

UNFPA IN PAKISTAN

Reaching to those most in need in the Flood Affected Districts

BACKGROUND

Heavy monsoon rains started to hit Pakistan from 22nd July this year. Following continued torrential rains, rivers breached their banks, and riverine floods gradually moved from north to south along the Indus River. Floods have caused widespread damage to public infrastructure, with roads submerged, dozens of bridges swept away, and many schools and hospitals severely damaged. At least 236 health facilities are damaged and 200 are destroyed¹. Power and communication lines are down in many areas. Displacement and poor living conditions are among the factors that are adversely affecting the health of mothers, newborns and children in flood-affected communities. According to the latest United Nations reports, over 20 million people have been affected by the recent floods in Pakistan, of which 70% are women and children. At least 16,209 villages are reported to have been affected, and some 1.9 million houses have been damaged or destroyed.

These displacements have put the most vulnerable populations at greater risk, particularly pregnant women who are malnourished and anaemic, in addition to being fatigued by the displacement and, often, long journeys. They are in dire need of prenatal care, assisted delivery and emergency obstetric assistance. An estimated 1700 women go into labour every day, and more than 250 of these experience complications that require lifesaving medical interventions

SCALE OF THE CRISIS

Number of people affected: over 20 million
Number needing immediate humanitarian assistance: 8 million
Number of women in reproductive age (among 20 million persons affected): 4,400,000
Number expected to deliver in the next 12 months: 575,000
Number of Pregnancy related complications in next 12 months: 75000



¹ Pakistan Flood Emergency Response Plan 2010

UNFPA'S EMERGENCY RESPONSE:

UNFPA has been on the frontlines of the coordinated UN emergency response to the flooding in Pakistan, providing emergency reproductive health services to the affected communities. Beyond supporting medical services, UNFPA is providing health professionals with tools and trainings to support women and children who have experienced violence.

The Fund continues to work closely with federal, provincial, and district authorities, as well as NGOs, to provide life-saving reproductive health services in a total of 20 districts at present. As part of the revised Pakistan Floods Emergency Response Plan (launched on 17 September 2010) UNFPA will be scaling up its flood relief response to 8 more districts, including to the province of Balochistan. In the revised flood response plan UNFPA is requesting US \$29,138,791 million to provide comprehensive reproductive health services, prevent and respond to gender based violence, and provide much-needed hygiene supplies and psychosocial support services. This will provide assistance to both the affected districts and the nearby medical facilities until July 2011. UNFPA has so far received pledges/contributions for US \$ 8.8 million from USAID, DfiD, CIDA, Norway, Japan, AusAid, MacArthur Foundation, New Zealand and CERF. UNFPA will also be contributing more than US \$ 3 million from its own resources to deliver immediate assistance to the flood-affected areas. UNFPA is seeking to fund a gap of approximately US \$ 17 million that will be needed to scale up activities targeting recovery needs.



To expand its emergency response and strengthen coordination and monitoring at district level, UNFPA has been present in three humanitarian hubs: Sukkur, Hyderabad and Multan. The UNFPA Pakistan office is also receiving surge capacity assistance both from UNFPA regional office in Bangkok, neighboring country offices, HQ, and external partners, such as International Rescue Committee and Centre for Disease Control.

Estimates of women requiring reproductive health services

Pakistan	Total Affected UN Figure	Balochistan* (incl 600,000 IDPs from Sindh)	Khyber Pukhtoon khwa	Punjab	Sindh	AJK	Gilgit Baltistan
Effected total population for specific location	20,000,000	1,300,000	3,800,000	8,200,000	7,000,000	200,000	100,000
Women of Reproductive age	4,400,000	286,000	836,000	1,804,000	1,540,000	44,000	22,000
a Estimated number of live births in the year	500,000	32,500	95,000	205,000	175,000	5,000	2,500
b Live births expected per month (a/12)	41,667	2,708	7,917	17,083	14,583	417	208
c Estimated numbers of Pregnancies ending up in miscarriage and stillbirth estimated @ 15% of live births	75,000	4,875	14,250	30,750	26,250	750	375
d Estimated Pregnancies expected in the year (a+c)	575,000	37,375	109,250	235,750	201,250	,750	2,875
e Estimated number of women pregnant in a given month (70% of d)* * This is a weighted estimate of full-term pregnancies plus pregnancies that terminate early.	402,500	26,163	76,475	165,025	140,875	4025	2,013

SOURCE: REPRODUCTIVE HEALTH IN REFUGEE SITUATIONS (INTER-AGENCY FIELD MANUAL)

UNFPA's Reproductive Health interventions include:

Emergency obstetric services to treat pregnancy-related complications are urgently needed. Unmet need for family planning also needs to be addressed as displacement and interruption of family planning services may result in an increase in unintended pregnancies and rise in unsafe abortion rates. Even in good times, complications of pregnancy and childbearing represent a leading cause of death among women of reproductive age in Pakistan, with some 260 deaths per 100,000 live births². In the

² Trends in Maternal Mortality: 1990 to 2008. Estimates developed by WHO, UNICEF, UNFPA and the World Bank, 2010.

current setting, where trauma, psychological distress, malnutrition and poor sanitation are widespread and conditions continue to deteriorate, pregnancy becomes far riskier. Moreover, gender-based violence, including sexual violence, can also increase as displacement and uprooting break down the social protection systems. The health implications rape, as well as prevention measures, need to be addressed.

In order to address the acute health needs of the affected population, UNFPA has rolled out orientation trainings for implementation of the Minimum Initial Service Package (MISP)³ for Reproductive Health (RH) in Emergencies in Punjab and Sindh province, in the cities of Multan, Sukkur, Karachi, Thatta and Hyderabad. In addition to the training, the following interventions are underway:



- Under the Health Cluster, UNFPA is co-chairing the Reproductive Health task force with the Ministry of Health, which had its first meeting on 24th August 2010. The task force coordinates specific sexual and reproductive health efforts among 25 partners from Government, national and international NGOs, donors and UN agencies who meet on a weekly basis and ensure that MISP services are coordinated and provided to flood affected areas.
- UNFPA is supporting 54 fully-equipped Service Delivery Points in 20 flood-affected districts, these include 27 Mobile Service Units (MSUs) for outreach services, 11 referral-level health facilities and 16 basic level health facilities. UNFPA is supporting services in 10 flood-affected districts in **Sindh** (Jacobabad, Thatta, Kashmore, Ghotki, Sukkur, Larkana, Dadu, Shikarpur, Quambar Shahdadt, , Khairpur), 5 districts in **Khyber Pukhtoonkhwa** (Newshehra, , Swat, D.I.Khan, Tank, Lower Dir) and 5 districts in the province of **Punjab** (Layyah, D.G. Khan, Muzaffargarh, Rajanpur, Rahim Yar Khan). The SDPs are fully equipped with trained personnel, equipment, medicine and RH supplies. UNFPA is supporting other partners, MNCH national programme (MoH) and the Ministry of Population Welfare to provide services through their Mobile Service Units.
- Ten civil society organizations are receiving UNFPA support for service delivery and negotiations are underway with potential partners to increase the coverage.
- In coordination with provincial departments of health and other partners within the Health and WASH Clusters, UNFPA is attempting to locate, mobilize and support health care providers, including Lady Health Workers (LHWs), to help resume their duties. Health care providers working at UNFPA supported service delivery points (SDPs) have undertaken, since the start of emergency, 116,894 consultations⁴ for reproductive health and primary health care services.
- UNFPA, through implementing partners, has conducted assessments on maternal, neonatal, and child health, and has subsequently established labour rooms at selected service delivery points (SDPs).
- UNFPA is providing critical reproductive health supplies, which include emergency RH kits⁵ new-born and hygiene kits⁶. Emergency RH kits catering to a population of 4 million for a period of three months have been sent to the

³ **The Minimum Initial Service Package (MISP) for Reproductive Health (RH) in Crisis Situations** is a coordinated set of priority activities designed to: prevent and manage the consequences of sexual violence; reduce HIV transmission; prevent excess maternal and neonatal mortality and morbidity; and plan for comprehensive RH services in the early days and weeks of an emergency. The MISP distance learning module aims to increase humanitarian actors' knowledge of these priority RH services to initiate at the onset of a crisis situation.

⁴ **Number of primary health care consultations** undertaken since beginning of emergency to present: 21,589 consultations for gastroenteritis, 14,662 scabies, 14,144 for acute respiratory tract infections, 18,008 consultations for fever and 21,307 other minor out-patient services for psychosomatic and general medical services.

⁵ **Emergency reproductive health kits** are an integral part of MISP implementation. The kits are consolidated sets of supplies used to provide appropriate reproductive health services in humanitarian and refugee situations. There are currently 12 kits ranging from contraceptives and minimalistic clean delivery kits to sophisticated medical equipment used in the provision of emergency obstetric surgery.

⁶ **Hygiene kits** can be used both by the women and families, include cotton rolls, gauze, a piece of cloth, soap, polythene bags, washing powder, towels, plastic combs, nail clippers, prickly heat powder, mosquito repellent body lotion and a small bag



reported challenges in recruiting adequate numbers of female health care providers (especially gynaecologists) in flood-affected districts. Furthermore, the situation on the ground is ever-changing, with the northern part of the country entering the early recovery phase whereas the south is still in emergency response.

- humanitarian hubs in Multan, Sukkur, Hyderabad and Peshawar and are being distributed to local partners. Additional RH kits to cover the needs of another 2 million people will be made available in the coming weeks.
- The Fund will strengthen more basic and referral-level health facilities to deal with increased demand and develop plans for the restoration of comprehensive reproductive health services in targeted districts in consultation with all stakeholders, including MNCH and provincial departments of health, health care providers, and affected communities.
- Additional support is urgently required to scale up life-saving health interventions in affected areas. UNFPA has

UNFPA's Coordination in Gender-Based Violence Sub Cluster:

With the breakdown of societal norms and structures, women, adolescents and young girls are increasingly exposed to abuse and exploitation, which can result in severe physical and mental harm to the survivor and her family and community. Against tradition, young boys and girls are sleeping in common spaces, women are in contact with men who are not their relatives, and mothers are forced to walk alone in search of firewood and other cooking materials. Compounded with the mass displacement, the destruction of homes and livelihoods, and the limited access to basic hygiene items, particularly sanitary supplies, women and girls are at great risk of GBV in the flood affected regions of Pakistan.

UNFPA is responsible for addressing the protection issues of displaced women and girls. As co-chair with UNICEF of the GBV sub-cluster under the Protection Cluster, UNFPA will ensure that assessments and programmes identify risks and vulnerabilities of women and girls to gender-based violence, through the following actions:

- Establish functioning coordination bodies at central and provincial levels to identify gaps and harmonize actions by the government, UN entities, clusters and cluster lead agencies, and NGOs.
- Mobilize actors who are taking proactive protection measures to meet the needs of women, girls, men and boys.
- Facilitate SOP development and catalyzing provincial-level action, including for GBV coordination and urgent response and inter-cluster prevention programming. IRC has seconded a senior-level GBV Technical Advisor to UNFPA for support to the GBV Sub-Cluster in this task over the next 3 months.
- Develop and operationalize a 6-month urgent action plan to guide UNFPA coordination and programming that includes hiring of national Provincial GBV coordinators who can oversee GBV programming with partners and manage inter-agency coordination.
- Mobilize senior GBV trainers on short-term contracts who can support national actors to better identify needs and effective actions that protect women and children and ensure a comprehensive and culturally-contextualized response for survivors. Integrate critical information on addressing GBV (including identification of survivors and provision of compassionate care), through ongoing health sector RH trainings as well as special trainings for Lady Health Workers (LHWs) and other health care providers to identify, treat, counsel and provide relevant referrals for GBV survivors.
- Expand on its current work with partners to provide psychosocial support to flood-affected communities, particularly to survivors of GBV, and to establish safe spaces for women to gather, develop livelihood skills and receive support and referrals in displacement sites and areas of return.

- Coordinate a multi-sectoral and inter-agency prevention and response programme to include referral and reporting mechanisms, information sharing, and monitoring/evaluation, with particular focus on health sector response to GBV.
- Mainstream GBV protection issues across clusters; ensure all actors are adhering to and implementing minimum prevention and response actions as outlined within the IASC Guidelines on GBV Interventions in Humanitarian Settings.
- Engage with actors at multiple levels of response and sensitize communities to GBV issues, including domestic violence, sexual exploitation and abuse, and early marriage.



- Provide emergency Reproductive Health supplies to health facilities and ensure trained providers can attend to *needs* of survivors of violence.
- In addition to the response to GBV, UNFPA and UNIFEM co-lead the Gender Task Force that applied gender markers to project proposals in the Pakistan Floods Emergency Response Plan 2010, which is an effort towards developing gender responsive projects. In the review, over 40% projects reflected potential for contributing significantly towards Gender Equality.

Projects proposed under the Revised Pakistan Floods Emergency Response Plan (Aug 2010-Dec 2011)

UNFPA has had considerable experience meeting the reproductive health and gender needs of communities prior to the recent flooding in Pakistan. Nonetheless, substantial support is needed from donors to help UNFPA and its partners meet the vast humanitarian needs of the displaced population. Recent assessments reveal that in order to provide urgent, quality services, **USD 29,138,791** has been requested. According to the pledges/contributions received from donors and UNFPA’s own resources, **USD 11.8 million** will soon be mobilized, whereas a funding gap of approximately **USD 17 million** still needs to be mobilized to scale-up activities.

REPRODUCTIVE HEALTH – RELIEF PROJECT

Appealing Agency	UNITED NATIONS POPULATION FUND (UNFPA)
Project Title	Provision of life saving reproductive health services to populations affected by floods in Punjab, Sindh, AJK, KPK and Balochistan
Project Code	PKA-FL-10/H/34137/R
Sector/Cluster	HEALTH
Objectives	To reduce reproductive health related morbidity and mortality among women and girls of reproductive age affected by the floods by scaling up the Minimum Initial Service Package for Reproductive Health in Emergencies in KPK (Upper Dir, Swat, Kohistan, Shangla, Charsadda, Nowshera, Tank and DI Khan), AJK (Muzaffarabad) Punjab (Muzafar’garh, Mianwali, Rajanpur, D.G Khan, Layyah, and Rahim Yar Khan), Sindh (Kashmore, Ghotki, Jacobabad, Shikarpur, Sukkur, Kahairpur, Dadu, Quambar- Shahdad kat, Jamshoro, Thatta) and Balochistan (Nassirabad, Jaffarabad).
Targeted Beneficiaries	Total: 6,000,000 Most vulnerable affected population, including 1.3 million women and girls of reproductive age.
Implementing Partners	MoH/DoH, MoPW/PWD, INGOs, local NGOs
Project Duration	Aug 2010 - Oct 2010
Location	MULTIPLE PROVINCES
Priority	RELIEF
Revised Request	\$9,594,469.00



REPRODUCTIVE HEALTH – RECOVERY PROJECT

Appealing Agency	UNITED NATIONS POPULATION FUND (UNFPA)
Project Title	Restoration and rehabilitation of basic and comprehensive reproductive health services for flood affected populations
Project Code	PKA-FL-10/H/34798/R
Sector/Cluster	HEALTH
Objectives	To contribute to the prevention and reduction of maternal mortality and morbidity among the affected populations through the rehabilitation and restoration of basic and comprehensive reproductive health services in 27 most affected districts; in KPK (Upper Dir, Swat, Kohistan, Shangla, Charsadda, Nowshera, Tank and DI Khan), AJK (Muzaffarabad), Punjab (Muzafar'garh, Mianwali, Rajanpur, D.G Khan, Layyah, and Rahim Yar KLhan), Sindh (Kashmore, Ghotki, Jacobabad, Shikarpur, Sukkur, Kahirpur, Dadu, Quambar -Shahdad koat, Jamshoro, Thatta) and Balochistan (Nassirabad, Jaffarabad)
Targeted Beneficiaries	Total: 8,000,000 Most-vulnerable population, especially women and girls of reproductive age (1.8 million)
Implementing Partners	Ministry of Health, Provincial departments of Health, and NGOs
Project Duration	Aug 2010 - Jul 2011
Location	MULTIPLE PROVINCES
Priority	EARLY RECOVERY
Total Funds Requested	\$15,434,322.00

PROTECTION – RELIEF PROJECT

Appealing Agency	UNITED NATIONS POPULATION FUND (UNFPA) UNITED NATIONS DEVELOPMENT FUND FOR WOMEN (UNIFEM)
Project Title	Preventing gender-based violence (GBV) and responding to the needs of survivors
Project Code	PKA-FL-10/P-HR-RL/34165/R
Sector/Cluster	PROTECTION
Objectives	Through GBV Sub-Cluster coordination, partnerships and direct programme interventions: 1) Minimize the risks and vulnerabilities of flood-affected women, girls and boys to gender-based violence 2) Increase GBV survivors' access to services and support that promote healing and recovery
Targeted Beneficiaries	Total: 6,000,000 Including 1.3 million women and girls of reproductive age
Implementing Partners	NGOs (Including ARC, Women's Rights Association, WPF Pakistan, TVO, WASD, PODA, and Insan Foundation Trust in partnership with Shirakat), MOWD
Project Duration	Aug 2010 - Jan 2011
Location	NATIONAL
Priority	RELIEF
Total Funds Requested	\$2,390,400.00 (\$1,680,000 requested by UNFPA, \$710,400 requested by UNIFEM)

PROTECTION – RECOVERY PROJECT

Appealing Agency	UNITED NATIONS POPULATION FUND (UNFPA) UNITED NATIONS DEVELOPMENT FUND FOR WOMEN (UNIFEM)
Project Title	Facilitating a coordinated and effective response to gender-based violence among populations who return to or resettle in flood affected areas
Project Code	PKA-FL-10/P-HR-RL/35208/R
Sector/Cluster	PROTECTION
Objectives	Through GBV Sub-cluster coordination, partnerships and direct programme interventions in 8 districts of Sindh, 4 districts of Punjab, 2 districts of Azad Jammon and Kashmir, 2 districts of Balochistan and 4 districts of KPK: 1) Ensure that GBV prevention and survivor support are mainstreamed throughout the early response efforts by providing leadership and technical assistance to partners and stakeholders in 20 most affected districts. 2) Intervene to minimize risks of GBV in areas of return/resettlement and provide direct support to survivors.
Targeted Beneficiaries	Total: 2,000,000 Women and girls, including people living with HIV/AIDS and an estimate 160,000 expected cases of GBV
Implementing Partners	World Poulation Fund, Shirket Gah, Insan And Sirakat, Khwendo Kor, GRHO, TRDP, SPO, TVO, Aurat Foundation, Human development Organization of Doaba (HDOD) , Women Development Departments in provinces, Pakistan Red Crescent Society (PRCS) , MOWD
Project Duration	Aug 2010 - Jul 2011
Location	NATIONAL
Priority	EARLY RECOVERY
Total Funds Requested	\$4,430,000.00 (\$2,430,000 requested by UNFPA, \$2,000,000 requested by UNIFEM)

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