safe water and 76,000 people (49 per cent of the target) were sensitized on safe hygiene practices. In addition, some 25,000 children and caregivers were reached through child protection awareness-raising activities (87 per cent of the target).

Humanitarian Action for Children

unicef 

Total people in need: 2.9 million¹⁶

Total children (<18) in need: 1,508,000¹⁷

Total people to be reached: 583,000

Total children to be reached: 352,000

2019 programme targets:

Nutrition

- 25,000 children admitted to therapeutic feeding programmes for treatment and management of severe acute malnutrition (SAM)
- 96,000 pregnant and lactating women in affected areas receiving multiple micronutrient supplementation (or iron and folic acid)
- 210,000 children aged 6 to 59 months in affected areas receiving multiple micronutrient supplementation

Health

- 352,000 children aged 6 months to 10 years vaccinated against measles
- 22,000 deliveries assisted by skilled birth attendants
- 231,000 women of child-bearing age reached through health education sessions

WASH

- 100,000 people provided with access to water as per agreed standards
- 90,000 people provided with access to appropriate sanitation facilities
- 140,000 people provided with key messages on safe hygiene practices

Child protection

- 42,838 children with access to preventive and protective services, including recreational support
- 74,004 children and 13,761 caregivers reached through child protection awareness-raising activities, including mine risk education and birth registration

Education

- 80,000 school-aged children, including adolescents, enrolled in school (still functioning, reopened and/or temporary facilities)
- 100 schools supported to improve safe and secure learning environments
- 80,000 children with access to humanitarian education programmes that incorporate psychosocial support

	Sector 2018 targets	Sector total results	UNICEF 2018 targets	UNICEF total results
NUTRITIONⁱ				
Children aged 6 to 59 months with SAM admitted to therapeutic care for a specified period of time	34,377	8,770	34,377	8,770
Pregnant and lactating women in affected areas registered in a multi-micronutrient supplementation programme receiving multi-micronutrient supplement (or iron and folic acid)	173,380	80,178	173,880	80,178
Children aged 6 to 59 months in the affected areas receiving multi-micronutrient supplements	188,050	80,434	188,050	80,434
HEALTHⁱⁱ				
Children aged 6 months to 10 years vaccinated against measles			140,000	2,344 ⁱⁱⁱ
Deliveries assisted by skilled birth attendants			16,000	3,039
Women provided with antenatal care			32,000	7,247
People reached through health education sessions during mother and child weeks/days			210,000	19,789
WATER, SANITATION AND HYGIENE^{iv}				
People provided with access to water as per agreed standards	291,204	167,370	150,000	55,300
People provided with access to appropriately designed toilets	291,204	47,650	100,000	21,000
People provided with key messages on safe hygienic practices	291,204	151,581	150,000	73,600
CHILD PROTECTION^v				
Children with access to preventive and protective services, including recreational support	15,518	7,028	15,518	7,028
Caregivers reached through child protection awareness-raising activities	13,761	13,070	13,761	13,070
Children reached through child protection awareness-raising activities	15,518	12,464	15,518	12,464
EDUCATION^{vi}				
School-aged children, including adolescents, enrolled in school (including in schools in affected areas still functioning, re-opened schools and/or temporary facilities established)	100,000	135,787	80,000 ^{vii}	68,195
Schools supported to have improved safe and secure environments	300	457	180	54
Children with access to humanitarian education programmes that incorporate psychosocial support	100,000	66,379	80,000 ^{viii}	62,134

Results are through 31 October 2018.

ⁱ The UNICEF nutrition response was 50 per cent funded (including funds carried over from the previous year). As a result, most of the targets were underachieved.

ⁱⁱ For the health response, no funds were received in 2018 and only limited funds were carried over from the previous year. UNICEF's regular resources and government health infrastructure and resources were leveraged to implement activities, including the measles campaign.

ⁱⁱⁱ UNICEF routine vaccination efforts reached 2,344 children in target areas. In addition, regular resources supported the vaccination of 841,592 children in the tribal districts of KP as part of a nationwide measles campaign conducted in October 2018 in partnership with the Government and the World Health Organization (WHO).

^{iv} The WASH sector did not receive any funding in 2018. Programmes were implemented using funds carried over from previous years and by leveraging existing resources.

^v No funds were received for the child protection response in 2018. Limited implementation was supported through UNICEF's regular resources.

^{vi} The education response was 50 per cent funded. However, due to constrained humanitarian access and partner limitations, the targets were partially achieved.

^{vii} The education target was revised upward as there were more returnees than projected at the time of initial planning for 2018.

^{viii} Ibid.

Funding requirements

In line with the inter-agency Pakistan Transition Plan, UNICEF is requesting US\$25.4 million to support humanitarian and disaster risk reduction interventions in Pakistan in 2019. Without adequate funding, UNICEF will be unable to provide an integrated WASH, health, nutrition, education and child protection response to address the residual humanitarian needs of returning populations in the tribal districts. Additional funds are also essential to enabling UNICEF to maintain contingency and preparedness capacities in all sectors for flexible and rapid responses to acute crises.

Sector	2019 requirements (US\$)
Nutrition	5,353,320
Health	3,159,605
Water, sanitation and hygiene	3,785,875
Child protection	1,159,865
Education ¹⁸	10,076,832
Preparedness/disaster risk reduction	1,600,000 ¹⁹
Cluster/sector coordination	240,000
Total	25,375,497

¹ United Nations High Commissioner for Refugees, 'IDP Returns Fact Sheet', UNHCR, 31 October 2018.

² Ibid.

³ Ibid.

⁴ United Nations and the World Bank, FATA vulnerability assessment conducted in August/September 2017.

⁵ Ibid.

⁶ Ibid. The analysis reflects the situation of the entire population, including the returnees.

⁷ The prevalence of global acute malnutrition is 20 per cent, out of which 15 per cent is moderate acute malnutrition and 5 per cent is SAM. Inter-agency vulnerability assessment 2017; and UNICEF nutrition programme data for 2017-2018.

⁸ 'IDP Returns Fact Sheet'.

⁹ United Nations Children's Fund, Government of Pakistan, Multiple Indicator Cluster Survey, 2008.

¹⁰ UNICEF Pakistan's preparedness is based on a multi-hazard scenario in which drought is one of the key scenarios. Other scenarios include floods and earthquakes. This is in addition to the focus on the initial phase of responding to the immediate humanitarian needs of temporarily displaced persons and returnees.

¹¹ As cluster lead agency for WASH and nutrition, co-lead for education and sub-cluster lead for child protection, UNICEF facilitates coordination between government and non-government organizations in KP. UNICEF's approach to localization is to build national and sub-national capacities to prepare for, mitigate and respond to humanitarian situations.

¹² Other planned disaster risk reduction activities for 2019 include continued support to the Pakistan School Safety Programme; launching the WASH-in-emergencies course; awareness creation and sensitization through celebration of International Day for Disaster Risk Reduction; Guidance on Risk-Informed Programming training for government and civil society partners; and establishment of WASH and education structures / services using the risk-informed programming approach.

¹³ Available funds include US\$4.5 million raised against the current appeal and US\$140,000 carried forward from the previous year (25 per cent funded).

¹⁴ In the first half of 2018, FATA was merged into KP province under the 25th constitutional amendment. The newly merged districts are now known as the tribal districts of KP.

¹⁵ UNICEF supported routine vaccination efforts that reached 2,344 children in target areas. However, leveraged development funds and regular resources supported the vaccination of 841,592 children in the tribal districts of KP as part of a nationwide measles campaign in October 2018 conducted in conjunction with the Government and WHO.

¹⁶ Humanitarian Regional Team and Inter Cluster Coordination Mechanism, joint meeting, Office for the Coordination of Humanitarian Affairs Peshawar, 22 November 2018.

¹⁷ Ibid.

¹⁸ The significant budget increase from US\$2.7 million in 2018 to US\$10 million in 2019 is due to proposed structural rehabilitation and planned implementation of stipends for 70,000 children.

¹⁹ Risk considerations are being planned for all interventions in 2019.

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