



19-year-old Kausar Pervaiz helps other students understand COVID-19 preventive measures with the help of a poster in the Government Girls School in Killi Shaikhani, Quetta, Balochistan province.

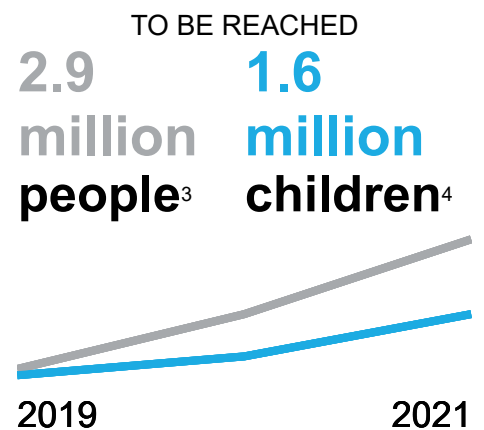
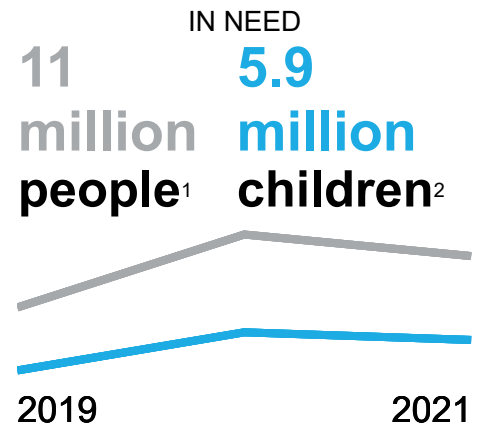
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for every child

## Humanitarian Action for Children

# Pakistan


### HIGHLIGHTS

- Women and children in Pakistan require urgent support, due to surge in the COVID-19 cases with the third wave, an ongoing nutrition emergency and recurrent disasters. As of 23rd June, there are 950,768 confirmed cases of COVID-19 and the global acute malnutrition rate is 18 percent.
- In its response to COVID-19, UNICEF is prioritizing prevention and supporting health and nutrition service continuity by empowering health workers with training and equipment. UNICEF is providing timely/accurate information; promoting behaviors 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 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\$61.4 million to provide life-saving response in Pakistan, mitigate the impacts of COVID-19 and ensure emergency preparedness.




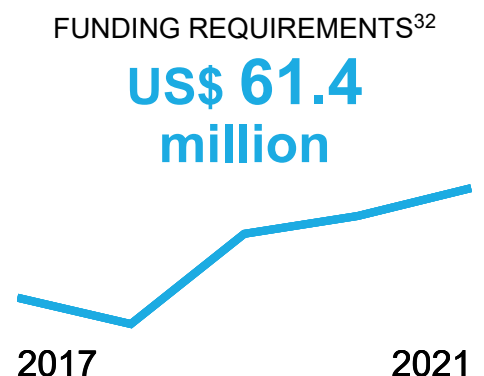
### KEY PLANNED TARGETS

 **102,413**  
children admitted for treatment for severe acute malnutrition

 **445,333**  
children/caregivers accessing mental health and psychosocial support

 **533,451**  
children accessing educational services

 **7 million**  
people participating in engagement actions



## HUMANITARIAN SITUATION AND NEEDS

The first imported case of COVID-19 was reported in Pakistan<sup>5</sup> on 25 February 2020. As of 23rd June 2021, there are more than 950,768 confirmed COVID-19 cases, including over 895,690 patients who have recovered and been discharged and 22,073 deaths<sup>6</sup>. Pakistan is going through a third wave of COVID-19 cases due to which this appeal is being revised to accommodate higher targets as per current support needs.

There are 20 high burden cities with the highest number of COVID-19 positive cases. 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 information and 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 850,000 children will be at risk of malnutrition and preventable diseases, including diarrhea, typhoid, cholera and polio<sup>7</sup>.

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<sup>8</sup>. Before the pandemic, 22.8 million children<sup>9</sup> (including 12.1 million girls) were out of school in Pakistan<sup>10</sup>.

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. Pakistan Country brief on learning continuity amidst COVID-19 school closures disseminated on 17th June 2021, found that lack of access to technology, motivation, domestic chores and working outside the home are some of the barriers to learning during the closures of schools.

Pakistan is facing a protracted nutrition emergency. The national global acute malnutrition rate is nearly 18 per cent<sup>11</sup>, 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<sup>12</sup>.

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

## SECTOR NEEDS



### Nutrition

**2.9 million** children and women require nutrition services<sup>13</sup>



### Health

**6 million** people require access to health services<sup>14</sup>



### Water, sanitation and hygiene

**3.6 million** people need WASH services<sup>15</sup>



### Education

**2.4 million** students are impacted by school closures<sup>16</sup>

## STORY FROM THE FIELD



Naseeb Gul searches for sellable items in one of the many garbage dumps in Abbottabad, exposing himself to Coronavirus and other health hazards.

Many young men like Naseeb Gul (19) are involved in hazardous activities in Pakistan to help their families survive. COVID-19 pandemic has made it even more dangerous.

As cases increased in Abbottabad city, UNICEF and Govt. authorities launched a public campaign to teach people about coronavirus symptoms and preventive measures.

Over 3,000 banners were put up in the city urging people to follow COVID-19 SoPs, thousands of pamphlets were distributed, public service messages were aired on radio and 54 hand washing stations were installed in the city, equipped with water and soap enabling over 300,000 people to wash hands daily.

**[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<sup>17</sup>.

To respond to COVID-19, UNICEF risk communication and community engagement efforts will provide timely and accurate gender-sensitive information and promote behaviours to reduce risk and limit transmission. Infection prevention and control activities will include supporting health facilities, schools, 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 burden cities 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<sup>18</sup>.

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.

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, drought 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 treatment<sup>19</sup>
- **1,607,460** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling<sup>20</sup>
- **813,940** children aged 6 to 59 months receiving multiple micronutrient powders



## Health

- **3,516,326** children and women accessing primary healthcare in UNICEF-supported facilities<sup>21</sup>
- **247,242** children under 2 years vaccinated against measles<sup>22</sup>
- **20,000** healthcare facility staff and community health workers trained on infection prevention and control



## Water, sanitation and hygiene

- **1,658** community sites with handwashing facilities installed
- **242,500** children provided with appropriate water, sanitation and hygiene facilities and hygiene services in learning facilities and safe spaces.
- **430** healthcare facilities provided with essential WASH services
- **2,706,253** people at high risk of COVID-19 supported with hygiene promotion activities



## Child Protection, GBViE and PSEA<sup>23,24</sup>

- **445,333** children and caregivers accessing mental health and psychosocial support
- **18,025,391** people reached with prevention messages on stigma and violence against children, including gender-based violence
- **5,500** 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 learning<sup>25</sup>
- **5,335** schools implementing safe school protocols (infection prevention and control)



## C4D, community engagement and AAP

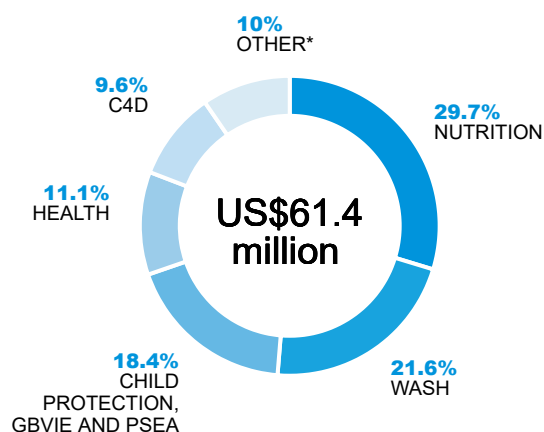
- **75,000,000** people reached with messages on access to services<sup>26,27</sup>
- **7,000,000** people participating in engagement actions for social and behavioural change<sup>28,29</sup>
- **3,000,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms<sup>30</sup>

## FUNDING REQUIREMENTS IN 2021

UNICEF Pakistan has revised its HAC appeal upwards from US\$55.7 million to US\$61.4 million to cater for the increased support needs with the onset of the third wave of COVID-19 cases in the first quarter of 2021.

UNICEF is requesting US\$61.4 million to support the Government to provide a multi-sectoral gender-responsive humanitarian response to COVID-19, the chronic nutrition emergency and to support emergency preparedness in Pakistan. Over 70 per cent of the funding required (US\$43 million) is for COVID-19 activities and the remaining 30 per cent (US\$18.4 million) is for the countrywide nutrition response, which remained significantly underfunded in 2020.

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<sup>31</sup>, 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.



| Appeal sector                    | Revised 2021 HAC requirement (US\$) |
|----------------------------------|-------------------------------------|
| Nutrition <sup>33</sup>          | 18,235,897                          |
| Health                           | 6,822,354                           |
| WASH                             | 13,267,318                          |
| Child protection, GBViE and PSEA | 11,310,084                          |
| Education                        | 4,708,089                           |
| C4D                              | 5,886,000                           |
| Emergency preparedness           | 1,177,200                           |
| <b>Total</b>                     | <b>61,406,942</b>                   |

\*This includes costs from other sectors/interventions : Education (7.7%), Emergency preparedness (1.9%).

| Appeal sector                    | Original 2021 HAC requirement (US\$) | Revised 2021 HAC requirement (US\$) | Funds available (US\$) | Funding gap (US\$) | 2021 funding gap (%) |
|----------------------------------|--------------------------------------|-------------------------------------|------------------------|--------------------|----------------------|
| Nutrition <sup>33</sup>          | 16,367,560                           | 18,235,897                          | 3,426,199              | 14,809,698         | 81.2%                |
| Health                           | 4,237,920                            | 6,822,354                           | 2,676,955              | 4,145,399          | 60.8%                |
| WASH                             | 14,642,291                           | 13,267,318                          | 2,333,760              | 10,933,558         | 82.4%                |
| Child protection, GBViE and PSEA | 9,887,364                            | 11,310,084                          | 1,890,288              | 9,419,796          | 83.3%                |
| Education                        | 4,708,089                            | 4,708,089                           | 772,644                | 3,935,445          | 83.6%                |
| C4D                              | 4,708,800                            | 5,886,000                           | 570,869                | 5,315,131          | 90.3%                |
| Emergency preparedness           | 1,177,200                            | 1,177,200                           | 93,038                 | 1,084,162          | 92.1%                |
| <b>Total</b>                     | <b>55,729,224</b>                    | <b>61,406,942</b>                   | <b>11,763,753</b>      | <b>49,643,189</b>  | <b>80.8%</b>         |

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## ENDNOTES

1. 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.
2. Ibid.
3. This was calculated using the programme target of 1,620,587 children aged 6 to 59 months receiving multiple micronutrient powders and children accessing health; plus 1,255,328 adults accessing primary healthcare in UNICEF-supported facilities to avoid double/counting. An estimated 49 per cent of all people to be reached are women and girls, while 3 per cent are people with disabilities.
4. This was calculated using the programme target of 1,620,587 children aged 6 to 59 months receiving multiple micronutrient powders and children accessing health (5 to 17 years). An estimated 49 per cent of all children to be reached are girls, while 3 per cent are children with disabilities.
5. <https://www.unicef.org/pakistan/reports/country-programme-cooperation-between-government-pakistan-and-unicef-2018-2022>
6. <https://covid.gov.pk/stats/pakistan> as of 23rd June, 2021
7. Calculated based on population data from the 2017 census
8. Pakistan Ministry of Federal Education and Professional Training, March 2018.
9. Female: 12,161,097, Male: 10,683,206 Total 22,844,303
10. United Nations Children's Fund Pakistan, 'Education', UNICEF, <[www.unicef.org/pakistan/education](http://www.unicef.org/pakistan/education)>, accessed 16 November 2020
11. 'National Nutrition Survey 2018'
12. Robertson, 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.
13. Women refers to pregnant and lactating women. 'Pakistan: 2021 Humanitarian Response Plan'.
14. 'Pakistan: 2021 Humanitarian Response Plan'.
15. Ibid.
16. Ibid.
17. <https://www.unicef.org/appeals/pakistan/situation-reports>
18. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
19. 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.
20. Leveraging Government's resources will help achieve the increased target of IYCF.
21. The revised targets are based on the previous targets under which 50% of those with mild COVID-19 symptoms were taken and now under the revised targets 100 % of those with symptoms have been targeted for support under the third wave of COVID-19 cases spike.
22. 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.
23. 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).
24. Overall realignment/ increase in child protection targets to respond to increasing needs due to new wave of COVID. Target on CP services reduced with consideration to results in first half of 2021. Target includes large-scale prevention/awareness activities including via mass media channels
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. For the increase to 75 million target for Media, the rationale is as follows. The population of Pakistan is 220 million, and surveys show that 71% of Pakistanis above age of 16 depend on national and provincial TV/Radio stations as their primary source of information. This is estimated to be more than 75 million. We are in the process of re-engaging long-term agreements with national public/private media stations at both federal and provincial levels, and slowly including media agencies more trusted by rural populations. The high number at initial reporting at early stages represent initial national coverage, but with the additional provincial stations, we will begin to gradually include the rural populations with programs contextualized to their own language and approach. They will be listening for the first time.
28. 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.
29. Target for 2021 (Jan-Dec) for community engagement is 7 million. This is defined by all two-way interactions: - Orientation sessions with Frontline workers - Interactions with religious leaders - Population reached through community sessions - House-to-house visits - Dialogue and briefings with community leaders, authorities, journalists, adolescents, women groups. - Call-in TV, radio programs
30. 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.
31. 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.
32. The funding requirements for Pakistan for 2017 and 2018 are embedded in the South Asia regional appeals for 2017 and 2018.
33. 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.