Highlights

- In 2016, UNICEF humanitarian support continued for displaced and returning families in KP & FATA, and children and women affected by drought in Sindh.
- Over 151,000 families (50 per cent of displaced population) have returned to government declared safe areas in FATA since March 2015. 45,000 families returned in the first half of 2016.
- In March 2016, UNICEF supported nutrition sites in drought affected Tharparker district were handed over to provincial Department of Health, these services will continue under the Government’s Nutrition PC1. UNICEF support to Stabilization Centers will continue along with support to nutrition sites in 22 Union Councils of Jamshoro district.
- In KP & FATA UNICEF supported water, sanitation and hygiene services benefitted 136,052 displaced persons (34,693 girls, 33,333 boys, 34,693 women & 33,333 men) with no outbreak of water borne diseases reported from affected areas.
- 87,860 displaced children (including 49.6 per cent girls), are enrolled in UNICEF supported schools in camps, displaced and returning areas in KP & FATA.
- In conflict affected areas in KP & FATA 203,153 children were vaccinated against measles.
- In KP & FATA 51,450 children (23,258 girls), 15,300 women and 9,172 men benefitted from UNICEF supported child protection services during the reporting period.
- UNICEF through Department of Health and partners scaled up nutrition interventions through 188 nutrition sites in hosting and return areas of KP & FATA.

UNICEF Pakistan is grateful to its donors for their generous contribution to support the humanitarian response and early recovery needs of the most vulnerable children and women of Pakistan in 2015.

15 June 2016

- 900,000 # of children affected
- 1,800,000 # of total affected population
- 151,950 # of families still displaced in KP & FATA
- 151,000 # of families returned to Govt. declared safe areas in FATA
- 45,115 # of registered IDP families returned in 2016
- 308,399 # of children under 5 years affected by drought

UNICEF Funding Gap
61 per cent

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF</th>
<th>Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children and women access toilets and washing facilities that are culturally appropriate, secure, and sanitary, and are user friendly and gender appropriate.</td>
<td>200,100</td>
<td>95,473</td>
</tr>
<tr>
<td>Number of school-aged children including adolescents enrolled in schools (including schools in affected areas, re-opened schools and/or temporary facilities established)</td>
<td>124,032</td>
<td>87,860</td>
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<tr>
<td># of children (6 months to 10 years old) vaccinated against measles</td>
<td>334,163</td>
<td>203,153</td>
</tr>
<tr>
<td>Number of SAM children enrolled in Nutrition Programme</td>
<td>38,480</td>
<td>10,245</td>
</tr>
<tr>
<td>Number of children and women accessing protective spaces including recreational support</td>
<td>139,790</td>
<td>29,358</td>
</tr>
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</table>
Situation Overview & Humanitarian Needs

Complex Emergency in KP/FATA: In 2016 the focus of humanitarian assistance continued on supporting displaced populations as well as assisting those returning to areas declared safe by the Government. The return of displaced population continued to gain momentum with 45,115 families returning in the first half of 2016, nearly 16 per cent are female headed families. In total, over 151,000 families have returned since March 2015, nearly 50 per cent of the displaced, while 151,950 families remain displaced. The vast majority of displaced population, almost 99 percent are living in host communities and adding to the burden on already inadequate services.

With the increased returns in 2015 and 2016, the camp population decreased drastically resulting in closure of New Durrani and Togh Sarai camps. In the two remaining camps the camp population is only 2,152 families. Bakakhel camp in Baanu is managed by the Military while international humanitarian partners continue to support the displaced families residing in Jalozai Camp in Nowshera district. The Humanitarian Coordinator has written to Provincial Disaster Management Authority (PDMA) KP stating that the UN Agencies would phase out from Jalozai camp by mid-year.

In an effort to fully operationalize FATA Return and Recovery Strategy, FATA Disaster Management Authority (FDMA) informed the humanitarian community in January 2016 that they would be facilitating return of approximately 182,330 families in 2016. Accordingly and in line with the Return Policy Framework, five inter-cluster assessments and Return Intension Surveys (RIS) were conducted in Kurram, Orakzai, Khyber Agency, South and North Waziristan Agencies in the first quarter of 2016 to inform sustained, safe, voluntary and dignified return. Contrary to other return intension surveys, in NWA, 100 per cent of the respondents were willing to return to their areas of origin in different timeframes. This largely reaffirmed the perception that IDPs were willing to return provided their safety and security were guaranteed.

The overall key findings of the above assessments highlight damaged health infrastructures, lack of nutrition and health services, spreading of diarrhea and respiratory infections, malnutrition rates soaring above emergency threshold levels (GAM 16.2%), and food insecurity, lack of adequate supplies of drinking water, handling and storage, poor conditions of water, sanitation and hygiene facilities in schools, low coverage of latrines, possible rise in open-defecation and the need for rehabilitation of drinking water supply schemes. Shelter, food (including nutrition), agriculture and WASH were considered as the priority critical needs for the returning population to FATA. It was established across the assessment reports that the returning populations will remain dependent on food distributions until the agriculture activities were restored in the next season.

Exceptionally polio uptake was assessed and findings reflect minimum number of refusals, albeit it was observed that they were likely to miss the children under 5 of age during the vaccination. As such, the authorities were advised to adopt Continuous Community Protected Vaccination (CCPV) approach to minimize the risk of increase in the number of polio cases and to also strengthen polio teams at embarkation points to ensure that all

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1 UNOCHA, Pakistan Return Weekly Snapshot, 3 - 9 June 2016
2 Protection Cluster, NWA Return Intension Survey, January 2016
3 OCHA: Inter-Cluster Assessment Missions – Jan-May 2016)
children are vaccinated. It was further recommended that preventive measures be prioritized to prevent and control the outbreak of vaccine preventable diseases.

Based on the assessment findings, major recommendations include initiation of programmes for enhancement of diversified livelihood resources, revival of agriculture and enhancement of livestock production, encouragement for use of toilets, awareness on hygiene and sanitation, upgrade of health facilities (including neonatal and maternal health), provision of life saving nutrition interventions and improvement in education through provision of essential teaching aids, infrastructure and training of teachers.4

One of the biggest challenge in FATA and some areas of KP is the issue of access due to delay/non availability of No Objection Certificate (NOC) from the government, this issue is resulting in considerable delays in initiation of the response activities in emergencies as well as monitoring of interventions by UNICEF staff especially in FATA. Funding shortfalls is another impediment as currently UNICEF faces a funding shortfall of 61 percent. We have not received any significant funding against PHSP/HAC in 2016, the current interventions are being majorly funded by contribution rolled over from 2015, leading to a large gap in the results versus targets. Government preparedness under EPRP is not up to the mark as it is still dependent on donors for response in emergencies. Conflicting decisions between Law Enforcement Agencies and by Government line departments, access, hard terrain and cultural barriers in FATA, result in delays in implementation in areas of return.

**Drought in Sindh:** The arid zone of Sindh, which makes up about 48% area of the province is facing mild to moderate and severe drought like situation since 2013. The Government has notified Tharparkar, Jamshoro, Sanghar and Dadu districts with severe drought like situation, while mild to moderate drought situation prevail in Sukkur, Umerkot, Khairpur and Thatta districts.

The recurrent drought, unavailability of maternal and child health care and poor access to care, lack of proper livelihood sources and limited agriculture activities coupled by extreme poverty negatively affected the health and nutrition status of affected population, especially children and women in Tharparkar and other affected districts. The print and electronic media constantly highlight the plight of affected population and high mortality rate among children attributed to undernutrition. The data from Department show 543 deaths (326 under five children) in 2014, 398 in 2015 and 233 (till June) in 2016. The leading cause of death were low birthweight, birth Asphyxia, Pneumonia and sepsis.

The surveys conducted in 2014 (Multiple indicators Cluster Survey-MICS, SMART and Knowledge Attitude and Practice --KAP surveys and Sindh drought need assessment) and screening data from ongoing emergency response (Nutrition sites) show very high burden of acute and chronic malnutrition in Tharparkar and other adjoining districts. MICS survey reported global acute malnutrition rate above the emergency threshold (15.4%) in Sindh province, while SMART surveys show that GAM rate are well above the emergency threshold in drought hit districts; i.e. Tharparkar: 22.7%, Sanghar: 16.0%, Umerkot: 20%, Kambar Shkedadkot: 13.8%, and Badin: 18.3%. Food insecurity, an important risk factor and contributing to higher undernutrition rate are prevailing and further aggravated by the drought phenomenon. An estimated 58% household are food insecure in Pakistan with highest in Sindh (74%) as per the National Nutrition Survey, 2011. The recently conducted Integrated phase classification (IPC analysis, December, 2015), classified 13 districts as food insecure (Highly food Insecure: 03, Moderately Food Insecure: 11) in Sindh Province. The findings of joint UN drought need assessment revealed extreme water scarcity in worst drought affected districts (62% in Jamshoro and 100% in Tharparkar), and it resulted in reduced harvest by 34-53% and livestock by 48%.

Since 2013, UNICEF with key nutrition partners including Government, WFP and WHO has supported provision of life saving nutrition services to affected population in Tharparkar and other affected district to prevent. These critical services have averted morbidity and mortality among children and women. In March 2016, nutrition services sites were handed over the Department of Health at the district level to ensure sustainability of the response. In April 2016, the government of Sindh notified Tharparkar, if required. Currently there are 23 Nutrition Stabilization Centers established in Sindh with high incidence of acute malnutrition.

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**Natural Disasters:** In 2016 UNICEF Pakistan conducted tailored training for government and UNICEF staff on Child Centred Risk Assessment, Comprehensive School Safety and Child Centred DRR in four provinces with support from Asia Disaster Preparedness Centre (ADPC). The overarching purpose was to strengthen the capacity and leverage of the staff in emergency preparedness and response planning. Additionally, 2016 Emergency Preparedness and Response Plan has been prepared together with several contingency PCAs and stockpiling targeting approximately 100,000 people in readiness to address time-critical and life-saving needs of population impacted by monsoon floods, conflict, drought and earthquakes. The national/provincial disaster management authorities (NDMA/PDMA) and the humanitarian community have prepared 2016 Monsoon Contingency and Emergency Preparedness Plan in sync with UNICEF-EPRP in readiness for the monsoon floods in 2016.

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4 Joint UN Needs Assessment, April 2016

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Start of humanitarian response: 1 January 2016</strong></td>
<td><strong>Total</strong></td>
<td>Male</td>
</tr>
<tr>
<td>Total Affected Population</td>
<td>2,187,230</td>
<td>1,071,742.70</td>
</tr>
<tr>
<td>Children Under Five</td>
<td>308,399</td>
<td>151,116</td>
</tr>
<tr>
<td>Children 6 to 23 months</td>
<td>120,298</td>
<td>58,946</td>
</tr>
<tr>
<td>Pregnant and lactating women</td>
<td>87,489</td>
<td>87,489</td>
</tr>
</tbody>
</table>

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**Source:** PHSP 2016 and HNO 2016
Humanitarian leadership and coordination

As a key player in the humanitarian cluster mechanism (cluster lead for WASH, Nutrition; co-lead for Education with Save the Children; lead for Child Protection areas of responsibility under the Protection Cluster) and with support to the Government and through NGO partners, UNICEF has seamlessly supported humanitarian response to returning and displaced families in KP and FATA, and children and women affected by drought in Sindh province. UNICEF through nutrition working group is coordinating the ongoing drought response in Sindh province.

Also, UNICEF-Pakistan with UNDP, FAO and WFP, developed a joint programme on community resilience and recovery to support the FATA Sustainable Return and Rehabilitation Strategy. These joint return and recovery interventions are currently being implemented in Bara Tehsil, Khyber Agency and South Waziristan Agency. This has demonstrated greater convergence and complementarity of activities and as such have largely helped to reduce overlap and duplication of response and resources at the Union Council level.

In overall, the Humanitarian Country Team (HCT) has provided predictable leadership and oversight functions. Notably, Senior Transformative Agenda Implementation Team (STAIT) inclusive of UNICEF Regional Emergency Advisor also visited Pakistan in April 2016 to review the current humanitarian coordination structures and their effectiveness in responding to humanitarian challenges. As such, they provided critical and valuable insights and recommendations to inform turn around and efficiency in responding to humanitarian challenges in Pakistan.

Humanitarian Strategy 2016

Both the Humanitarian Programme Cycle (HPC) and 2016 Humanitarian Strategic Response Plan for Pakistan (PHSP) were prepared with focus on population in displacement, returning families, drought (malnutrition) and refugees affairs. The 2016 PHSP has been endorsed by the Humanitarian Country Team (HCT) with a total of US$ 442.4 million required for 2016 to address the critical humanitarian needs of 3.6 million IDPs, returnees, refugees and population suffering from malnutrition and other vulnerable groups.

UNICEF Pakistan also reflected the country’s humanitarian needs, priorities and funding requirement under the global UNICEF Humanitarian Action for Children (HAC) 2016. UNICEF requires US$ 43.2 million in 2016 to respond to the humanitarian needs of the people of Pakistan. These funds will cover multi-sectoral response to the complex emergency in KP & FATA; WASH, health, nutrition, education and child protection; nutrition support to drought-affected communities in Sindh.

Summary Analysis of Programme response:

With the increased returns in 2015 and 2016, the camp population decreased drastically resulting in closure of New Durrani and Togh Sarai camps. In the two remaining camps the camp population is only 2,152 families. Bakakhel camp in Bannu is managed by the Military while international humanitarian partners including UNICEF continue to support the displaced families residing in Jalozai Camp in Nowshera district. As per HCT’s decision the UN Agencies including UNICEF will phase out from Jalozai camp by end of June 2016.

UNICEF and partners’ humanitarian response is focused on displaced population in hosting areas of KP & FATA, returnee population and early recovery interventions in areas of return. While in the drought affected areas in Sindh UNICEF along with other UN agencies and NGO partners is supporting the Government in provision of critical life-saving nutrition intervention in Jamshoro district, with limited response in Tharparkar district as majority of established nutrition intervention previously supported by UNICEF have been handed over to the Government to continue implementation under the Nutrition PCI.

At the midyear stage UNICEF faces a funding shortfall of 61 percent which is hampering the required scale up and achievement of results. Additional challenges include access issues in KP & FATA due to delay/non availability of No Objection Certificate (NOC) from the government, this issue is resulted in considerable delays in initiation of the response activities in emergencies as well as monitoring of interventions by UNICEF staff especially in FATA. Conflicting decisions between Law Enforcement Agencies and by Government line departments, access, hard terrain and cultural barriers in FATA, result in delays in implementation in areas of return.

Health:

- Mother & Child Days, through partners, PRIME Foundation & SSP, continued in 2016. 300,000 people in the IDPs hosting districts of Bannu and FR Bannu will benefit from these services. Additionally UNICEF is supporting through partner, FPHC, 24/7 basic Emergency Obstetric Care-EMOC services in four Rural Health Centers of in IDP hosting areas of Lakki Marwat district targeting a population of 100,000.
- Through NGO partners UNICEF is supporting provision of MNCH & EPI services in return areas of South Waziristan and Khyber Agencies through establishment/strengthening of 24/7 basic EMOC services and mother child days (MCDs), targeting a population of 100,000. Although these projects were initiated in the last quarter of 2015 but due to delays in NOC and access issues, the actual implementation was delayed and activities started in April/May 2016.
- In Bannu district, which has high concentration of displaced population residing in host areas, the support of 20 vaccinators for provision of un-interrupted routine immunization services continues. So far, 2,917 children were vaccinated against measles, 4,964 children with pentavalent vaccine while 3,147 pregnant and lactating women were given TT vaccine.
- To strengthen and boost Routine Immunization (RI) services in IDP hosting areas of southern districts of Khyber Pakhtunkhwa, 78 Solar ILRs were installed for improvement of Cold Chain and Vaccine management in these districts.
- Supplies for strengthening of 20 health facilities in return areas of FATA have been procured. The supplies include furniture for health facilities, Solar ILRs, Midwifery Kits, ORS and Zinc. The distribution of these supplies to the selected health facilities in IDPs return areas of South Waziristan, North Waziristan and Khyber Agency is in progress.

Polio

- Polio Eradication is a national emergency and keeping in view the polio reservoir areas in FATA due to persistent virus circulation in the region and across the border and massive outbreaks in 2014 and 2015, population in conflict affected areas remain a high priority. During the return process all target children are vaccinated at the embarkation points and once they reach their destinations, they are included in the micro plans. Similarly displaced population in the host community is part of the micro plans.
within the districts. CBV (Community Based Vaccination) is the key strategy to reach all returnees and the vaccinators are hired from the same community. A total of 1,955 CBV staff has been hired for reaching target children in FR Bannu in Khyber, South and North Waziristan agencies. Additionally, 823 Mobile Health Camps were conducted in conflict affected areas benefitting 193,685 individuals including 122,709 children. This includes 8,649 children receiving first OPV dose and 7,615 children receiving first dose of routine immunization. Moreover, family kits were distributed among 13,165 women and TT vaccination was given to 9,980 women. Community engagement strategy and tracking through COMNet and CCPV staff and social mobilizers deployed at registration points has improved outreach and has significantly reduced the caseload of missed children in these areas.

Nutrition:
- UNICEF/Cluster in collaboration with the Department of Health KP has successfully conducted trainings on NIE for 90 relevant personnel consisting mainly DoH staff, NGO staff and Academia. These 5 days each trainings were conducted in four batches at Peshawar.
- Infant and Young Child Feeding (IYCF) counselling services were provided to 211,436 mothers and caretakers. A total of 195,014 children and mothers were provided with multi-micronutrient supplementation. Improved IYCF knowledge and practices would help ensure a sustainable solution to malnutrition crisis in KP and FATA.
- In 2016 a total of 188 nutrition sites are functional in KP and FATA to support the conflict affected malnourished children and women. Key services include OTP treatment of SAM children. So far, 10,245 children (6,098 girls and 4,147 boys) severe acute malnutrition (SAM) have been enrolled at the Outpatient Therapeutic Programme (OTP) with a cure rate of 94% in line with the sphere standards.

Nutrition Cluster
- In 2016 a total of 888 Lady health workers’ (LHW) health houses + 74 health facility based TSFP nutrition sites are functional in Fata and 104 Health facilities based TSFP Nutrition sites in 7 priority districts of KP to support the conflict affected moderately malnourished children and women. Key services include treatment of MAM children and Acutely Malnourished PLW. So far, 26,965 children (13,925 girls and 12,038 boys) and PLW Moderately acute malnutrition (MAM) are under treatment under the Targeted Supplementary Feeding Programme (TSFP) with a cure rate of 88% in line with the Sphere standards.
- As the cluster lead agency UNICEF arranged a provincial level coordination workshop for the Government and humanitarian partners for development of EPRP related to monsoon and other disasters anticipated in 2016. The current workshop was thus planned with the NIE trained officials and the DHOs of the disaster prone districts. A total of 37 staff participated in this workshop at Peshawar from the DoH, NGO Managers, UNICEF, WFP, WHO and UNOCHA.
- Additionally Nutrition Cluster took part in all UN Joint Assessment missions in the areas of return in FATA.
- Nutrition cluster vetted and finalized the Pakistan Humanitarian pool funding (PHPF) round 2 allocations of 2015 and subsequent approvals done (SWA and Orakzai). Cluster is currently reviewing the 1st round PHPF (UNOCHA) allocation of 2016 for Nutrition in Orakzai and Kurram.

WASH:
- WASH interventions focused on mainly IDP hosting and returning areas where majority of the affected population is residing. In total, 136,052 people (34,693 girls, 33,333 boys, 34,693 women & 33,333 men) in camps, off camp, returnees and areas of return have been provided access to safe drinking water, 95,473 (24,346 girls, 23,391 boys, 24,346 women & 23,391 men) with access to improved sanitation and 168,664 IDPs (43,009 girls, 41,323 boys, 43,009 women & 41,323 men) were reached with key hygiene messages.
- Continuous WASH support to 1,371 IDP families in three IDP camps (Jalozai, Toghrail and New Durrani) of KP and FATA until May 2016. Currently only Jalozai camp is hosting 227 registered IDP families, while New Durrani & Toghrail camps are considered as closed.
- In IDP hosting areas of Bannu, Laki Marwat and FR Bannu, approximately 122,340 IDPs have access to safe drinking water, 151,340 have received key hygiene messages, 84,580 IDPs were provided with improved sanitation and 41,767 children have access to WASH facilities in schools.
- In areas of return (South Waziristan, Kurram, & Khyber Agency), 4800 individuals (1,224 women, 1,176 men, 2,400 children) provided with safe drinking water through water trucking and installation of water storage tanks and 8,412 individuals reached with key hygiene messages through interpersonal communication sessions focusing on hand washing with soap, safe handling of water and hazards of open defecation/latrine usage.
- With UNICEF support 12,539 returning families of SWA, NWA and Khyber Agency has access to clean drinking water, sanitation facilities and hygiene messaging at the government designated embarkation points.

Residual Response to Earthquake 2015
- WASH response in the earthquake affected areas is ongoing with the support of implementing partner Islamic Relief. 12 affected drinking water supply schemes (DWSS) are rehabilitated benefitting 7,592 individuals. In addition 5,675 earthquake affected families of Chitral, Shangla, and Upper Dir of KP and Bajaur Agency of FATA were supported through distribution of WASH NFIs including one hygiene kit and two jerry cans per family. Likewise, 400 most marginalized EQ affected families have been identified for construction of latrines with 210 latrines completely installed. UNICEF provided supplies support to PHED Shangla for rehabilitation of 12 earthquake affected drinking water supply schemes, rehabilitation work is ongoing. Also, rehabilitation work on Chitral Angarghon Water Supply Scheme (benefiting 80,000 individuals of Chitral main town and surrounding communities) is in progress through Tehsil Municipal Administration.

WASH Cluster
- WASH cluster is proactively supporting the IDPs response in KP, return process in the areas of origin inside FATA and earthquake response in Shangla, Chitral, Swat and Upper Dir.
- A total of 159,042 IDPs had been reached with access to clean drinking water, 111,646 to sanitation facilities and 204,309 people had been sensitized on key hygiene messages majorly in Bannu and other IDPs concentrated areas.
- Till date, 25,989 returnees had been provided with clean drinking water through rehabilitation of water supply systems, 17,243 returnees provided with access to sanitation facilities and 25,845 are sensitized on key hygiene messages along with the provision of WASH NFIs.
• So far three capacity building exercises have been conducted by the cluster in which at least 80 cluster members (including government officials) had been trained on DRR in WASH, WASH in Urban Emergencies and Emergency Preparedness & Response Planning.

**Education**

• UNICEF, through implementing partners was able to enroll 87,860 children in schools including 43,646 girls. In the beginning of 2016; there have been issues in obtaining NOCs by implementing partners including education partners as well but this was resolved through consistent efforts by HC and cluster members.

• UNICEF supported the continuation of education 87,860 children (including 43,646 girls) against target of 124,032 children. These children were enrolled in schools and provided with Education in Emergency package including supplies and training of teachers and provision of psychosocial support to teachers and children.

• During the first half of 2016, UNICEF supported education of 1,339 children including 853 girls in camp schools. With the closure of the camps, the camp schools in New Durrani and Togh Sarai are closed. UNICEF, through PDMA, supported the camp school in Jalozai until end-April.

• UNICEF also trained 2,680 teachers on psychosocial support including 1,399 female. These teachers have been supporting children in schools.

**Education Cluster**

• An online Training Needs Assessment survey was conducted to find out the prioritized capacity building needs of the Education cluster members.

• Organized a session with OCHA Gender Advisor for cluster members to help partners understand the importance of Gender Marker in designing projects for ensuring representation of all segments of affected population.

• Education cluster conducted a consultation session with cluster members on the proposed Common Platform for Education in Emergency (EiE) and Protracted Crises. The feedback was compiled and shared with Global Education Cluster and Inter-Agency Network for Education in Emergencies (INEE).

• An orientation session on recent Pakistan Humanitarian Pooled Fund (PHPF) allocation was organized for the cluster members.

**Child Protection:**

• In 2016 child protection services have been provided through 50 Protection Learning and Community Emergency Services (PlaCES) and 40 outreach services in IDPs hosting communities of district and FR Bannu, KP and return areas of Kurram Agency and South Waziristan Agency, FATA. 51,450 children (23,258 girls), 15,300 women and 9,172 men (29 per cent of planned 265,232) have benefitted.

• Under the CERF funded projects UNICEF shall continue to support child protection interventions, in return areas of Kurram Agency and South Waziristan Agency until 4 June and 19 June 2016, respectively. UNICEF is working with its implementing partners and government counterparts for the development of exit strategies for these projects.

• In support of the return process in April 2016, two child protection help desks were established by UNICEF NGO partners at the embarkation points in New Durrani Camp, Kurram Agency and Khirgai Check Post, FR Tank where 6,296 children, 3,951 women and 5,521 men benefitted from integrated messages on MRE (mine risk education), health & hygiene and child protection issues.

• UNICEF partner NGOs, PVDP and Hayat Foundation organized sports week for children in host communities of Bannu district and return areas of South Waziristan Agency. Approximately, two thousand, including boys and girls participated in various games such as skipping rope, volleyball, drawing competitions, bori race, cricket tournament and other traditional games. Prizes and awards were distributed among the winners and runner ups. These games have been found very useful in bringing a positive attitude and sportsmanship among children.

UNICEF has signed a project document with Provincial Disaster Management Authority (PDMA) KP for strengthening PDMA's institutional capacity for the coordination and monitoring of Child Protection preparedness and response in humanitarian settings.

**Child Protection sub-Cluster**

• UNICEF led Child Protection sub-Cluster provided a leadership role to the cluster members in building their capacity, mobilizing resources, advocacy on child protection issues and avoiding duplication of efforts during response. The cluster conducted regular monthly meetings with the active participation of its members including Child Protection and Welfare Commission KP and Gender and Child Cells of PDMA and FDMA, where detailed discussion took place on CPEI response interventions, challenges being faced by various partners and the way forward.

• In 2016, 100 protective spaces (PlaCES, Child Friendly Spaces including outreach locations) established by Child Protection sub-Cluster partners have provided child protection services to 53,708 children (24,082 girls) and 17,509 women and 9,779 men in IDPs hosting communities of district and FR Bannu, KP and return areas of Kurram Agency and South Waziristan Agency, FATA.

• An amount of $ 300,000, through Pakistan Humanitarian Pooled Fund (PHPF), has been allocated to Child Protection sub-Cluster for providing protective and life-saving critical services to affected children and women in areas of return in Kurram Agency and Orakzai Agency. Two potential Child Protection sub-Cluster partner organizations have been selected through strategic and technical review processes, led by OCHA, for developing partnerships. The implementation of projects activities is expected in July 2016.

• The Child Protection sub-Cluster participated in 2016 Emergency Response Preparedness planning workshop organized by OCHA Pakistan at the National level. The cluster provided inputs to OCHA for further incorporating into the draft 2016 EPRP document.

• In March 2016, OCHA Pakistan coordinated the clusters coordination performance monitoring survey. All clusters took part in the survey in KP. The members of the Child Protection sub-Cluster including UN agencies, humanitarian organizations and Government counterparts took part in the survey and provided their responses based on the core cluster functions. As per the analysis, the overall performance of the CP sub-Cluster was rated as 'good' during the year 2015.
Media and External Communication

In 2016 UNICEF conducted several missions to Khyber Pakhtunkhwa province. One of the missions to Jalozai camp was for video documenting of all UNICEF-supported activities for 600 families living in the camp. In another mission to Jalozai, a Human Interest Story featuring educational facilities being provided at UNICEF-supported schools to children of the displaced families was documented. The A&C team also accompanied the UNICEF Regional Director for South Asia on a mission to Swat and Buner districts of Khyber Pakhtunkhwa which were affected by conflict. The mission visited UNICEF-supported projects related Maternal and Neonatal Child Health, ‘Social Cohesion and Resilience’ and Water Sanitation & Hygiene.

Security

In 2016 there is no change in the overall security situation in the settled districts of KP, Frontier Regions and FATA (agencies). Operation Zarb e Azb continued in the region targeting and eliminating the terrorists/militants, their hideouts and safe havens. A number of IED blasts were reported however all UNICEF staff and operations remained safe. The overall security level continues to remain as high for which full compliance with the SOPs is being advised and implemented.

All UN/UNICEF humanitarian operations as well as polio eradication initiatives were safely conducted during the period under review. Warden checks were timely conducted and appropriate security alerts were given to all concerned. NOCs obtained and accordingly security services ensured at district/areas level as per DSS travel modalities.

Funding

UNICEF wishes to express its gratitude to all public and private sector donors for the generous contributions received in support of the humanitarian response in KP, FATA and Sindh. Total funds available are USD 16.65 million. The current funding gap stands at 61 per cent.

Funds received in 2016 include from Japan, CERF, Sweden and Canada for increased access to services and commodities to identify and treat acute malnutrition, improved access to protection services for children, enhance educational services and enable better access of the communities to safe drinking water and sanitation services.

Additional donor support is critical to provide life saving time critical humanitarian support to the most vulnerable children and women in KP, FATA and Sindh.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds received*</th>
<th>Funding gap</th>
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<tr>
<td></td>
<td>USD</td>
<td>%</td>
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<td>WASH</td>
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<tr>
<td>Nutrition</td>
<td>21,052,247</td>
<td>6,863,244</td>
<td>14,189,003</td>
</tr>
<tr>
<td>Child Protection</td>
<td>4,120,200</td>
<td>1,874,739</td>
<td>2,245,481</td>
</tr>
<tr>
<td>Total</td>
<td>43,244,692</td>
<td>16,653,023</td>
<td>26,591,670</td>
</tr>
</tbody>
</table>

*Funds received* includes carry over funds from 2015 and does not include pledges

Next SitRep: 15 December 2016

Who to contact for further information

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### ANNEX A: CCC RESULTS TABLE - UNICEF AND CLUSTER RESPONSE (JANUARY TO JUNE, 2016)

<table>
<thead>
<tr>
<th>CCC Commitment</th>
<th>Indicator</th>
<th>2016 UNICEF Targets</th>
<th>UNICEF Response</th>
<th>% Achieved by UNICEF</th>
<th>2016 Cluster Targets</th>
<th>Cluster Response</th>
<th>% Achieved by Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene</td>
<td># of target population provided with access to water as per agreed standards (context specific).</td>
<td>320,100</td>
<td>136,052</td>
<td>43%</td>
<td>640,362</td>
<td>185,031</td>
</tr>
<tr>
<td></td>
<td>Children and women access toilets and washing facilities that are culturally appropriate secure, and sanitary, and are user friendly and gender appropriate</td>
<td># of target population provided access to appropriately designed toilets (including self-made toilets made through provision of sanitation kits).</td>
<td>200,100</td>
<td>95,473</td>
<td>48%</td>
<td>400,226</td>
<td>128,889</td>
</tr>
<tr>
<td></td>
<td>Children and women receive critical WASH related information to prevent child illness, especially diarrhea</td>
<td># of target population provided with key messages on safe hygienic practices.</td>
<td>400,200</td>
<td>168,664</td>
<td>42%</td>
<td>800,453</td>
<td>230,154</td>
</tr>
<tr>
<td>Nutrition KP &amp; FATA</td>
<td>Children and women with acute malnutrition access appropriate acute malnutrition management</td>
<td># of target population in the affected areas admitted to therapeutic care for specified period of time.</td>
<td>38,480</td>
<td>10,245</td>
<td>27%</td>
<td>38,480</td>
<td>10,245</td>
</tr>
<tr>
<td></td>
<td>Children and women access micronutrients from fortified foods, supplements, or multiple-micronutrient preparations</td>
<td># of pregnant and lactating women in affected areas registered in a multi micronutrient supplementation programme receiving multi-micronutrient supplement (iron and folic acid)</td>
<td>218,053</td>
<td>82,544</td>
<td>38%</td>
<td>218,053</td>
<td>87,402</td>
</tr>
<tr>
<td></td>
<td>Children and women access micronutrients from fortified foods, supplements, or multiple-micronutrient preparations</td>
<td># of children 6-59 months in the affected areas receiving MM supplement</td>
<td>297,992</td>
<td>105,981</td>
<td>36%</td>
<td>297,992</td>
<td>107,612</td>
</tr>
<tr>
<td>NUTRITION – Drought</td>
<td>Children and women with acute malnutrition access appropriate acute malnutrition management</td>
<td># of target population in the affected areas admitted to therapeutic care for specified period of time.</td>
<td>50,886</td>
<td>6,708</td>
<td>13.18%</td>
<td>50886</td>
<td>18,180</td>
</tr>
<tr>
<td></td>
<td>Children and women access micronutrients from fortified foods, supplements, or multiple-micronutrient preparations</td>
<td># of pregnant and lactating women in affected areas registered in a multi micronutrient supplementation programme receiving multi-micronutrient supplement (iron and folic acid)</td>
<td>139,983</td>
<td>33,994</td>
<td>24.28%</td>
<td>139983</td>
<td>90,665</td>
</tr>
<tr>
<td></td>
<td>Children and women access micronutrients from fortified foods, supplements, or multiple-micronutrient preparations</td>
<td># of children 6-59 months in the affected areas receiving MM supplement</td>
<td>120,298</td>
<td>35,119</td>
<td>29.19%</td>
<td>120298</td>
<td>103,780</td>
</tr>
<tr>
<td>HEALTH</td>
<td>Children and women access life-saving interventions through population-based/community-based activities e.g. campaigns and child health days</td>
<td># of children (6 months to 10 years old) vaccinated against measles</td>
<td>334,93</td>
<td>20363</td>
<td>61.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women and children access behavior change communication interventions towards improving health care</td>
<td># of people reached through health education sessions conducted during Mother Child Week/Days</td>
<td>259,904</td>
<td>14,630</td>
<td>6.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD PROTECTION</td>
<td>Key child protection mechanisms are strengthened in emergency-affected areas</td>
<td># of targeted children and women accessing protective spaces including recreational spaces</td>
<td>119,790</td>
<td>29,358</td>
<td>21%</td>
<td>232,981</td>
<td>29,358</td>
</tr>
<tr>
<td></td>
<td>Violence, exploitation and abuse of children and women is prevented and addressed, including GBV</td>
<td># of targeted children and women who have accessed child protective services</td>
<td>12,529</td>
<td>2,626</td>
<td>21%</td>
<td>20,881</td>
<td>2,828</td>
</tr>
<tr>
<td></td>
<td>Psychosocial support is provided to children and their caregivers</td>
<td># of children and women provided with psycho-social support</td>
<td>42,147</td>
<td>1,734</td>
<td>4%</td>
<td>70,245</td>
<td>1,779</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>Children including preschool age children, girls, and other excluded children, access quality education opportunities</td>
<td># of school-aged children including adolescents enrolled in schools (including in schools in affected areas still functioning, re-opened schools and/or temporary facilities established)</td>
<td>124,032</td>
<td>87,860</td>
<td>71%</td>
<td>204,000</td>
<td>97,935</td>
</tr>
<tr>
<td></td>
<td>Safe and secure learning environments that promote the protection and well-being of learners is established</td>
<td># of schools supported having safe and secure environment</td>
<td>1,271</td>
<td>1,073</td>
<td>84%</td>
<td>2,091</td>
<td>1,173</td>
</tr>
<tr>
<td></td>
<td>Psychosocial and health services for children and teachers is integrated in educational response</td>
<td># of children with access to humanitarian education programmes that incorporate psychosocial support</td>
<td>16,605</td>
<td>2,680</td>
<td>14%</td>
<td>30,600</td>
<td>2,680</td>
</tr>
</tbody>
</table>