2019 Revised April 2019



Humanitarian **Action for** Children

unicef 🚳

Pakistan

Drought conditions in the southern 26 districts of Sindh and Balochistan provinces in Pakistan worsened in 2018 due to low rainfall during the monsoon season, affecting 5 million people. 1 The drought has exacerbated hardships for communities already vulnerable due to chronic poverty and food insecurity. In Sindh, more than 29 per cent of children are acutely malnourished, nearly double the emergency threshold; and in Balochistan, 18.6 per cent of children under 5 years and 27 per cent of pregnant women are malnourished.² Since 2010, over 455,000 internally displaced families have returned to their areas of origin in the Khyber Pakhtunkhwa merged districts, and by October 2018, 97 per cent of families had returned.³ As of June 2019, nearly 17,000 families remain displaced. The majority of returnees lack access to basic services: 4 47 per cent are using contaminated water, 5 64 per cent lack access to health care⁶ and 80 per cent of health facilities are severely damaged. Global acute malnutrition prevalence in the merged districts is 20 per cent, 7 exceeding the emergency threshold. Lack of educational facilities has undermined access to and the quality of education; and only 1 per cent⁸ of children are registered at birth, the lowest level nationally.

Humanitarian strategy

As part of the Pakistan Humanitarian Country Team, UNICEF supported the Government to develop the drought response plan, which guides the overall implementation of the integrated emergency interventions being carried out in close collaboration with respective governments and partners. The 2018–2020 Federally Administered Tribal Areas Transition Plan (now Khyber Pakhtunkhwa merged districts)⁹ addresses both humanitarian and development needs. UNICEF's strategy is to ensure that returns of displaced people are sustainable and that their children. Nearly 32,000 children aged 6 to 59 acute humanitarian needs are met. The response addresses the residual humanitarian needs of returnees and local communities by restoring non-functional health facilities so they can provide integrated primary health care, and expand community management of acute malnutrition services. The education programme is establishing temporary, secure and safe learning environments. Access to safe water and sanitation is being increased through the provision of water, sanitation and hygiene (WASH) services in communities, schools and health facilities. Children will also gain access to preventive and protective services. In line with the Transition Plan, UNICEF is continuing to strengthen government-led technical working groups so that the clusters are deactivated by 2020.10 To facilitate emergency preparedness and build resilience, UNICEF is strengthening national and sub-national capacities for the Government and partners. 11

Results from 2019

As of 31 July 2019, UNICEF had US\$7.36 million available against the US\$25.3 million appeal (29 per cent funded). 12 Humanitarian programme implementation was constrained due to significant under-funding and the limited capacities of implementing partners. Only the nutrition programme had significant carry-over funds (US\$1.4 million), which supported response in the seven tribal districts and six subdivisions of the (former) Federally Administered Tribal Areas, enabling the therapeutic treatment of nearly 3,800 months and nearly 25,000 pregnant and lactating women received multimicronutrients. UNICEF is supporting lifesaving health services for populations returning to the tribal districts. The increase in returns has highlighted the urgent need to rehabilitate health facilities affected by years of conflict. All programmes received limited funding for the tribal districts in 2019; most of the funds received thus far are for the response to the drought emergency. As the drought response aims to provide longer-term relief (i.e., activities related to access to water are linked with the rehabilitation of drinking water schemes), the results are taking longer to realize. UNICEF leveraged its regular resources, and the resources of government counterparts and partners, to achieve limited results in the districts of Khyber Pakhtunkhwa.

Total people in need Total children (<18) in need 4.1 million Total people to be reached 700.000 Total children to be reached 594.998¹

2019 programme targets

Nutrition

- 57,741 children admitted to therapeutic feeding programmes for the treatment and management of severe acute malnutrition
- 239,566 pregnant and lactating women in affected areas receiving multiple micronutrient supplementation (or iron and
- 414,664 children aged 6 to 59 months in affected areas receiving multiple micronutrient supplementation

- 594,998 children aged 6 months to 10 years vaccinated against measles
- 97,897 deliveries assisted by skilled birth attendants
- 540,784 women of child-bearing age reached through health education sessions

WASH

- 540,000 people provided with access to water as per agreed standards
 • 90,000 people provided with access to
- appropriate sanitation facilities
- 700,000 people provided with key messages on safe hygiene practices

Child protection

- 255,033 children reached with psychosocial support services
- 213,362 children and caregivers reached through child protection awareness-raising activities, including mine-risk education, child marriage and birth registration

Education

- 140,000 school-aged children, including adolescents, enrolled in formal primary and lower secondary schools (including functional, reopened and/or temporary facilities)
- 1,130 formal primary and secondary schools supported to improve safe and secure environments

	Sector 2019 targets	Sector total results	UNICEF 2019 targets	UNICEF total results					
NUTRITION ⁱ									
Children aged 6 to 59 months with SAM admitted for treatment	57,741	5,222	57,741	5,222					
Pregnant and lactating women who received micronutrient supplements	239,566	36,453	239,566	36,453					
Children aged 6 to 59 months who received micronutrient supplements	414,664	46,864	414,664	46,864					
HEALTH ⁱⁱ									
Children aged 6 months to 10 years vaccinated against measles			594,998	22,306					
Deliveries assisted by skilled birth attendants			97,897	2,000					
People reached through health education sessions conducted during mother and child weeks/days			540,784	143,743					
WATER, SANITATION AND HYGIENE ^{III}									
People provided with access to water as per agreed standards	1,142,582	236,400	540,000	10,000 ^{iv}					
People provided with access to appropriately designed toilets	159,437	30,656	90,000	0 ^v					
People provided with key messages on safe hygiene practices	1,195,782	311,474	700,000	108,955					
CHILD PROTECTIONVI									
Children reached with psychosocial support services	344,687	650	255,033	650					
Children and caregivers reached through child protection awareness-raising activities, including mine risk education, child marriage and birth registration	325,235	5,653	213,362	5,653					
EDUCATION ^{vii}									
School-aged children, including adolescents, enrolled in formal primary and lower secondary schools (including functional, reopened and/or temporary facilities)	210,000	36,409	140,000	36,409 ^{viii}					
Formal primary and secondary schools supported in the improvement of safe and secure environments	1,460	280	1,130	280					

Results are through 31 July 2019 unless otherwise noted.

- Cluster and UNICEF targets are the same for indicators/results where none of the other cluster/working group partners have independent projects to support these results.

 Results for the drought response are not available as activities are currently being set up in targeted health facilities. Progress will be reported in the end-of-year situation report.

 No emergency funding is a variable for the WASH response in tribial districts, which is why many of the targeted townor progress.

 This includes results from merged districts only as the drought response in Sindh and Balochistan was initiated in June 2019 and results will be available/reported at the end of the year.

 This includes are being set up, with partnership agreements signed at mid-year. Results will be reported in end-of-year situation reports.

 There is no funding for the response in Khyber Pakhtunkhwa merged districts. Implementation is delayed in drought-affected areas due to delays in drought rapid assessments for education and child protection programmes (on which implementation is to be based).

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Funding requirements

UNICEF Pakistan's appeal requirement has increased to US\$46.9 million, in line with the Pakistan Transition Plan and the Drought Response Plan for 2019. The increase in the funding requirement is to support critical humanitarian response in affected areas. Without adequate and flexible funding, UNICEF will be unable to provide an integrated nutrition, health, WASH, child protection and education response to address the residual humanitarian needs of returning populations in the tribal districts and drought-affected people in Sindh and Balochistan provinces.17

Sector	2019 requirements (US\$)	Revised 2019 requirement (US\$)	Funds available (US\$)	Funding gap (\$)	Funding gap (%)
Nutrition	5,353,320	17,182,959	5,065,774	12,117,185	71
Health	3,159,605	4,831,122	984,243	3,846,879	80
Water, sanitation and hygiene	3,785,875	14,439,533	1,183,467	13,256,066	92
Child protection	1,159,865	2,395,925	7,692	2,388,233	100
Education	10,076,832	7,016,698	120,686	6,896,012	98
Preparedness/disaster risk reduction	1,600,000	500,000		500,000	100
Cluster/sector coordination	240,000	500,000		500,000	100
Total	25,375,497	46,866,237	7,361,862	39,504,375	84

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Office for the Coordination of Humanitarian Affairs, 'Pakistan: Drought Response Plan (Jan to Dec 2019)', OCHA, August 2019.
Covernment of Pakistan, 'Vational Nutrition Survey 2018 Key Findings Report', 2018.
3 United Nations High Commissioner for Refugees, 'IDP Returns Fact Sheet', UNHCR, 31 October 2018.
4 United Nations and the World Bank, Federally Administered Tribal Areas vulnerability assessment conducted in August/September 2017.

United Visitors and the World Bank, Federally Administered Thibal Areas vulnerability assessment conducted in August/September 2017.

Ibid.

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

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 Pakistan nutrition programme data for 2017-2018.

In the first half of 2018, the Federally Administered Tribal Areas was merged into Khyber Pakhtunkhwa province under the 25th constitutional amendment. The newly merged districts are now known as the tribal districts of Khyber Pakhtunkhwa.

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