HIGHLIGHTS

- Most remaining IDPs are expected to return to FATA in 2016.
- With over 1.5 million remaining registered Afghan refugees, Pakistan constitutes the world’s largest protracted refugee situation.
- Female-headed households have more difficulty accessing assistance due to a lack of documentation and cultural restrictions.
- Displacement and natural disasters compound already high rates of food insecurity in Pakistan.
- Donor support to the PHPF increased from $4.9 million in 2014 to $10.2 million in 2015.

KEY FIGURES

<table>
<thead>
<tr>
<th># of people requiring assistance</th>
<th>3.6 m</th>
</tr>
</thead>
<tbody>
<tr>
<td># of refugees</td>
<td>1.5 m</td>
</tr>
<tr>
<td>% of food insecure households</td>
<td>58.1</td>
</tr>
<tr>
<td>% of people displaced</td>
<td>1.2 m</td>
</tr>
<tr>
<td># of malnourished children</td>
<td>450,000</td>
</tr>
<tr>
<td># of people requiring WASH facilities</td>
<td>1.1 m</td>
</tr>
</tbody>
</table>

Funds pledged against the HSP | $74.7 m |

Source: UNHCR, WFP, UNICEF, Financial Tracking Service (FTS)

HUMANITARIAN FUNDING

442 million requested (US$)

0.17% ($785,485) Received against the HSP

3.6 million individuals in need of humanitarian assistance in 2016

The capacity of Government authorities, security forces and national civil society organizations to respond to humanitarian disasters has improved significantly in recent years. There is also a strong international humanitarian presence in Pakistan. In 2016, the humanitarian community in Pakistan aims to support the Government in responding to the needs of 3.6 million people - 1.2 million registered Internally Displaced Persons (IDPs) currently in host areas (in addition to particularly vulnerable unregistered IDPs) and 0.6 million IDPs that have recently returned to the Federally Administered Tribal Areas (FATA), 1.54 million registered Afghan refugees, and 0.2 million malnourished children and pregnant and lactating women in Sindh.

The focus of the humanitarian community in 2016 will be on the IDP response, which is expected to increasingly shift from camps and host communities to return areas, and on the remaining 1.54 million registered Afghan refugees in Pakistan. Most remaining IDPs - over 1 million - are expected to return to FATA in 2016. The humanitarian community will play a role in ensuring that these returns are safe, voluntary and dignified. Concerted efforts are needed to find lasting solutions for registered Afghan refugees and preserve asylum space.

Protection and gender mainstreaming remain a priority across the humanitarian response.

Large-scale internal displacement and returns require support

Since 2008, more than 5 million people have been displaced from FATA and Khyber Pakhtunkhwa (KP). These women, men, girls and boys fled their homes to escape insecurity and sectarian violence, or were requested to leave by the Government ahead of security operations. While many have returned, an estimated 1.22 million...
people were still displaced as of September 2015, including more than 18,400 living in IDP camps. Most IDPs live in informal settlements and host communities in neighbouring KP, where they lack adequate housing, sanitation, electricity supply, schools, hospitals and roads. There are also concerns about a lack of protection services, especially for vulnerable women, children and elderly or disabled IDPs. Displaced families increasingly depend on less stable sources of income and selling assets, as they struggle to cope. Assessments indicate that an estimated one-third of IDPs do not have access to clean drinking water and two-thirds cannot afford to buy enough food to meet their basic needs. The displacement has placed a huge strain on already under-staffed and under-resourced health and education services.

An estimated one-third of IDPs do not have access to clean drinking water and two-thirds cannot afford to buy enough food to meet their basic needs.

By September 2015, 600,000 IDPs returned to their areas of origin.

**Government plans to facilitate the return of all IDPs by the end of 2016**

Between January and September 2015, the Government facilitated the return and de-registration of 600,000 IDPs including 127,000 women, 149,000 men, 149,000 girls and 175,000 boys. However, IDPs returning to FATA find infrastructure severely damaged by the crisis and a lack of maintenance. In some areas, up to 80 per cent of houses have been damaged, as well as schools, health facilities, roads, and irrigation and water supply systems. An assessment of return areas in South Waziristan Agency in 2015 found that 56 per cent of houses were completely destroyed, and 44 per cent partially damaged. Initial assessments indicate that the shelter situation is worst in North and South Waziristan. IDPs in hosting communities continue to place a severe strain on already under-staffed and under-resourced health systems. The caseload for healthcare facilities in some IDP hosting areas, such as Bannu, DI Khan and Peshawar, has more than doubled. Most health and education facilities in return areas are not functional. Those that are tend to be severely under-resourced or under-staffed with a near total absence of female doctors. Children need access to safe, inclusive and quality education. The majority of IDP children (69 per cent) are not attending school, with higher rates in return areas. IDP and refugee children not attending school have an increased risk of child labour, early marriage and psychosocial problems.

Despite cash grants given by the Government, three in four people still did not have enough money to buy food and other necessities from the market. In addition, IDPs that have returned face considerable difficulties restarting agriculture-based livelihoods due to the unavailability of key inputs. An estimated 60 per cent of IDPs own agricultural

### Categories of People in Need Segregated by Province

<table>
<thead>
<tr>
<th>Province</th>
<th>By Status</th>
<th>IDPs in displacement</th>
<th>IDPs returned to PAK in 2015</th>
<th>Refugees</th>
<th>People requiring nutrition support</th>
<th>People affected by natural disasters</th>
<th>% female</th>
<th>% children, adult, elderly*</th>
<th>People in need of assistance in millions</th>
<th>Total population in millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balochistan</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>303,000</td>
<td>332,000</td>
<td>70,000</td>
<td>55%</td>
<td>60</td>
<td>38% 2</td>
<td>0.3</td>
</tr>
<tr>
<td>FATA</td>
<td>10,000</td>
<td>0.6 M</td>
<td>-</td>
<td>14,000</td>
<td>115,000</td>
<td>58,000</td>
<td>49%</td>
<td>54</td>
<td>41% 3</td>
<td>0.6</td>
</tr>
<tr>
<td>Islamabad Capital Territory</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>35,000</td>
<td>40,000</td>
<td>-</td>
<td>56%</td>
<td>62</td>
<td>36% 2</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Khyber Pakhtunkhwa</td>
<td>1.2 M</td>
<td>-</td>
<td>-</td>
<td>951,000</td>
<td>737,000</td>
<td>154,000</td>
<td>51%</td>
<td>54</td>
<td>41% 3</td>
<td>2.2</td>
</tr>
<tr>
<td>Pakhtunkhwa Administered Kashmir</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,000</td>
<td>10,000</td>
<td>41,000</td>
<td>59%</td>
<td>64</td>
<td>34% 2</td>
<td>&lt;0.1</td>
</tr>
<tr>
<td>Punjab</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>172,000</td>
<td>3.0 M</td>
<td>464,000</td>
<td>68%</td>
<td>68</td>
<td>31% 1</td>
<td>0.2</td>
</tr>
<tr>
<td>Sindh</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>62,000</td>
<td>1.1 M</td>
<td>2.7 M</td>
<td>54%</td>
<td>52</td>
<td>44% 4</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1.2 M</td>
<td>0.6 M</td>
<td>1.5 M</td>
<td>5.5 M</td>
<td>3.5 M</td>
<td>55%</td>
<td>58%</td>
<td>58</td>
<td>38% 4</td>
<td>3.6 M</td>
</tr>
</tbody>
</table>

Source: OCHA
IDPs in return areas can only produce enough to meet household needs for 3.5 months per year.

Land in FATA. When they return, IDPs find fields that have been fallow, in many cases for several years. Most have lost their seeds, farming equipment and livestock during displacement, making it even more difficult for them to restart agricultural activities. On average, IDPs in return areas can only produce enough to meet household needs for 3.5 months per year necessitating a need for long-term sustainable access to livelihoods.

An estimated 17 per cent of IDPs are not registered, with a higher rate among female-headed households, and do not receive monthly food packages, non-food items, cash for transport and other official assistance.

Over the course of 2016, the number of people in need is expected to decrease slowly with the transition to early recovery and development assistance for returned IDPs. It is expected that by the end of 2016, the vast majority of IDP interventions will be conducted in FATA. A failure to respond to the complex humanitarian crisis in Pakistan will have irreversible damage on the lives of some of the most vulnerable including IDPs that have recently returned to FATA and those that remain displaced, registered Afghan refugees, and acutely malnourished children and women.

Pakistan home to the world’s largest protracted refugee crisis

Caseload amounts to 10.5 per cent of world’s total refugee population

Since 2002, about 3.9 million refugees have returned under the UNHCR’s Voluntary Repatriation Programme to Afghanistan. With over 1.5 million remaining registered Afghan refugees, 10.5 per cent of the global refugee problem, Pakistan constitutes the world’s largest protracted refugee situation. Efforts to identify and implement lasting solutions for registered Afghan refugees and to address their needs are undertaken within the framework of the regional multi-year Solutions Strategy for Afghan Refugees.

UNHCR continues to seek and promote innovative solutions for Afghan refugees, ensure protection, advocate for preserving protection space in Pakistan, and provide basic assistance to refugees. In addition to the registered Afghan refugees, there are 1.5 million registered refugees remain in Pakistan, while 3.9 million have returned since 2002.
approximately one million undocumented Afghans in Pakistan.

Approximately 64 per cent of registered Afghan refugees are children and youth, and are the second or third generation born in Pakistan. Strengthening efforts to empower youth and refugees in Pakistan is crucial to enhance their capacity and skills which in turn will build their human capital and contribute to socio-economic development and sustainable reintegration into Afghanistan upon their return.

Seventy per cent of the 662,450 school-aged Afghan refugee children are not enrolled in formal education. There is no formal framework that allows for the enrollment of refugee children in the national education system. Refugee children have restricted access to primary and secondary schools. An estimated 90 per cent of girls and 80 per cent of boys drop out by grade 3, with few progressing to secondary.

Afghan refugees experience challenges accessing quality health care, especially in remote locations, due to low coverage of mother and child health care services. Urban refugees have no specific health services but instead rely on Government health facilities.

A failure to respond to the humanitarian needs of refugees would result in less advocacy for maintaining protection space and seeking durable solutions for 1.5 million registered Afghan refugees. Refugee children and youth would have less access to education, vocational training, livelihoods and healthcare.

Women and children in Pakistan are especially vulnerable to marginalization

Lack of registration makes female-headed families more prone to exclusion from humanitarian assistance

Gender inequality is particularly pronounced in Pakistan. Females are marginalised in the formal economy and decision-making structures and face difficulties accessing the justice system. Violence against women - including rape, ‘honour’ killings, domestic violence, and early or forced marriage - remains a serious problem throughout the country. Cultural values constrain the ability of females to access health, education and other basic services. When combined with the added shock of humanitarian crises, this situation can place females in a particularly vulnerable position. Female-headed households have difficulty accessing assistance due to a lack of documentation and cultural restrictions. Female IDPs need to be able to return voluntarily, safely and with dignity.

The findings of an IVAP assessment indicate that female-headed families are less likely to be registered than male-headed families. Without registration, these IDPs do not have access to much of the official Government and humanitarian assistance including monthly
food distributions, and cash assistance on return. Female-headed families are also more likely to depend on insecure sources of income and negative coping mechanisms. To meet their basic needs, crisis affected families resort to negative coping mechanisms including child labour and early child marriage. The specific needs of women and girls have to be adequately taken into account in all phases of humanitarian preparedness and response to avoid perpetrating neglect, and marginalization.

**Displacement and natural disasters compound food insecurity for women and children**

Most displaced people have poor or borderline food consumption, and do not have money to buy food even when it is available. Food insecurity contributes to high rates of malnutrition, which is at emergency levels in areas around the country. The lives of half a million acutely malnourished children and women, which have been affected by displacement or drought, will be at risk if there is a failure to respond. An estimated 31.5 per cent (9.97 million) of children under five years old are underweight and 43.7 per cent are stunted. Malnutrition can lead to a range of problems for children including irreversible brain damage, reduced life expectancy, blindness, lower education outcomes, lower productivity, and decreased immunity to infections and diseases.

Roughly half of all women in Pakistan are iron and micronutrient deficient; a situation that has deteriorated in recent years. In addition, practices such as the late start of breastfeeding are common and contribute to high neonatal mortality rates. Less than half of all mothers start breastfeeding within the first hour of birth, posing a health risk to the infant, and increasing the rate of child mortality and malnutrition. Maternal mortality is high, at 276 female deaths per 100,000 live births across the country, and 380 per 100,000 livebirths in FATA.

Critical need for maternal and child health services in return areas

Most health facilities in return areas of FATA have been severely damaged, lack sufficient staff and resources, and are not functional, while health systems in IDP and refugee hosting areas are overstretched. A lack of female doctors and limited reproductive health services, means that pregnant women are at risk of developing complications and dying.

Assessments in NWA, Khyber and SWA revealed that there were no healthcare services catering to the specific needs of women. There is a critical need for maternal and child health services including antenatal, postnatal and postpartum care, safe and
Approximately 12,000 pregnant women are at risk of developing pregnancy and childbirth-related complications or dying due to a lack of medical facilities.

The Pakistan Humanitarian Pooled Fund in 2015: An Overview

2 Rounds of Standard Allocations made to support returnees

In 2015, the Pakistan Humanitarian Pooled Fund (PHPF) was able to maximize available funds to respond to the critical humanitarian situation in KP and the Bara, SWA and Orakzai agencies of FATA through 2 Standard allocations -- the first in May and the second in the month of November.

During May 2015, PHPF allocated $3,911,890 through the 1st Round of Standard and Reserve Allocation to support ongoing Humanitarian operations for the returnee population in Bara area of FATA in Pakistan. Out of this allocation, $2,439,974 (62 per cent) was disbursed to National NGOs, $1,021,927 (26 per cent) to International NGOs and 449,989 (12 per cent) to United Nations agencies.

In November 2015, PHPF allocated a further $5 Million through a 2nd Round of Standard and Reserve Allocation for the returnee population of South Waziristan and Orakzai agency in FATA. The allocation will support 288,703 returnees in terms of shelter, health, education and livelihood support through 15 projects. The funds will also be used to rehabilitate or install water and sanitation facilities in 40 schools and 15 health centers. The allocation is still in process and will be disbursed to the partners in 2016. In addition, a portion of a Reserve Allocation was also assigned to address the on-going needs of the displaced population residing in the IDP camps of New Durrani and Jalozai.

Funding Allocation by Cluster (US$ Million)

Source: Pakistan Humanitarian Pooled Fund

PHPF adopts Capacity Assessments under new global guidelines in 2015

In 2015, OCHA introduced new global guidelines for managing Country-Based Pooled Funds (CBPF). The guidelines include the Strategic alignment of CBPFs to retain the flexibility to respond to unforeseen events. There are also new accountability frameworks and operational modalities to provide a set of risk management tools to address risks that may hinder the ability of CBPFs to achieve their objectives.

In accordance with the global guidelines, one of the most significant changes in the operation of a country-based pooled fund is the NGO registration and Capacity Assessment
(CA) to appraise a partner’s eligibility to apply for PHPF funding. A complete NGO Capacity Assessment tool kit has been developed based on a consultative process with PHPF stakeholders, and is included in the 2015 PHPF Country Operational Manual. The CA is aimed at determining whether the NGO partner has a sufficient level of capacity in terms of institutional, managerial, financial and technical expertise. This analysis establishes eligibility to receive funding from PHPF. The CA does not apply to UN agencies and IOM.

In 2015, 145 NGOs were invited for a CA and a total of 84 NGOs (65 national, 19 international) met the requirements and are now eligible for applying for PHPF funding. The partners’ geographical coverage areas includes KP, FATA, Balochistan, Sindh and Punjab, with minimum coverage in Gilgit-Baltistan (GB) and Pakistan Administered Kashmir (PAK) and their humanitarian sectoral coverage areas includes Community Restoration, Education, Food Security, Health, Nutrition, Protection, Shelter and Non-food Items and WASH (Water, Sanitation and Hygiene).

Donor support to the PHPF increased from $4.9 million in 2014 to $10.2 million in 2015

During 2015 the Government of the United Kingdom, through the Department for International Development (DFID), signed a multi-year agreement with OCHA to support the PHPF from 2015 to 2019. Under this agreement, DFID will provide GBP 8 million ($11.3 million) for project allocations and GBP 1 million ($1.4 million) for technical assistance regarding the management of the Fund over the four years. The potential of additional funds for project allocations depend on the current humanitarian situation and performance of the Fund in 2016.

For further information, please contact:

George Khoury, Head of Office, khouryg@un.org, Tel. (+92) 3018542465
Zinnia Bukhari, Public Information Officer, bukhariz@un.org, Tel. (+92) 3328438989