Pakistan Humanitarian Dashboard current at 5 August 2012



Key Figures

58% people are food insecure (Source: National Nutrition Survey 2011)

15.1% GAM in Pakistan (Source: NNS 2011)

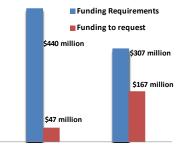
5.8% SAM in Pakistan

(Source: NNS 2011) **11% IDP** families live in camps (KP/FATA) **89%** Off-Camp families in KP/FATA (Source: UNHCR, 5 Aug 2012)

Baseline Indicators

Population:	180.71 millio	on (87.25 F; 9	3.45 M)	
Source: Economic	Ssurvey of Pakis	tan (ESP) 2011-12		
GDP per cap	ita:		\$1372	
Source: ESP 2011-12				
% pop. Living less than \$1.25 per day			22.6%	
Source: UNDP HE	OR 2011			
Life expectan	icy:	66.1F, 63.9I	V years	
Source: ESP 2011	-12			
Under-five m	ortality:	86.5	/ 1,000	
Source: World Development Report 2011				
Under-five global acute malnu		nutrition:	15.1%	
Source: NNS 2011				
% of pop. without sustainable access to im-				
proved drinking water: 87% Source: Pakistan Social and Living Standard Measurement				
(PSLM) 2010-11				
Literacy rate:		58% (46	F, 69M)	
Source: PSLM 201				
% persons wi (WHO World Held		5:	13.4%	

Funding (as of 7 August 2012)





Crisis Description

Population Displacement in KP/FATA:

- Pakistan's north-western areas of Khyber Pakthunkhwa (KP) and the Federally Administered Tribal Areas (FATA) are experiencing a complex emergency characterized by significant population movements as a result of security operations against non-state armed groups as well as sectarian violence.
- As of 5 August 2012, more than 741,000 people remained displaced across KP and FATA – 11 per cent in three camps (Jalozai, Togh Sarai and New Durrani) and 89 per cent in host communities. Significant humanitarian needs persist. More than 361,000 individuals have been displaced from FATA to KP since January and more than 39,000 individuals are estimated to have returned to safe places in FATA since January.
- Displaced families returning to various parts of FATA from KP require humanitarian assistance to facilitate their reintegration into their communities.

Floods 2011, Early Recovery in Sindh and Balochistan:

- The 2011 floods in Sindh and Balochistan left 5.2 million people in need of humanitarian assistance. The floods destroyed 797,000 houses and disrupted the economic activities of 48 per cent of the affected people, according to joint UN-Government assessments.
- Flood-affected families lost over 2.28 million acres of crops, devastating their primary means of livelihoods, according to the Government.

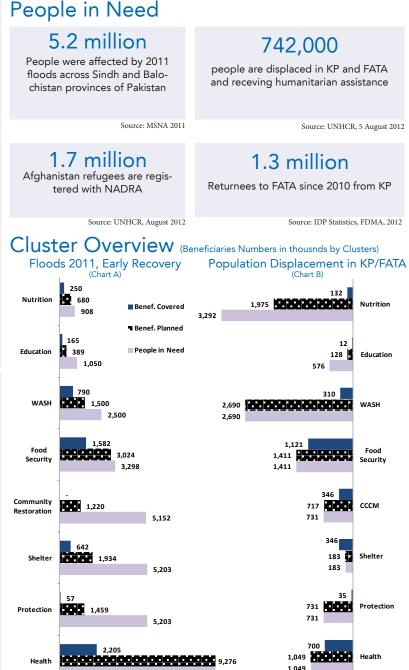
Progress towards Strategic Objectives

Population Displacement in KP/FATA:

• The humanitarian community provides essential services to more than 83,000 IDPs in camps and more than 647,000 IDPs outside camps. When requested by the Government authorities, the humanitarian community also provides relief packages to returnees (transport, non-food items, food, basic services) through eight clusters (see Chart B). Humanitarian partners have been forced to reduce essential services due to funding shortfalls. US\$104 million is urgently required to provide life-saving and essential services for the most vulnerable populations.

Floods 2011, Early Recovery in Sindh and Balochistan:

• In February, the Government and humanitarian partners launched an Early Recovery Framework, with projects to re-establish livelihoods and restore communities in areas affected by the 2011 floods in Sindh and Balochistan. The Framework is only 12 per cent funded, leaving humanitarian partners with severe funding shortages as they seek to build people's resilience and break the cycle of flood and recovery. Despite the funding constraints, eight clusters (see Chart A) continue to support an array of early recovery activities in Sindh and Balochistan with limited resources.

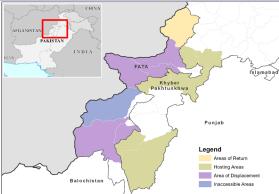


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Pakistan Humanitarian Dashboard: Population Displacement in KP/FATA OCHA

Evolution of Needs: (indicative movement of IDPs)					2	
Time Line I	2008	2009	2010	2011	2012	
Influx of IDPs	192,000 IDPs from Bajaur, Mohmand and Swat	3 million IDPs, mostly from KP and some from FATA	1 million IDPs from FATA	More than 700,000 IDPs from FATA	As of 5 August 2012, more than 741,878 IDPs displaced	IRAN
Returns of IDPs		More than 2 million IDPs returned to KP & some to FATA and 1 million remained	Around 600,000 IDPs returned to FATA	More than 1 million IDPs returned to FATA	More than 39,000 IDPs returned by August 2012	
Funds Used	USD 67 million	USD 526 million	USD 332 million	USD 132 million	USD 138 million	

• Evolution of priority needs: The humanitarian community has prioritized support to IDPs (both camp and off-camp) and returnees. The priority needs of the IDPs and returnees are food, non-food items, and basic services such as health, nutrition, protection and education. Returnees also require early recovery support as they rebuild their lives.



Progress of Response and Gap Analysis

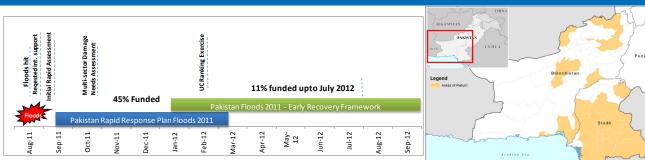
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CLUSTERS	RESPONSE (JANUARY - JULY 2012)	GAP ANALYSIS
Education	 12,235 children reached; 9,354 children in 34 schools in camps. 11,904 beneficaries received school supplies. 2,550 children supported through Temporary Learning Spaces (TLS) in off- camp locations. 120 Parent-Teacher Council (PTC) members and 211 teachers trained (camps: 189, off camp: 22). 	 There are huge gaps in education support for displaced children in host communities and camps due to funding constraints. Without additional funding, the Cluster will not be able to ensure access to education for 38,264 children in camps and 74,142 children in host communities originally targeted and in need of education.
Nutrition	 67,871 beneficiaries screened for malnutrition and referred for supplementary feeding support. More than 34,541 mothers reached through key messages on Infant and Young Child Feeding (IYCF) and health education. 	 Over 144,000 malnourished children and 98,000 malnourished pregnant and lactating women in KP/ FATA need nutritional support. Nutrition services are available only in the Hangu host communities and even these will cease in mid-September, putting 5,200 acutely malnourished children at risk of death, stunting, developmental delay or infections diseases.
Shelter	• 57,700 families supported with shelter and non-food items (NFIs) distributed in camps and off-camp locations.	IDPs and returnee families need shelter at their places of origin.
		 Off-camp displaced families planning to return to their places of origin also require shelter support, especially because they do not have shelter items received by displaced families in camps.
Protection	 20,528 children benefited from child protection interventions. 4,639 women received protective services. 80 per cent of IDPs have been registered since January 2012. 6,220 individuals reached with information and support (documentation, food assistance) at 15 grievances desks set up in Jalozai (8 desks, 93 per cent of cases), Kurram, DI Khan, Kohat, New Durrani (2 desks) and Togh Sarai (2 desks). 	 Protection activities will be reduced at the end of September for off-camp IDPs; services for children in camps will decrease; and children in host families risk being further affected by the lack of support in the Peshawar Valley and other locations of protracted displacement. Other important services, such as psychosocial support through individual and group counselling sessions, response to gender-based violence (GBV), family planning and treatment of sexually transmitted infections will significantly de- crease if more funds are not secured.
Health	 Coordination of activities of 50 organizations in 31 districts/agencies of KP and FATA. 2,350 health staff trained on epidemiological alerts and response to outbreaks; 1,012 health staff trained on WHO essential medicines, and 794 officials trained on WHO nutrition strategies. More than 500 health facilities report their data on a weekly basis; 1,937 alerts of various communicable diseases investigated and responded to including outbreaks. Medicines provided to cover emergency health needs of some 700,000 people; 580 water samples collected and tested (74 per cent found contaminated); 595 malnourished children under 1 year received medical treatment at eight WHO supported nutrition stabilization centers; Distribution of medicines, environmental health supplies, medical equipment and instruments is ongoing, together with the rehabilitation of 25 health facilities and seven warehouses. 	 All displaced people require primary health care. Partners require funds to continue early disease detection and response to outbreaks, rehabilitation of health facilities with appropriate water supply and latrines, warehouseing of contingency medical supplies and equipment, referral system strengthening, and the provision of life saving drugs. Funding for round-the-clock free emergency obstetric and neonatal care in KP and FATA will run out by September, raising the risk of morbidity and mortality.Disease Early Warning System (DEWS) will be stopped in September, impacting disease control and outbreak response for IDPs in camps. Ten health posts and women-friendly clinics providing primary health care services to the IDP population will be closed down, impacting the provision of emergency rapid primary health care, including emergency assistance to mothers and newborn children.
WASH	 4,200 beneficiaries received WASH-related NFIs. 50,704 beneficiaries supported with environmental health initiatives; 86,537 beneficiaries supported with hygiene promotion activities; 5,698 beneficiaries supported with sanitation services. 32,007 beneficiaries benefited from the supply of clean drinking water. 	 Due to the lack of funds, WASH partners have had to stop services for off-camp families of Khyber Agency, South Waziristan and Orakzai Agency, and are not able to provide WASH returnee packages to the more than 552,000 returnees of South Waziristan, Kurram and Orakzai Agency. In addition, water quality surveillance activities have been affected. Current funding will run out in September.
CCCM	• 57,700 families supported with CCCM activities.	 Non-food items (NFI) packages were reduced in April and the provision of these and associated coor- dination support are at risk.
Food Security	 154,715 families receive regular food rations. 6,988 IDP households (families in Durrani camp, off-camp families in Kurram and Peshawar/Jalozai) have received agriculture support. 2,000 familes in Durrani camp supported to improve milk production. 	 Pulses and high-energy biscuit rations were halved in May, and reduced further in July due to funding constraints. All cereal stocks will be exhausted by September, alongside the marginal funding provided for emergency livestock feed, vaccinations, treatment, and transitional shelter for livestock, and veg- etable gardening.

Pakistan Humanitarian Dashboard: Early Recovery, Floods 2011



Evolution of Needs

- **Trend:** In August and September 2011, floods hit the majority of districts in Sindh and some districts in Balochistan.
- Evolution of priority needs: The Rapid Response Plan launched in September 2011 to respond to immediate humanitarian needs was nearly 45 per cent, while the revised Framework focused on early recovery activities and launched in February 2012 remains critically underfunded, leaving severe gaps in the implementation of projects aimed at restoring communities affected by the floods.



Progress of Response and Gap Analysis

CLUSTERS	RESPONSE (FEBRUARY- JULY 2012)	GAP ANALYSIS	
Education	 164,867 (66,400 girls/females) beneficiaries received education services. 2,218 Temporary Learning Spaces (TLS) established to support students; 4116 teachers trained; 290 schools renovated, benefiting 27,779 students; 24 severely damaged schools provided with TLSs. 95,442 children, including 38,177 who used to study in TLSs, registered in Government schools in Sindh. 71 agencies and Education Department focal people (25 female) trained on minimum standards of education. 	All early recovery programmes are critically underfunded and most activities have either been delayed or not started due to funding constraints.	
Nutrition	 116,107 beneficiaries supported through community management of acute malnutrition (CMAM) programmes. 43,493 beneficiaries supported through (CMAM) and Infant and Young Child Feeding (IYCF) programmes. 90,433 beneficaries supported through the Outpatient Therapeutic Programme (OTP), Supplementary Feeding Programme (SFP) and IYCF sessions. 	 26,604 children (6-59 months) need registration and treatment under the OTP. 1,237,265 women need to be reached with relevant IYCF information. 44,885 children need multi-micronutrient (MMN) powder sachets. 297 orientation trainings in IYCF/CMAM scheduled; 85 breast feeding corners require further support. 	
Shelter	 More than 642,000 beneficiaries provided with one-room shelters, roofing kits and transitional shelters. 39,389 one-room shelters planned and under construction. 42,109 sets of roofing kit splanned. 10,185 transitional shelters planned and under construction. 	 67 per cent beneficiaries require shelter support. 73 per cent of total need s (248,064 shelters) still unfunded. Limited livelihoods support for the flood-affected people. Lack of expert guidance may lead to reconstruction of poor-quality and dangerous shelters. 	
Protection	 7,433 people (52 per cent female) supported to receive civil documentation. 2,750 legal consultations conducted, with the majority focused on documentation and assistance (55 per cent female); 1,650 community consultations conducted, with 50 per cent average participation by women. 5,668 persons helped to access support services and 1,084 staff members (30 per cent female) trained. 280 protective spaces used to support 29,884 children and 11,031 women. Protection training sessions conducted for 207 participants (17 per cent female). 	 46 per cent of estimated children have not been reached with protective services. 40 per cent of estimated people have not received protection and DRR support. Documentation needs persist. Coordination challenges exist at various levels with different stakeholders due to the absence of focal persons. 	
Health	 More than 2,205,116 beneficiaries supported through various health activities. Diseases Early Warning System benefited 1,517,041 people. 79,676 beneficiaries received comprehensive healthcare; 383,008 benefited from maternal and child health care and reproductive health consultation; 8,400 benefited from hygiene promotion activities. Water and sanitation services of three district headquarters rehabilitated and 1,271 staff members trained on water quality surveillance; 716,391 beneficiaries received water quality improvement supplies. 		
WASH	 790,325 people received clean drinking water, thanks to installation of hand pumps and water supply systems. 597,211 people benefited from sanitation activities and 911,890 from hygiene activities. 	 More than 700,000 beneficiaries still need clean drinking water. More than 900,000 beneficiaries need sanitation services, while more than 940,000 beneficiaries need hygiene services. 	
Community Restoration	No response undertaken due to lack of funds.	• Huge humanitarian gaps exist as no project activities have been undertaken due to lack of funds.	
Food Security	 17,940 families supported with agricultural inputs and 1,630 families supported with training on seeds storage and vegetable gardening seeds. 4,900 families received livestock restocking and treatment services. 87,300 families supported through cash-for-work initiatives and 101,500 families supported with food-for-work acitivities for the rehabilitation of agricultural and community infrastructure in Sindh and Balochistan. 12,600 families received conditional cash grants in support of the rehabilitation of agricultural infrastructure. 	• Lack of detailed information on needs and gaps to tailor specific activities to the vulnerable population's needs.	