



unicef 
for every child

Humanitarian Action for Children

Primary teacher Atal Sherani conducts a class observing social distancing as part of a UNICEF-supported initiative that helps children learn during COVID-19-related school closures in Balochistan.

Pakistan

HIGHLIGHTS

- Women and children in Pakistan require urgent support due to the coronavirus disease 2019 (COVID-19) pandemic, an ongoing nutrition emergency and recurrent disasters. There are now 346,000 confirmed cases of COVID-19¹ and the global acute malnutrition rate is 18 per cent.²
- In its response to COVID-19, UNICEF is prioritizing prevention and supporting health service continuity by empowering health workers with gender-responsive training and essential equipment. In addition, UNICEF is providing timely/accurate information; promoting behaviours that reduce risk and limit transmission; facilitating infection prevention and control; supporting learning continuity; providing psychosocial support; and working to prevent stigma.
- UNICEF is also responding to the chronic 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\$55.7 million to provide a life-saving response in Pakistan, mitigate the impacts of COVID-19 and ensure preparedness for recurring natural disasters.

KEY PLANNED TARGETS



102,413

children admitted for treatment for severe acute malnutrition



700,000

people accessing a sufficient quantity of safe water



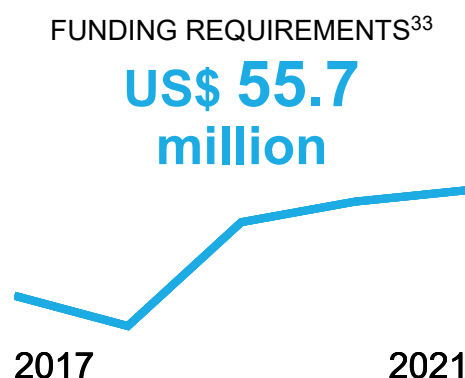
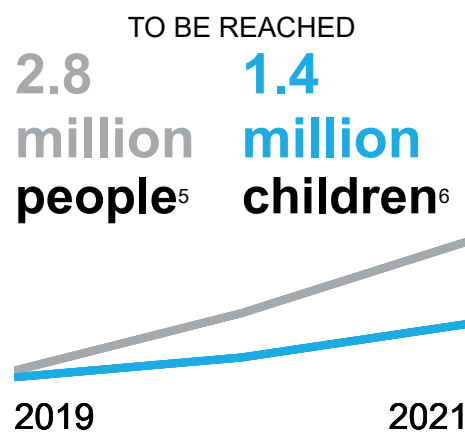
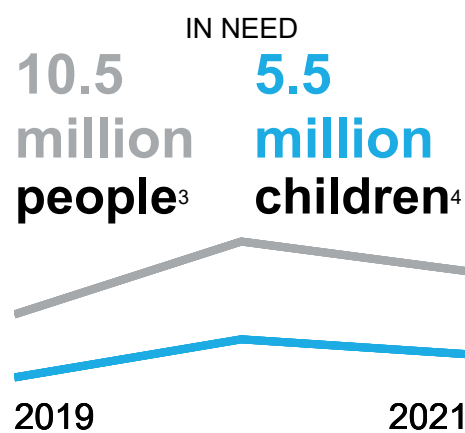
533,451

children accessing educational services



40 million

people reached with messages on access to services



HUMANITARIAN SITUATION AND NEEDS

The first imported case of COVID-19 was reported in Pakistan on 25 February 2020. As of 10 November 2020, there are more than 346,000 confirmed COVID-19 cases, including over 319,000 patients who have recovered and been discharged and 7,000 deaths.⁷ Pakistan is now facing a second wave of COVID-19 cases. The test positivity rate has increased from 1.6 per cent on 1 October to 5.1 per cent as of 10 November. A public health response is needed to prevent disease transmission and ensure the continuity of basic services.

The Government has declared 20 cities/geographical locations (23 districts)⁸ with the highest number of cases to be COVID-19 hotspots. Due to lack of continuity of essential health services, the risk of additional morbidities and mortalities is significant, and women and children urgently need access to care.

Water, sanitation and hygiene (WASH) infrastructure is urgently needed, as washing hands with soap – a key COVID-19 prevention measure – has increased the burden on water services. Without safe and effective WASH facilities/services in schools, health care facilities and communities, an estimated 550,000 children will be at risk of malnutrition and preventable diseases, including diarrhoea, typhoid, cholera and polio.⁹

The closure of nearly 197,000 educational facilities has severely disrupted the already weak education system and jeopardized the learning of millions of children in Pakistan.¹⁰ Before the pandemic, 22.8 million children were out of school in Pakistan.¹¹

Pakistan is also seeing a rise in child protection risks in the context of the COVID-19 pandemic, including physical and emotional mistreatment, gender-based violence, psychosocial distress and mental health challenges. A recent study¹² found that lack of educational opportunities was a common source of stress for caregivers, making children more vulnerable to violent discipline.

Pakistan is facing a chronic nutrition emergency. The national global acute malnutrition rate is nearly 18 per cent,¹³ 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. A recent study estimates that child wasting could lead to an 18 per cent increase in young child mortality.¹⁴

Pakistan also suffers from recurrent natural shocks (earthquakes, floods, drought and epidemics) and strengthened preparedness is critical to support effective responses to future emergencies.

SECTOR NEEDS



Nutrition

1.7 million children and women require nutrition services¹⁵



Health

463,000 people require access to health services¹⁶



Water, sanitation and hygiene

1.8 million people need WASH services¹⁷



Education

1 million students are impacted by school closures¹⁸

STORY FROM THE FIELD



Najeeba, 19, teaches children in her home as part of the 'My Home, My School' initiative.

Like millions of other students around the world, Najeeba, 19, found out she wouldn't be able to continue studying at school due to the COVID-19 pandemic.

"What bothered me the most was that it disrupted children's education," says Najeeba.

If the children in her family couldn't go to class, Najeeba decided she'd arrange for the next best thing: class would come to them. "I decided to teach them myself, at home," she says.

Najeeba volunteered for 'My Home, My School', an initiative supported by UNICEF and Balochistan's Secondary Education Department that helps children continue learning despite the COVID-19 lockdowns.

[Read more about this story here](#)

HUMANITARIAN STRATEGY

UNICEF is using a multi-pronged approach to tackling the COVID-19 pandemic in Pakistan, including (1) responding to the pandemic; and (2) mitigating its impacts.²⁰

To respond to COVID-19, UNICEF risk communication and community engagement efforts will provide timely and accurate gender-sensitive information and promote gender-responsive behaviours to reduce risk and limit transmission. Infection prevention and control activities will include supporting health facilities, quarantine and isolation centres and communities with WASH services. UNICEF will support the Government to source and procure quality essential medical supplies and personal protective equipment. Child protection activities will include providing psychosocial support to children and families; preventing COVID-19-related stigma; and preventing and responding to violence against children.

To mitigate the impacts of COVID-19, including learning loss, UNICEF will target the most marginalized people in high-risk districts with remedial learning interventions. UNICEF will also support the development of take-home learning packs to facilitate continued learning during unforeseen school closures. Distance learning modalities, including television broadcasts, will aim to reach 6 to 7 million children in the country.¹⁹

UNICEF will strengthen and build the resilience of the health system to manage and refer cases of COVID-19; ensure the continuity of life-saving basic health services such as maternal, neonatal and child health and immunization; and provide essential nutrition support for vulnerable children and families. A socio-economic impact assessment will be conducted with other United Nations agencies to identify vulnerable groups impacted by both COVID-19 and containment measures.

In response to the chronic nutrition emergency, UNICEF will work with the Government at the federal and provincial levels to support timely and quality SAM treatment and reduce morbidity and mortality due to wasting. This will include supporting case finding and referrals; building the capacities of service providers; facilitating the timely availability of adequate supplies; and supporting rigorous monitoring for corrective actions. In high-burden SAM/COVID-19 districts, UNICEF will support SAM treatment using community management of acute malnutrition, delivering services both at the facility and community levels, and supporting outreach/mobile approaches where static health facilities are not available.

Efforts will also be made to link emergency and development interventions. UNICEF will link infant and young child feeding counselling and multiple micronutrient supplementation with SAM treatment as a preventive measure against wasting and relapse.

UNICEF will also strengthen national and sub-national capacities for disaster risk reduction, mainstream disaster preparedness and response across all sectors and maintain contingency stocks for floods and earthquakes.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

<https://www.unicef.org/appeals/pakistan/situation-reports>

2021 PROGRAMME TARGETS



Nutrition

- **102,413** children aged 6 to 59 months with severe acute malnutrition admitted for treatment²¹
- **571,607** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- **813,940** children aged 6 to 59 months receiving multiple micronutrient powders



Health

- **1,758,163** children and women accessing primary health care in UNICEF-supported facilities²²
- **20,000** health care facility staff and community health workers trained on infection prevention and control
- **247,242** children under 2 years vaccinated against measles²³



Water, sanitation and hygiene

- **700,000** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **72,000** children accessing appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces
- **1,001,038** people reached with handwashing behaviour change programmes



Child Protection, GBViE and PSEA²⁴

- **131,832** children and caregivers accessing mental health and psychosocial support
- **461,410** people reached with prevention messages on stigma and violence against children, including gender-based violence
- **65,916** children and adolescents who received child protection services, including gender-based violence services



Education

- **533,451** children accessing formal or non-formal education, including early learning²⁵
- **5,335** schools implementing safe school protocols (infection prevention and control)



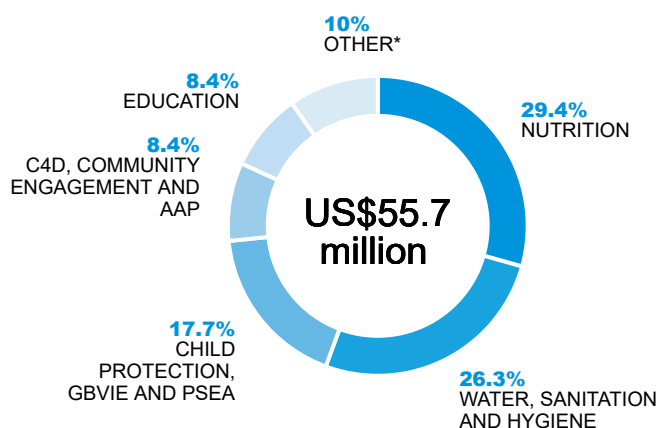
C4D, community engagement and AAP

- **40,000,000** people reached with messages on access to services²⁶
- **150,000** people participating in engagement actions for social and behavioural change²⁷
- **3,000,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms²⁸

FUNDING REQUIREMENTS IN 2021

UNICEF is requesting US\$55.7 million to support the Government to provide a multi-sectoral gender-responsive humanitarian response to COVID-19 and the chronic nutrition emergency and support emergency preparedness in Pakistan. Over 70 per cent of the funding required (US\$39.3 million) is for COVID-19 activities and the remaining 30 per cent (US\$16.4 million) is for the countrywide nutrition response, which remained significantly underfunded in 2020. The COVID-19 requirement has declined because the priority focus in 2021 will be on preventing new cases, supporting access to safe water and facilitating the continuity of health services, including building health worker capacities through training and empowerment and the provision of necessary equipment and supplies.

Without timely funding, UNICEF will be unable to address the continuing nutrition crisis and support the national COVID-19 response. This funding is essential to UNICEF's ability to provide critical multi-sectoral support to children and families affected by the pandemic and to prepare for potential risks, particularly flooding, earthquakes, extreme cold weather and related emergencies. In line with the Grand Bargain commitments,²⁹ UNICEF is advocating for flexible and multi-year funding, which will be crucial to meeting protracted and complex humanitarian needs using a resilience-focused and systems-building approach.



Sector	2021 requirements (US\$)
Nutrition	16,367,560 ³⁰
Health	4,237,920 ³¹
Water, sanitation and hygiene	14,642,291
Child protection, GBViE and PSEA	9,887,364
Education	4,708,089
C4D, community engagement and AAP	4,708,800
Emergency preparedness	1,177,200 ³²
Total	55,729,224

*This includes costs from other sectors/interventions : Health (7.6%), Emergency preparedness (2.1%).

Who to contact for further information:

Aida Girma
Representative, Pakistan
T +92 51 209 7701
agirma@unicef.org

Manuel Fontaine
Director, Office of Emergency Programmes (EMOPS)
T +1 212 326 7163
mfontaine@unicef.org

Carla Haddad Mardini
Director, Public Partnership Division (PPD)
T +1 212 326 7160
chaddadmardini@unicef.org

ENDNOTES

1. United Nations Children's Fund, 'Pakistan COVID-19 Situation Report No. 17', UNICEF, 15 September, 2020.
2. Pakistan Ministry of National Health Services, 'National Nutrition Survey 2018: Key findings report', June 2019.
3. Calculated based on government data, the 2017 census and 'National Nutrition Survey 2018' and aligned with Office for the Coordination of Humanitarian Affairs, 'Pakistan: 2021 Humanitarian Response Plan', OCHA, 2020.
4. Ibid.
5. In calculating the number of people to be reached, the Humanitarian Response Plan was designed to complement the national response and support the larger national response to reach the scale necessary to address humanitarian needs. The response will focus on the most vulnerable people and those areas where there are gaps in existing systems. This figure was calculated using all children to be reached (102,413 children under 5 years to be reached with SAM treatment; 813,940 children under 5 years to be reached with micronutrient supplementation; and 533,451 children to be reached with formal and non-formal education); 571,607 primary caregivers of children to be reached with infant and young child feeding counseling; and 70 per cent of the adult population to be reached with primary health care services, considering the remaining 30 per cent as overlapping with the infant and young child feeding counselling target. The total figure includes 1,413,793 men/boys and 1,358,353 women/girls.
6. This figure was calculated using the highest coverage programme targets of 102,413 children under 5 years to be reached with SAM treatment; 813,940 children under 5 years to be reached with micronutrient supplementation; 685,684 children to be reached with primary health care services; and 369,273 children to be reached with formal and non-formal education. This includes 51.23 per cent boys and 48.77 per cent girls. 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. 'Pakistan COVID-19 Situation Report No. 17'.
8. Latif, Aamir, 'Pakistan Identifies 20 Hotspots for COVID-19', Anadolu Agency, 15 June 2020.
9. Calculated based on population data from the 2017 census.
10. Pakistan Ministry of Federal Education and Professional Training, March 2018.
11. United Nations Children's Fund Pakistan, 'Education', UNICEF, <www.unicef.org/pakistan/education>, accessed 16 November 2020.
12. MAGENTA, 'Impact of Confinement on Violence Against Children in Pakistan - Rapid Response Survey', June 2020.
13. 'National Nutrition Survey 2018'.
14. Roberton, Timothy et al., 'Early Estimates of the Indirect Effects of the COVID-19 Pandemic on Maternal and Child Mortality in Low-Income and Middle-Income Countries: A modelling study', The Lancet, vol. 8, no. 7, 12 May 2020.
15. Women refers to pregnant and lactating women. 'Pakistan: 2021 Humanitarian Response Plan'.
16. 'Pakistan: 2021 Humanitarian Response Plan'.
17. Ibid.
18. Ibid.
19. This target reflects the beneficiaries in districts at high risk of COVID-19 to be reached through UNICEF direct programming. Indirect beneficiaries are children benefiting from distance learning platforms (approximately 6 to 7 million children across the country (Federal Ministry of Education, Gallup Survey Report, August 2020); 15 per cent of younger children under 14 years who use television as a primary modality as reported by parents; and at least 31 per cent of adolescents age 14 to 17 years (UNICEF Continuity of Learning Survey)).
20. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
21. As nutrition sector partners, particularly provincial governments, are also major actors in SAM treatment through their Government project (Planning Commission 1), and some civil society partners also support SAM treatment, some caseloads will be covered by these partners. As sector lead, UNICEF has informed partners about the initiation of the Humanitarian Action for Children process and the tentative caseloads that UNICEF intends to propose. Partners have also started their planning for 2021.
22. The health target is higher than the Humanitarian Response Plan target as UNICEF's inputs have not yet been reflected in the Humanitarian Response Plan. UNICEF is currently working to fix this with the Office for the Coordination of Humanitarian Affairs (OCHA) and the World Health Organization (WHO).
23. In Pakistan, measles campaigns normally target children aged 9 to 59 months and routine immunization normally targets children under 2 years with measles vaccination. For this 2021 appeal, the health response will only target 20 hotspot locations; the figure of 900,000 in need refers to the entire country. In addition, UNICEF is supporting routine immunization through its development programme and the gap will be covered there.
24. Due to space constraints, the following acronyms appear in the appeal: GBVIE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
25. This target only reflects the beneficiaries in COVID-19 hotspot districts to be reached through UNICEF direct programming. Indirect beneficiaries are children benefiting from distance learning platforms, which is approximately 6 to 7 million children (Federal Ministry of Education, Gallup Survey Report, August 2020). Since there is no current monitoring mechanism for gauging television viewership, the number of indirect beneficiaries has not been included.
26. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach, including social media in high-risk areas. This was calculated using current data and feedback via social media and the coverage of 41 major radio stations. Social media is monitored through social analysis tools and feedback, while other media are monitored through surveys.
27. This target was calculated based on interventions in high-risk areas only. It includes community, religious and official leaders; social mobilizers and front-line workers to be trained/briefed; civil society engagement; door-to-door interventions; and youth engagement.
28. UNICEF receives valuable community feedback through multiple sources, including the Emergency Helpline that responds to 6,000 to 8,000 callers per day; listening to and monitoring of social media channels; and direct community feedback from front-line workers.
29. 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.
30. Twenty-six per cent of this requirement will support the COVID-19 response and 74 per cent will support the response to the chronic nutrition emergency. The 2021 appeal is aligned with the Humanitarian Response Plan. The strategic approach was to position the Humanitarian Response Plan as a complement to the national response to support larger efforts to reach the scale necessary to address humanitarian needs. The focus is on the most vulnerable people and those areas where there are gaps in existing systems, which explains the decrease in the funding ask. In addition, the most costly component of the nutrition response is the treatment of children with SAM. Since the SAM caseload is half what it was in 2020, there has been a significant decrease in the funding ask for this component.
31. The type of activities planned for 2021 are different from the activities planned in 2020. In 2021, UNICEF aims to ensure access to basic health care, which includes providing basic personal protective equipment and training. In addition, the measles target is 50 per cent lower compared with 2020, which means lower costs, particularly in the provision of neonatal and postnatal care.
32. This includes preparedness and coordination costs, as well as resilience building for annual floods, earthquakes, etc. The increase in the funding ask is due to UNICEF's aim to support the establishment of disaster risk reduction cells within government counterparts and the procurement of preparedness stocks that were exhausted in the response to flooding, the winter emergency and COVID-19.
33. The funding requirements for Pakistan for 2017 and 2018 are embedded in the South Asia regional appeals for 2017 and 2018.