In northern Pakistan, a landslide in January obliterated a village and dammed up the Hunza River, creating a lake that swallowed up the surrounding villages, affecting some 40,000 people. In north-western Pakistan, more than 1.2 million people remained displaced following the 2009–2010 conflict. Pakistani families are experiencing a bewildering array of humanitarian needs rooted in ongoing instability, temporary displacement and widespread poverty. The key challenges for mounting an effective humanitarian response include frequent population movements and an insufficient number of partners able to assist the most vulnerable populations.

Even before the flood waters began to rise, the humanitarian conditions were difficult as a result of political instability, insufficient services and poor nutritional status. The impact of the floods will be felt for years to come, with initial estimates from the Government of Pakistan and international financial institutions estimating billions of dollars in damage to the country’s economy and infrastructure. The cost in human terms is incalculable.

Even during the best of times, women in Pakistan have limited access to income-generating opportunities and are at greater risk of being dispossessed of property. After the floods, a rapid gender assessment showed that people believe there is significant risk of gender-based violence. As many as 10,044 schools have been damaged or destroyed. Many children are still out of school or in temporary structures or centres, and community-based organizations are reporting deprivation such as extreme poverty, increased child labour, early marriage, abandonment, institutionalization, child trafficking, and further erosion of the rights to education and health. The floods have exacerbated the pre-existing vulnerabilities of mothers and newborns as well as other children to disease, undernutrition, disability and death resulting from limited access to basic health-care services, which is partially due to socio-cultural and economic barriers faced by women. An estimated 740,000 pregnant women are now without a safe environment for childbirth, putting the lives of both mother and child at risk.

Water sources and systems have been damaged, and sanitation facilities have been destroyed. As a result, people are forced into open defecation. Women and girls are particularly affected by the lack of privacy and safety.

In Khyber Phaktunkhwa Province, an estimated 1.2 million internally displaced persons remain after the military operations in 2009–2010 in such areas as South Waziristan in the Federally Administered Tribal Areas (FATA). While a small number of these people were able to return to their areas of origin in December 2010, most have been hindered from going home by snowfall or are unwilling to return given the ongoing militant and military operations in their home areas.

The Ministry of Health confirmed 142 polio cases in 2010, up from 89 cases in 2009, and 1,392 measles cases were confirmed in 2010, up from 863 in 2009. The internally displaced population also faced an increase of malaria, acute watery diarrhoea and dengue fever in 2010.

In 2011, UNICEF is requesting US$295,951,000 for planned humanitarian activities in Pakistan. This includes support to children and women in both flood- and conflict-affected regions.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Critical needs remain in nutrition, health, water and sanitation in Pakistan. It is also essential to get children back to school and ensure that prevention and response programmes are put in place to protect them from any
form of violence, including gender-based violence, abuse and exploitation. Some of the major protection risks include separation of children from their families, sexual exploitation, forced marriage, trafficking, school dropouts, child labour, and psychosocial issues related to the floods and the conflict. A large proportion of people, including children, may also have lost their identity papers, including birth registration certificates.

Children and women are most vulnerable in areas where their housing has been destroyed or is not adequate to withstand winter conditions. Appropriate winter-weather preparations are therefore critical. Given the geographical range, cultural differences and various stages of displacement, there is a need for diverse approaches to programme delivery including ongoing support to camp populations in Khyber Phaktunkhwa and Sindh and early recovery interventions in areas of return in progress nationwide.

**KEY ACHIEVEMENTS IN 2010**

In 2010, UNICEF estimated that US$66,871,298 was needed to fund humanitarian work in Pakistan. As of October 2010, US$18,995,215 had been received, 28 per cent of the goal. Following the flooding, UNICEF requested an additional US$251 million. Throughout the UNICEF response to conflict-related internal displacement, 513,552 children and 159,449 pregnant and lactating women have been screened for undernutrition. As a result of these screenings, 10,741 women were enrolled in supplementary feeding programmes, 5,882 severely malnourished children were treated in outpatient therapeutic feeding programmes and 962 children with medical complications were treated in stabilization centres. Out of the 1.7 million children UNICEF hoped to reach, 1.2 million children were vaccinated against measles and provided with vitamin A supplements. An additional 271,766 children were vaccinated against polio in Khyber Phaktunkhwa Province and the FATA region. In Khyber Phaktunkhwa, almost 1 million people were provided access to safe drinking water, over 260,000 were provided access to sanitation, and over 741,000 were provided hygiene kits. Approximately 4,000 schools were rehabilitated or reconstructed, allowing over 666,450 children to benefit from improved learning environments. Two-hundred-thirty-eight community-based child protection centres and child-friendly spaces were set up benefiting over 96,400 children (54,000 boys and 42,400 girls), and 1,100 children were reunited with their families after being separated. Over 3,000 women and their families from five districts in Khyber Phaktunkhwa were provided with voluntary counselling and testing for HIV.

In response to impact the flooding had on the nutritional situation of children and women, UNICEF established emergency nutrition services, including 273 new outpatient therapeutic feeding programmes – reaching out to 75,600 severely malnourished children – and 35 stabilization centres intended to reach approximately 7,500 severely malnourished children who have medical complications.

### CORE COUNTRY DATA

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (thousands 2009)</td>
<td>180,808</td>
</tr>
<tr>
<td>Child population (thousands 2009)</td>
<td>78,786</td>
</tr>
<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>87</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>71</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births 2008)</td>
<td>260</td>
</tr>
<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>72/60</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>85</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>90</td>
</tr>
<tr>
<td>HIV/AIDS prevalence rate (% aged 15–49, 2009)</td>
<td>0.1</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>14</td>
</tr>
</tbody>
</table>

*Data refer to most recent year available during the period specified.*
Additionally, UNICEF supported 277 supplementary feeding centres, in cooperation with the World Food Programme, benefiting 30,151 children aged 6–59 months old and 21,049 pregnant and lactating women. Over 8.2 million children were reached with vaccinations and deworming, and over 400,000 pregnant women received the tetanus toxoid vaccination and antenatal care. More than 2.8 million people were provided access to life-saving WASH services, including provision of sanitation services and hygiene promotion to more than 1.2 million, which prevented large-scale epidemics of acute watery diarrhoea and cholera. UNICEF has supported 160,000 beneficiaries nationally through an education package of temporary learning centres, education supplies and teacher training. The 366 child-friendly spaces have provided access to psychosocial support and recreational opportunities to over 125,000 children.

To enhance rapid programme delivery for flood-affected communities, UNICEF established three field offices in Hyderabad, Multan and Sukkur. UNICEF’s preparedness planning and coordination in 2010, including updating provincial emergency plans and pre-positioning supplies, improved the timely and effective response to multiple emergencies. The monsoon floods, however, submerged a large amount of pre-positioned contingency supplies, resulting in a delayed distribution of emergency supplies to many children.

**HUMANITARIAN ACTION: BUILDING RESILIENCE**

Two years ago, when Amna left school at 11 years old, she was far from completing her primary education. The school she had attended in Jan Kili, a farming village located in Bajaur Agency of the Federally Administered Tribal Areas, lacked a latrine, so students were forced to use the open field. “As I was then a grown girl,” she said, “I felt uncomfortable going outside into the open when I needed to use a latrine.”

The Jan Kili Government Girls’ Primary School became part of a project to support education by ensuring that 50 primary schools had functioning water and sanitation facilities. Amna and her parents were delighted when she was able to return to school. Mr. Bahadar, Amna’s father, explained, “I am a poor man and want to educate my children, so I am very pleased that Amna can go back to school.”

“Good school sanitation and hygiene help every aspect of a child’s growth and development,” said UNICEF WASH officer, Mohammad Shakaib Jan. “They help prevent children, especially girls, from dropping out of school, especially in conservative areas where insecurity has already taken a toll on education. By developing school sanitation infrastructure, we invest in the future of children like Amna.”

**PLANNED HUMANITARIAN ACTION FOR 2011**

UNICEF is the cluster lead in WASH and nutrition, co-lead in education and lead of the child protection sub-cluster in Pakistan. In 2011, UNICEF will work with the Government of Pakistan, other UN agencies and NGOs to respond to the needs of over 18 million people, including 12 million children and 3.5 million women. UNICEF will build in disaster risk reduction and strengthen emergency preparedness and response plans for flooding to ensure that communities and institutions are better prepared.

During 2011, UNICEF will respond to ongoing security concerns in the Federally Administered Tribal Areas (FATA) as displacement could affect 300,000–400,000 people in hard-to-reach areas of Khyber Phaktunkhwa Province. UNICEF will continue to support the estimated 1.2 million internally displaced people who remained in the province, following armed conflict in South Waziristan and other FATA agencies, as they return to their areas of origin and rebuild their lives.

**NUTRITION (US$26,276,000)**

The overall UNICEF strategy is to provide community outreach to 1.2 million children under age 5 as well as 700,000 pregnant and lactating women, and support provision of life-saving interventions for those identified with malnutrition. This will involve building capacity of government and community staff in the prevention, identification and treatment of under-nutrition and the delivery of nutrition behaviour messaging to prevent negative nutritional outcomes. The activities will target the most severely affected districts.

- UNICEF will treat 75,600 children for severe acute malnutrition, representing 60 per cent of the population at risk, through facility- and community-based management.
- 210,000 children and 123,000 pregnant and lactating women will be treated for moderate acute malnutrition, and all will receive micronutrient supplements.
- 464,000 children and 356,000 pregnant and lactating women at risk of undernutrition will be reached through supplementary feeding programmes.
• Long-term national capacity of health-care providers and community health workers will be ensured through training for 6,000 emergency nutrition service providers, who will screen all pregnant and lactating women as well as children under age 5 in the high-risk districts. Behaviour change messaging will be provided to pregnant women and caregivers on infant feeding in emergencies and community management of acute malnutrition.
• UNICEF will continue to strengthen nutrition cluster coordination, retaining staff capacity including cluster coordinators and information managers at the federal and provincial levels to provide effective coordination for response to the flood and to internal displacement.

HEALTH (US$57,450,000)
The overall goal is to support health-care initiatives to reach over 12 million beneficiaries, with a focus on vulnerable populations and community-based interventions. Emergency health interventions will reduce the burden of preventable death and illness nationwide, particularly among flood- and conflict-affected populations, ensuring that women and children have equal access to health services.
• UNICEF will complete the measles follow-up campaign in first-quarter 2011, reaching nearly 11 million children aged 6–59 months, in 68 districts.
• Maternal and neonatal tetanus elimination, a supplementary tetanus immunization campaign in high-risk areas, and revival of the interrupted Expanded Programme on Immunization will be strengthened, with beneficiaries including 1.5 million flood-affected children.
• Services for the prevention of parent-to-child transmission (PPTCT) of HIV will be strengthened in 10 high-risk districts, with the goal of reaching 10,000 women.
• Uninterrupted treatment, care and support services for populations at risk of HIV and AIDS will be continued in high-risk districts, benefiting 5,000–7,000 people.

WATER, SANITATION AND HYGIENE (WASH) (US$138,200,000)
For 2011, the WASH programme aims to reduce 5.9 million people’s vulnerability to water-related diseases by improving access to safe drinking water, adequate sanitation and hygiene awareness. These interventions will reach out to approximately 3.69 million people during the flood relief phase, 5 million flood-affected people in the early recovery phase and approximately 920,000 conflict-affected people.
• UNICEF will continue to support the coordination of the WASH cluster across the country, ensuring strong leadership and actively addressing inter-cluster and cross-cutting issues. This includes proactive attention to contingency planning and preparedness exercises and to early recovery interventions that seek to link with reconstruction and long-term development initiatives.
• Access to clean water, sanitation facilities and hygiene education will be improved for 920,000 people affected by conflict, including 300,000 internally displaced persons living in camps and 600,000 returnees.
• Improved access to clean water, sanitation facilities and education to promote hygiene will be supported to approximately 5 million flood-affected people, including approximately 1.5 million girls, 1.4 million boys, 1.1 million women and 1 million men.
• UNICEF will continue to strengthen WASH cluster coordination, retaining crucial staff at the federal and provincial levels.

CHILD PROTECTION (US$25,825,000)
UNICEF in 2011 will promote and support coordination mechanisms for the protection of children and women, as lead agency of the child protection sub-cluster, in close coordination with the Government of Pakistan, NGOs and civil society to ensure the safety and well-being of children and women. The Child Protection Unit will support 5.4 million children and adolescents and 120,000 women with services in the most severely affected areas.
• Messages will be disseminated to 5.5 million people on the separation of children from their families, extreme child labour, early and forced marriage, recruitment, trafficking, sexual exploitation and abuse, and gender-based violence.
• Child-friendly spaces, both mobile and stationary, will be constructed to provide services meeting the specific needs of the flood- and conflict-affected areas.
• Psychosocial support will be delivered to 700,000 children and 100,000 women. Provincial teams will be supported through intensive training on psychosocial skills. For a more holistic support system, 14,400 women, including survivors of gender-based violence, will be reached through 20 safe spaces for women, linked to other existing services and referral systems.
• UNICEF will continue to strengthen child protection cluster coordination, retaining staff capacity, including cluster coordinators and information managers at the federal and provincial levels.

EDUCATION (US$40,535,000)
The overall goal for 2011 is to provide access to education for children affected by the floods as well as those who have suffered from armed conflict. Access to education services will be provided to over two million children 4–12 years old in flood-affected districts and 800,000 children aged 4–12 in the conflict-affected districts of Khyber Pakhtunkhwa and FATA.
• 6,000 children in the conflict-affected areas who did not attend school will be provided with accelerated learning opportunities to help them catch up from lost years of education.
ASIA-PACIFIC: PAKISTAN

- 50,000 teachers in flood- and conflict-affected areas will be provided with emergency education training as well as psychosocial support and technical assistance to provincial teacher training institutions.
- 109,000 parent-teacher committee members will be trained in operation and school management. School safety and disaster management training will be provided for parents, teachers and host communities in returnee areas.
- 11,384 schools will be rehabilitated, established and/or furnished. One thousand temporary learning centres and 2,000 transitional school shelters and early childhood education centres will be provided with gender-sensitive WASH facilities to benefit over 1.9 million children (aged 4–12) and 39,000 teachers.
- The education cluster will continue to play a role in building an effective response and helping the education sector make a smooth transition from the early recovery phase to rehabilitation. The cluster aims to restore education access and services to 2.8 million flood-affected children – bringing millions of children back into school.

HIV AND AIDS (US$1,528,000)

To support women and their families (a total of 220,000 people) affected by HIV and AIDS and to enhance prevention of transmission, UNICEF will undertake the following:

- Distribution of information on transmission risks and prevention of HIV to about 220,000 women of childbearing age.
- Screening for 15,000 women at the household level to assess their risk of HIV across high-risk districts. One-hundred per cent of those meeting risk criteria will be referred to HIV voluntary counselling and testing, all women testing positive will be referred into treatment care and support, and those who are positive and pregnant will receive PPTCT.
- Antiretroviral prophylaxis and virological testing within eight weeks of birth will be provided for all infants born to mothers living with HIV.

5. Pakistan Ministry of Health, Health Management Information System – based the estimate that pregnant women compose 4.1 per cent of the affected population.
7. This request was through the Pakistan Floods Emergency Response Plan, August 2010, revised in September 2010. Office for the Coordination of Humanitarian Affairs, New York, September 2010.
8. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>26,276,000</td>
<td>1,897,000</td>
<td>592,000</td>
<td>599,000</td>
</tr>
<tr>
<td>Health</td>
<td>57,450,000</td>
<td>12,250,000</td>
<td>5,512,000</td>
<td>5,737,000</td>
</tr>
<tr>
<td>WASH</td>
<td>138,200,000</td>
<td>5,926,000</td>
<td>1,457,000</td>
<td>1,505,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>25,825,000</td>
<td>5,520,000</td>
<td>2,700,000</td>
<td>2,700,000</td>
</tr>
<tr>
<td>Education</td>
<td>40,535,000</td>
<td>2,281,000</td>
<td>1,630,000</td>
<td>1,180,000</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,528,000</td>
<td>220,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>6,137,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>295,951,000</strong></td>
<td><strong>18,000,000</strong></td>
<td><strong>6,000,000</strong></td>
<td><strong>6,000,000</strong></td>
</tr>
</tbody>
</table>

CLUSTER COORDINATION (US$6.137,000)

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. In the case of Pakistan, the unprecedented size of the flood emergency resulted in UNICEF establishing WASH, Nutrition, Education and Child Protection clusters at the national level and in five provinces, staffed by close to 60 staff. Cluster costs include teams for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective information mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

5. Pakistan Ministry of Health, Health Management Information System – based the estimate that pregnant women compose 4.1 per cent of the affected population.
7. This request was through the Pakistan Floods Emergency Response Plan, August 2010, revised in September 2010. Office for the Coordination of Humanitarian Affairs, New York, September 2010.
8. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.