PAKISTAN

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED
3.6 M

DEC 2015

OCHA/Charlotte Cans
This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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PART ONE: SUMMARY

- Humanitarian needs
- Humanitarian key figures
- Impact of the crisis
- Breakdown of people in need
- Humanitarian access, operational presence and response capacity
**PART I:**

TURKMENISTAN

IRAN

INDIA

CHINA

AFGHANISTAN

ARABIAN SEA

PAKISTAN

BALOCHISTAN

FEDERALLY ADMINISTERED TRIBAL AREAS

FEDERAL CAPITAL TERRITORY

PAKISTAN ADMINISTERED KASHMIR

ADMINISTERED KASHMIR

PUNJAB

SINDH

BANNU

DERA ISMAIL KHAN

PESHAWAR

NOWSHERA

KURRAM

MOHAMMAD

AFGHANISTAN

FATA IDP returnees

Refugees

Population movement

Source: Government, UNHCR (Sept 2015)

**PEOPLE IN NEED**

3.6 M

**DISPLACEMENT FROM FATA**

**RETURNS TO FATA IN 2015**

Key

- Earthquake
- Drought
- Flood

Internally displaced persons (IDPs)

FATA IDP returnees

Refugees

Population movement

Source: Government, UNHCR (Sept 2015)
Pakistan faces a number of chronic challenges including food insecurity, malnutrition, disease outbreaks and disaster-induced displacement. The 0.6 million internally displaced people (IDPs)\(^1\) that returned to the Federally Administered Tribal Areas (FATA) in 2015 have minimal or no access to health and education services, safe drinking water, and opportunities to re-establish their livelihoods. Nearly all houses in return areas have been partially or fully damaged. An additional 1.2 million people\(^2\) still in displacement increasingly depend on less stable sources of income and struggle to meet their basic needs including food, safe drinking water and education. Pakistan constitutes the world’s largest protracted refugee situation with 1.54 million\(^3\) Afghan refugees, of which 64 per cent are children and youth. Concerted efforts are needed to find lasting solutions for registered Afghan refugees. Enhancing access to education, vocational skills, livelihood opportunities and healthcare for refugees remains vital. Pakistan is prone to natural disasters including floods and earthquakes, which displace large numbers of people, and erode their already fragile coping mechanisms. These disasters exacerbate acute malnutrition, which is at emergency levels in areas across the country.

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**HUMANITARIAN NEEDS**

1. IDPs returning to FATA find infrastructure that has been severely damaged by insecurity 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.\(^4\) They have few means at their disposal to re-establish livelihoods and have limited access to basic services.

2. Displacement and natural disasters compound already high rates of food security in Pakistan. Most displaced people have poor or borderline food consumption, and do not have money to buy food even when it is available. Poor food insecurity contributes to high rates of malnutrition, which is at emergency levels in areas around the country.

3. 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.

4. To meet their basic needs, crisis-affected families resort to negative coping mechanisms including child labour and early child marriage. Female-headed households have more difficulty accessing assistance due to a lack of documentation and cultural restrictions. IDPs and refugees need to be able to return voluntarily, in safety and with dignity.
“My husband was injured when we were displaced five years ago. We used all our money on medical treatment, but we weren’t able to save him. Now I have no money and live in a tent with my children.”

Islam Jana, 45 years old, living in Togh Sarai camp

## HUMANITARIAN KEY FIGURES

The overall population and people in need figures throughout this document are representative of the humanitarian situation in Pakistan as of September 2015.

### TOTAL POPULATION

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Boys</th>
<th>Women</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>196 M</td>
<td>53 M</td>
<td>48 M</td>
<td>46 M</td>
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</tbody>
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### NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Boys</th>
<th>Women</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3.6 M</td>
<td>0.7 M</td>
<td>0.8 M</td>
<td>1.0 M</td>
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</table>

### INTERNALLY DISPLACED PEOPLE

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<thead>
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<th></th>
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<th>Boys</th>
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<th>Girls</th>
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<tbody>
<tr>
<td>Total</td>
<td>1.2 M</td>
<td>0.3 M</td>
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</table>

### IDPS THAT RETURNED TO FATA IN 2015

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Boys</th>
<th>Women</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0.6 M</td>
<td>0.15 M</td>
<td>0.15 M</td>
<td>0.15 M</td>
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</tbody>
</table>

### REFUGEES

<table>
<thead>
<tr>
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<th>Men</th>
<th>Boys</th>
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<th>Girls</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
<td>1.54 M</td>
<td>0.4 M</td>
<td>0.4 M</td>
<td>0.4 M</td>
</tr>
</tbody>
</table>

### PEOPLE AFFECTED BY NATURAL DISASTERS IN 2015

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Boys</th>
<th>Women</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3.4 M</td>
<td>0.9 M</td>
<td>0.8 M</td>
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</tr>
</tbody>
</table>

### ACUTE MALNOURISHED BOYS: 124,400

### ACUTE MALNOURISHED GIRLS: 119,500

### ACUTE MALNOURISHED PREGNANT AND LACTATING WOMEN: 77,700
PART I: IMPACT OF THE CRISIS

Pakistan faces a combination of man-made crises and natural disasters. There are 1.2 million people displaced in the country’s north-west, while an additional 0.6 million IDPs returned to FATA in 2015 to areas where infrastructure has been severely damaged and few basic services are available. Pakistan hosts the world’s largest protracted refugee caseload with 1.54 million registered Afghan refugees. The country is prone to natural disasters including floods, earthquakes and drought. These crises exacerbate acute malnutrition, which is at emergency levels in many areas around the country.

Large-scale internal displacement

People in displacement

Since 2008, more than 5 million people have been displaced from the Federally Administered Tribal Areas (FATA) and the Malakand Division of Khyber Pakhtunkhwa. 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, as of September 2015 an estimated 1.22 million people were still displaced, in some cases for more than six years.

Most IDPs rent accommodation or live with relatives in the neighbouring province of Khyber Pakhtunkhwa. Others live in informal settlements without adequate housing, sanitation, electricity supply, schools, hospitals and roads. Meanwhile, expensive rent and complex procedures make it particularly difficult for IDPs to find accommodation in host areas.

Displaced families increasingly depend on less stable sources of income such as humanitarian aid and daily wage labour, as they struggle to cope. Assessments indicate that approximately 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. Poor feeding patterns have been exacerbated by the crisis, increasing already high rates of severe malnutrition among IDPs and host communities.

The displacement has placed a huge strain on already under-staffed and under-resourced health and education services in host communities. Hundreds of thousands of girls and boys have been out of school since displacement. However, as many children, especially girls, had difficulty accessing education before displacement in FATA, rates of enrollment have actually increased among those in protracted displacement. There are few female health workers available to attend to IDPs, and reproductive health services are limited.

“I used to have seven cows, seven goats and four sheep. Before we left North Waziristan, we used to produce more than enough milk for our whole family. Since we left, we don’t have enough to feed them and some have died.”

Saeed Amin, 38 years old, living in Karak District
Pakistani is one of the two countries globally with endemic polio (currently 42 cases) with FATA representing a key reservoir. The risk that unvaccinated IDPs increase the spread of the disease is countered somewhat by the fact that displacement has made it possible to vaccinate children outside FATA. Another concern is that almost half of the IDP population are under the age of 14, making them particularly vulnerable to psychological stress.\(^\text{16}\)

People in protracted displacement tend to become increasingly neglected over time, as much needed aid is often diverted to new IDPs or those returning to FATA. As a result, they increasingly resort to negative coping mechanisms such as selling their assets and incurring debt in order to survive.

As of November 2015, an estimated 12,492 IDPs were living in three camps – Jalozai, Togh Sarai and New Durrani.\(^\text{17}\) The living conditions in these camps are particularly poor with few private spaces. As the number of people in the camps decreases due to returns, some services have been phased out, leaving thousands without access to basic services.

Not all people displaced in Pakistan are officially recognized as being IDPs. Some, especially women and female-headed households, are not able to register due to a lack of personal documentation, or because they fled areas that were not officially notified as being “calamity hit”. A detailed Protection Assessment found that 17 per cent of IDPs were not registered, with a higher rate among female-headed households.\(^\text{18}\) Unregistered IDPs do not receive official assistance including monthly food distributions, non-food items and cash on return.

**IDPs returning to FATA**

2015 saw a large increase in the number of IDPs returning to FATA. From January to September, the Government facilitated the return and de-registration of 127,000 women, 149,000 men, 149,000 girls and 175,000 boys.\(^\text{19}\)

Upon return to FATA, families find infrastructure that has been devastated by years of fighting and a lack of maintenance. In some areas, up to 80 per cent of houses have been severely damaged, as well as schools, hospitals, markets and water supply systems.\(^\text{20}\) The situation is further compounded by extreme weather conditions in these areas including heavy snowfall and monsoon rains.

IDPs often do not have access to safe drinking water, sanitation, health or education facilities for months after they return. Most health and education facilities in return areas are not functional, those that are tend to be severely under-resourced and under-staffed. A

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**INTERNALLY DISPLACED PERSONS (IN MILLIONS)**\(^\text{21}\)

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**April 2012**

*New displacements from Khyber due to security operations*

**December 2012**

*By December, more than 415,000 people had fled Bara, Khyber Agency due to insecurity.*

**March - May 2013**

*Violent clashes between non-State armed groups leads to displacement from Khyber and Kurram agencies.*

**December 2013**

*On 19 December 2013, the army launched a major offensive in the Mir Ali region of North Waziristan following a suicide bomb attack.*
near total absence of female doctors means that many women and girls do not have timely access to the health services they need, increasing the risk of complications and mortality rates. Most people travel long distances to collect water without appropriate collection and storage containers. Meanwhile, an estimated one in four IDPs that have returned resort to open defecation.21

While each family receives a cash grant of approximately US$250 and monthly food rations, many returning IDPs take out loans to meet their basic needs. Despite the pro-active approach of the Government, three in four people still do not have enough money to buy from the market.22 This is particularly worrying, as these people have few coping mechanisms at their disposal.

Before displacement, roughly half of the population of FATA based their livelihoods on farming and herding. IDPs that have returned face considerable difficulties restarting these livelihoods due to heavy damage to irrigation infrastructure, severely reduced livestock, and the unavailability of key inputs such as fodder, shelter and medication for livestock. For returns to be sustainable, IDPs need to reestablish their livelihoods in the first few months after returning.

World’s largest protracted refugee crisis

With 1.54 million registered Afghan refugees, Pakistan hosts the world’s largest protracted refugee population. Many of these refugees have lived in the country for more than 35 years, with the majority (74 per cent) being the second or third generation born in Pakistan. Of these refugees, 68 per cent reside in urban or semi-urban areas, while 32 percent live in 54 refugee villages. The demographic is particularly young, with 64 per cent children or youth (24 years and below).23

Pakistan is not a signatory to the 1951 Convention relating to the Status of Refugees or its 1967 Protocol, and has not yet adopted any national legislation on refugees. The temporary legal stay of Afghan refugees is guided by the national policy on repatriation and management of Afghan refugees, due to expire at the end of 2015. In 2015, the Government of Pakistan developed a draft comprehensive policy on voluntary repatriation and management of Afghan refugees beyond 2015, which is currently pending cabinet approval. This policy includes a proposal for the extension of both the Tripartite Agreement on Voluntary Repatriation and the validity of the Proof of Registration cards until the end of 2017, as well as temporary management arrangements depending on the profile and needs of the remaining refugee population. The multi-year Solutions Strategy for Afghan Refugees provides a comprehensive regional framework to

“Our whole community has been displaced and we have all lost our livelihoods. We’ve been waiting for five years to go back to our village. We know it won’t be easy. There is nothing in our village now, we will have to re-start our lives from the beginning.”

Bibi Gul, 25 years old, from Orakzai
identify and implement lasting solutions for refugees, while providing assistance to the host communities. Important cross-border policy discussions on solutions continue to take place through the Tripartite and Quadripartite Steering Committee meetings.

Since 2002, more than 3.9 million Afghan refugees voluntarily returned to Afghanistan, including some 54,000 between January and September 2015. In view of the demographic profile of the refugee population, particularly the large proportion of children and youth (64 per cent), efforts to further enhance their human capital through joint interventions in education, vocational skills training and livelihoods opportunities remain critical.

In addition, according to Government estimates there are 1 million undocumented Afghans in Pakistan. The Governments of Pakistan and Afghanistan are considering registering this population.

Natural disasters

Pakistan is prone to natural disasters including monsoon floods, earthquakes, cyclones and drought. Starting from 2010, over 37 million people have been affected by floods that have damaged or destroyed more than 3 million houses, and displaced more than 17 million people. In 2015 alone, 1.6 million people were affected by floods. This was followed by the Afghanistan/Pakistan earthquake in October.

Pakistan experiences floods nearly every year during the monsoon season of July to September. Heavy rains and inflow from swollen mountain rivers cause flooding on major rivers especially in Punjab and Sindh, as well as several districts of Balochistan and Khyber Pakhtunkhwa provinces.

Despite a Government ban, approximately 2.6 million people continue to live in high-risk but fertile flood plains and river courses. These people tend to be among the poorest, with low levels of literacy and often living in crudely constructed houses. In some cases, families in these areas have been affected by floods several years in a row, eroding their already fragile coping mechanisms.

Monsoon flooding routinely displaces large numbers of people, who seek refuge on higher ground. The monsoon season from June to September also coincides with one of the main growing seasons. The large-scale loss of standing crops, animal fodder and livestock places affected population in a precarious position, especially given high pre-crisis levels of malnutrition and food insecurity. Sources of drinking water become contaminated by flood waters, while open defecation, commonly practiced in many flood-prone areas, dramatically increases the risk of water-borne diseases.

Heavy rainfall in Pakistan’s mountainous north leads to flash floods that rise quickly, leaving little time for early warnings or evacuations. The rapid onset tends to...
result in a higher death toll. Flash floods cause large-scale damage to infrastructure including roads, bridges, housing, and health and education facilities, mills, and hydro-power stations, often cutting access to people in affected areas. Delivering relief supplies is a challenge, with some areas only accessible by helicopter.

Pakistan lies on a number of significant fault lines and has a long history of tectonic activity. In October 2015, an earthquake of magnitude 7.5 MMS in neighbouring areas of Afghanistan resulted in 280 dead, injured some 2,000 people and damaged more than 103,000 houses. Other medium- to large-scale earthquakes in recent year occurred in Balochistan (2013 and 2007), and Pakistan Administered Kashmir (2005). In addition, since 2012 areas of Sindh and Balochistan Province have experienced low rainfall, drought, and drought and drought-like conditions.

Child malnutrition at emergency levels

Malnutrition is a serious chronic problem in Pakistan, exceeding emergency levels in many areas. Of the 52 million acutely under-nourished children world-wide, an estimated 6.5 per cent live in Pakistan. The country also has the third largest caseload of acutely under-nourished children in the world.

An estimated 58.1 per cent of households in Pakistan are food insecure while an estimated 9.97 million children under the age of five years suffer from acute malnutrition. Across Pakistan, an estimated 24 per cent of children under five years old are underweight and 48 per cent are stunted.

The rate of underweight children has remained unchanged for the past decade, while the proportion of children suffering from stunting and wasting has increased. Malnourishment 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. 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 live births in FATA.

Chronic malnutrition is driven by several factors including widespread food insecurity, poverty, access to safe drinking water, sanitation and health services, and exacerbated by natural disasters and displacement.
PART I: BREAKDOWN OF PEOPLE IN NEED

“When we found out about the security operation in North Waziristan, we tried to come to Khyber Pakhtunkhwa but the roads were already closed. The only place we could go was Afghanistan but life in Khost was impossible. After a few months, we once again shifted to Kurram Agency.”

Zaralak Khan, 50 years old, from North Waziristan

BREAKDOWN OF PEOPLE IN NEED

In 2015, humanitarian needs in Pakistan were mainly concentrated on IDPs in displacement, refugees, children and women requiring immediate nutrition support, and increasingly IDPs returning to FATA. By the end of 2016, the Government plans to facilitate both the return of the remaining 1.2 million IDPs to FATA and the voluntary repatriation of 150,000 registered Afghan refugees in safety and dignity. Humanitarian needs in 2016 will continue to focus on the remaining registered Afghan refugees, while the focus of the IDP response will increasingly shift from host to return areas.

NUMBER OF PEOPLE IN NEED BY SECTOR

<table>
<thead>
<tr>
<th>BY STATUS</th>
<th>KP/PATA</th>
<th>PAKISTAN</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IDPs in displacement</td>
<td>IDPs returned in 2015</td>
<td>Host community</td>
</tr>
<tr>
<td>Camp Coord. &amp; Camp Mgmt.</td>
<td>18,400</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Community Restoration</td>
<td>0.4 M</td>
<td>0.6 M</td>
<td>0.2 M</td>
</tr>
<tr>
<td>Education</td>
<td>0.5 M</td>
<td>0.3 M</td>
<td>-</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>0.1 M</td>
<td>0.3 M</td>
<td>-</td>
</tr>
<tr>
<td>Food Security</td>
<td>0.9 M</td>
<td>0.6 M</td>
<td>-</td>
</tr>
<tr>
<td>Health</td>
<td>1.2 M</td>
<td>0.6 M</td>
<td>-</td>
</tr>
<tr>
<td>Nutrition</td>
<td>59,000</td>
<td>29,000</td>
<td>-</td>
</tr>
<tr>
<td>Protection***</td>
<td>0.6 M</td>
<td>0.3 M</td>
<td>-</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>0.5 M</td>
<td>0.6 M</td>
<td>-</td>
</tr>
</tbody>
</table>

*Including IDPs, returned IDPs and people affected by Sindh drought in 2015

**Children (<18 years old), adult (18-59 years), elderly (>59 years)

***Includes ageing & disability, child protection, GBV, mental health and psycho-social needs

NUMBER OF PEOPLE IN NEED

3.6 M
**PART I: BREADOWN OF PEOPLE IN NEED**

<table>
<thead>
<tr>
<th>Area</th>
<th>IDPs in displacement</th>
<th>IDPs returned to FATA in 2015</th>
<th>Refugees</th>
<th>Malnourished children in IDP host districts*</th>
<th>Malnourished PLW in IDP host districts*</th>
<th>% female</th>
<th>% children, adult, elderly*</th>
<th>People in need millions</th>
<th>Total population millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANNU</td>
<td>399,000</td>
<td>-</td>
<td>7,000</td>
<td>15,000</td>
<td>13,000</td>
<td>48%</td>
<td>54</td>
<td>3%</td>
<td>0.4</td>
</tr>
<tr>
<td>DI KHAN</td>
<td>235,000</td>
<td>-</td>
<td>8,000</td>
<td>25,000</td>
<td>17,000</td>
<td>49%</td>
<td>55</td>
<td>3%</td>
<td>0.3</td>
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<tr>
<td>HANGU</td>
<td>46,000</td>
<td>-</td>
<td>45,000</td>
<td>11,000</td>
<td>6,000</td>
<td>50%</td>
<td>54</td>
<td>3%</td>
<td>0.1</td>
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<tr>
<td>KOHAT</td>
<td>120,000</td>
<td>-</td>
<td>66,000</td>
<td>12,000</td>
<td>11,000</td>
<td>49%</td>
<td>52</td>
<td>3%</td>
<td>0.2</td>
</tr>
<tr>
<td>NOWSHERA</td>
<td>23,000</td>
<td>-</td>
<td>98,000</td>
<td>26,000</td>
<td>16,000</td>
<td>52%</td>
<td>53</td>
<td>3%</td>
<td>0.2</td>
</tr>
<tr>
<td>PESHAWAR</td>
<td>202,000</td>
<td>-</td>
<td>31,500</td>
<td>64,000</td>
<td>39,000</td>
<td>50%</td>
<td>52</td>
<td>3%</td>
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<tr>
<td>TANK</td>
<td>131,000</td>
<td>-</td>
<td>1,000</td>
<td>7,000</td>
<td>5,000</td>
<td>48%</td>
<td>54</td>
<td>3%</td>
<td>0.1</td>
</tr>
<tr>
<td>KHYBER</td>
<td>8,000</td>
<td>387,000</td>
<td>8,000</td>
<td>27,000</td>
<td>18,000</td>
<td>48%</td>
<td>55</td>
<td>3%</td>
<td>0.4</td>
</tr>
<tr>
<td>KURRAM</td>
<td>55,000</td>
<td>-</td>
<td>10</td>
<td>18,000</td>
<td>12,000</td>
<td>54%</td>
<td>56</td>
<td>12%</td>
<td>0.1</td>
</tr>
<tr>
<td>NORTH WAZIPRISTAN</td>
<td>-</td>
<td>158,000</td>
<td>300</td>
<td>9,000</td>
<td>6,000</td>
<td>49%</td>
<td>55</td>
<td>3%</td>
<td>0.2</td>
</tr>
<tr>
<td>ORAKZAI</td>
<td>-</td>
<td>1</td>
<td>5,000</td>
<td>3,000</td>
<td>67%</td>
<td>62</td>
<td>18%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SOUTH WAZIPRISTAN</td>
<td>-</td>
<td>52,000</td>
<td>2,000</td>
<td>13,000</td>
<td>8,000</td>
<td>52%</td>
<td>54</td>
<td>3%</td>
<td>0.1</td>
</tr>
</tbody>
</table>

*Malnourished host population for KP not included as being in need of humanitarian support

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**COUNTRY-WIDE**

<table>
<thead>
<tr>
<th>Province</th>
<th>IDPs in displacement</th>
<th>IDPs returned to FATA in 2015</th>
<th>Refugees</th>
<th>Disaster-affected people requiring nutrition support*</th>
<th>People affected by natural disasters but not in need**</th>
<th>% female</th>
<th>% children, adult, elderly***</th>
<th>People in need millions</th>
<th>Total population millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALOCHISTAN</td>
<td>-</td>
<td>-</td>
<td>303,000</td>
<td>-</td>
<td>70,000</td>
<td>55%</td>
<td>60</td>
<td>2%</td>
<td>0.3</td>
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<tr>
<td>F.A.T.A</td>
<td>10,000</td>
<td>0.6 M</td>
<td>14,000</td>
<td>45,000</td>
<td>58,000</td>
<td>49%</td>
<td>56</td>
<td>13%</td>
<td>0.7</td>
</tr>
<tr>
<td>ISLAMABAD CAPITAL TERRITORY</td>
<td>-</td>
<td>-</td>
<td>35,000</td>
<td>-</td>
<td>-</td>
<td>56%</td>
<td>62</td>
<td>12%</td>
<td>0.03</td>
</tr>
<tr>
<td>KHYBER PAKHTUNKHWA</td>
<td>1.2 M</td>
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<td>64</td>
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<td>PUNJAB</td>
<td>-</td>
<td>-</td>
<td>172,000</td>
<td>-</td>
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<td>68</td>
<td>11%</td>
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<tr>
<td>SINDH</td>
<td>-</td>
<td>-</td>
<td>63,000</td>
<td>185,000</td>
<td>2.7 M</td>
<td>54%</td>
<td>52</td>
<td>14%</td>
<td>2.5</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1.2 M</strong></td>
<td><strong>0.6 M</strong></td>
<td><strong>1.54 M</strong></td>
<td><strong>0.3 M</strong></td>
<td><strong>3.6 M</strong></td>
<td><strong>55%</strong></td>
<td>**58</td>
<td>13%**</td>
<td><strong>3.5 M</strong></td>
</tr>
</tbody>
</table>

*Includes 164,000 IDPs in host and return areas

**List includes people affected by natural disasters (floods, earthquakes and drought) in 2015; however, they were not in need at the time of writing

***Children (<18 years old), adult (18-59 years), elderly (>59 years)
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. Meanwhile, 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. The findings of the 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. 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.

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, contributing to socio-economic development, and sustainable reintegration into Afghanistan upon their return.

Approximately 13.4 per cent of people in Pakistan have a disability, while 7 per cent are over 60 years of age. According to a detailed protection cluster assessment, 87 per cent of humanitarian services in the KP/FATA complex emergency are not inclusive of the needs of persons with disabilities. Meanwhile, 88 per cent of respondents reported that there are no support mechanisms or community networks for the elderly or persons with disabilities. The elderly and persons with disabilities are often particularly vulnerable in a crisis, as they require specific types of support, and often face physical and social challenges accessing the assistance they need.
Administrative and procedural hurdles, including the Non-Objection Certificates needed to travel and implement projects, continue to hinder the humanitarian community’s capacity to undertake assessments, deliver assistance and monitor response. In addition, remote areas in the mountainous north of the country are particularly difficult to access, while insecurity restricts access to some areas including in FATA. The capacity of Government authorities, security forces and national civil society organisations to respond to humanitarian disasters has improved significantly in recent years. There is also a strong international humanitarian presence in Pakistan.

ACCESS CHALLENGES FOR HUMANITARIAN ACTORS AND CIVILIAN POPULATION

- Insecurity in return areas
- Complex regulatory environment for NGOs
- Bureaucratic procedure for importing relief supplies
- Delays in travel and project permissions, inability to monitor projects.
- Insufficient notice for returns
- Logistic challenges to deliver and monitor services in remote areas
- Cultural restrictions on accessing and assessing females

ACCESS CHALLENGES FOR THE CIVILIAN POPULATION TO ACCESS SERVICES

- Areas of displacement: high cost of services, or inability to access services
- Return areas: services unavailable
- Lack of correct or updated documentation
- Female headed households often unable to register with Government
- Services not tailored to the needs of persons with disabilities and the elderly
- Constraints on girls attending school

“I have 11 grandchildren. When we were in the camp, they were all going to school. But there are no schools operating close to where we live since we came back to Bara.”

Arat, 65 years old, from Khyber Agency
Access

Administrative: National and international staff have to obtain a Non-Objection Certificate (NOC) to travel to and implement projects in key areas of operation, including areas bordering Afghanistan, often resulting in delays. The average processing time for NOCs for projects in Khyber Pakhtunkhwa is 60 days making it difficult for the humanitarian community to respond quickly to changes in the crisis.46

Physical: Areas affected by floods, earthquakes and other natural disasters are often difficult to access due to damaged infrastructure. Meanwhile, several key areas of return in FATA are in remote mountainous regions far from provincial capitals. Such areas are particularly difficult to access in winter.

Security: While safety and security is still a concern for humanitarian workers in certain parts of Pakistan, the overall situation has improved with no attacks on humanitarian workers between January and June 2015.47 Continued insecurity in return areas of FATA poses a threat to IDPs returning and the humanitarian response in these areas.

Response capacity

National: Disaster management authorities at the national, provincial and district levels have primary responsibility for responding to disasters in Pakistan. Other Government authorities, host communities, civil society and the military contribute to the response. The Pakistan security forces often play a central role, and have been timely and effective at responding to disasters in the past.

Significant improvements in capacity in recent years means that the Government of Pakistan can adequately respond to the medium level flood crises (less than 5 million affected) without international humanitarian assistance since 2011.48 In 2015, for example, the Government responded to monsoon floods and the Badakhshan earthquake of magnitude 7.5 without requesting international support. However a sudden major flooding event, such as that seen in 2010, or a combined security displacement and subsequent flooding event (such as SWAT in 2009 and 2010), may stretch national capacity and require additional external support.

An estimated 177 national civil society organisations are members of the National Humanitarian Network, many of which are currently active in implementing humanitarian projects.

International: The Humanitarian Country Team coordinates the international humanitarian response. The Cluster system is only active at the provincial level in KP/FATA, while sector lead agencies have been identified at the national level. In total, 12 United Nations agencies respond to humanitarian needs in Pakistan while over 50 international non-government organisations are members of the Pakistan Humanitarian Forum. Many of these organisations have been active in Pakistan since the earthquake in 2005 and have strong experience of working together. The UN High Commissioner for Refugees under its mandate has been providing support to Afghan refugees in Pakistan since 1979 and continues to advocate for maintaining protection space.

Context: Regular health, education and other services are overstretched and under-resourced in many places across the country. Meanwhile, much of the population is already vulnerable with high rates of food insecurity and malnutrition. As a result, existing systems are generally not well positioned to absorb the shock of humanitarian disasters.

Operational presence in KP/FATA

The humanitarian presence is strongest in Peshawar and Bannu districts, which received the largest influx of IDPs. Few organisations are currently working in FATA; this is expected to increase as returns continue.

"One day my husband was abducted by militants on his way home from work. I've been depressed since I found out. We have no-one to support our family and depend on hand-outs.”

Jameela, 37 years old, from Khyber Agency
### INFORMATION BY SECTOR

- Camp Coordination & Camp Management
- Community Restoration
- Education
- Emergency Shelter
- Food Security
- Health
- Nutrition
- Protection
- Water, Sanitation & Hygiene

### INFORMATION GAPS AND ASSESSMENT PLANNING

REFERENCES
CAMP COORDINATION AND CAMP MANAGEMENT

CHANGES IN THE CONTEXT

In 2015, the humanitarian community supported IDPs in three camps: Jalozai, Togh Sarai, and New Durrani. Several spontaneous settlements have emerged in Bannu, the district that hosts most IDPs displaced from NWA in 2014. In addition, the Government runs Bakka Khel camp which hosts 1,117 IDPs.1

During 2015, there was a significant decrease in the number of IDPs living in supported camps. With large-scale returns to Khyber Agency, the number of IDPs in Jalozai camp decreased from 42,000 in January to 3,540 individuals in November 2015; a reduction of over 90 per cent. The number in New Durrani camp increased slightly from 4,200 to 4,600 in the same period due to the relocation of 84 families as part of the consolidation of Togh Sarai. Finally, the number of IDPs in Togh Sarai went from 6,900 to 2,178 by the end of November 2015, and continues to decrease. The population in all camps is expected to continue to decrease further in 2016 as returns continue.2

Twelve spontaneous settlements in Bannu District, hosting an estimated 8,100 IDPs from North Waziristan,3 have emerged. In May 2015, the humanitarian community decided to extend coordination and management support to these spontaneous settlements.

AFFECTED POPULATION

Most IDPs in north-west Pakistan live in host communities. They avoid living in camps for several reasons including the cultural requirement of privacy for females, security concerns and cramped living conditions. The IDPs that move to camps tend to be among the most vulnerable, and often have no other options such as renting accommodation in host communities.

HUMANITARIAN NEEDS

Coordination is required to ensure that services are delivered in the most effective manner and respects the dignity of IDPs. People living in camps, especially women and girls, risk intimidation, physical and sexual violence when using latrines and bathing facilities. Females are also constrained by cultural norms for privacy. Shelters need to be adapted to deal with extreme seasonal changes, and access roads, fencing and electricity systems require regular maintenance. Youth need to be occupied to minimise protection risks and provide future opportunities. As returns continue, the camps need to be closed properly, the environment restored, and any remaining IDPs referred to the Social Welfare Department.

One-third of Afghan registered refugees are currently residing in 54 refugee villages in: Khyber Pakhtunkhwa (43), Balochistan (10) and Punjab (1). Living conditions are below standard, with limited delivery of basic services.
PART II: COMMUNITY RESTORATION

COMMUNITY RESTORATION

CHANGES IN THE CONTEXT

With the return of 0.6 million IDPs in 2015, the focus of community restoration needs shifted from host to return areas. IDPs returning to FATA, sometimes after several years in displacement, find their houses damaged or destroyed; they tend to have few means to re-establish livelihoods, and have limited access to basic services and functioning infrastructure.

AFFECTED POPULATION

Due to the scale of damage, very few IDPs in return areas have access to adequate education and health services, well maintained roads, functioning water systems and livelihood opportunities. In host areas, the IDP influx has overstretched health, education and water systems, job opportunities and other services. The strain has been particularly severe in remote hosting villages, which only had rudimentary systems in place beforehand. The effects of the additional burden are felt by the host communities as well as IDPs.

HUMANITARIAN NEEDS

Before displacement, an estimated 50 per cent of adults in FATA were unemployed with most depending on subsistence agriculture. Already insecure livelihoods were further disrupted by displacement with an estimated 37 per cent of IDPs shifting from stable sources of income such as agriculture and trade to more unstable sources including aid and daily unskilled labour. The average income of IDPs is very low, with three-quarters living on less than US$100 per month for a family with an average of six people, far below the Pakistan poverty rate of US$1.25 per person per day. To survive, families depend on negative coping mechanisms such as selling assets, which, combined with a limited skillset makes it difficult for them to restart livelihood activities.

Returning families face many challenges accessing basic services and infrastructure. Over 625 health facilities, Government schools, roads, irrigation systems and water supply schemes are reported to be damaged; more extensive assessments that are ongoing indicate that the damage is even more severe and widespread. While some regions have been totally devastated, there is less damage in other areas. People that have returned, have limited or no access to health and education services, and safe drinking water. In addition to extensive structural damage, key facilities are under-resourced and lack qualified staff. Meanwhile, more than 105,000 homes are reported to be damaged across the key return Agencies of Khyber, Kurram, NWA, Orakzai and SWA.

The vast majority of registered Afghan refugees cite a lack of livelihood opportunities in Pakistan as their primary concern. The lack of transferable marketable skills also constitutes a major obstacle to achieving self-reliance throughout their stay in Pakistan, or voluntary repatriation and sustainable reintegration. Refugee youth also have limited access to primary and post-primary education including vocational and technical skills training.

NO. OF PEOPLE IN NEED

| 2.0 M |

BY SEX

| 54% female | 46% male |

BY AGE

| 53% children (<18 yrs) | 40% adult (18-59) | 7% elderly (>59) |

IDP SEVERITY MAP

REPORTED INFRASTRUCTURE DAMAGED IN IDP RETURN AREAS

- Water supply systems
- Agriculture-related Government buildings
- Basic health facilities
- Livestock-related Government buildings
- Irrigation systems
- Schools

- 0
- 50
- 100
- 150
- 200

IDP LIVELIHOODS DURING VS BEFORE DISPLACEMENT

- 34% still stable
- 37% less stable
- 7% more stable
- 23% still unstable

shifted from more stable to less stable livelihoods
CHANGES IN THE CONTEXT

From January to September 2015, 268,500 school-aged children returned to FATA, while 548,600 remained in displacement. Over the same period, the number of school-aged children in official camps decreased from 9,400 to 3,000. Education services in Togh Sarai camp were discontinued in September due to a lack of access, while education services in Jalozai camp are being handed over the School and Literacy Department. As more IDPs return to FATA, where the situation is significantly worse, education needs will intensify.

AFFECTED POPULATION

Many children in FATA experienced difficulties accessing education before displacement, including attacks on schools, teachers and students. In 2013, the literacy rate in FATA was only 3 per cent for females. While some children attended school for the first time during displacement, most remained out of school, placing them at increased risk of child related protection issues. Social norms that undervalue girls’ right to education create further disparities in access to education for both IDP and refugee children.

HUMANITARIAN NEEDS

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.

IDPs in host communities have increased the strain on already over-stretched and under-resourced schools. Where teachers are present, they often do not have the capacity, training in pedagogy and support to deal with children who have missed an academic year and who need psychosocial support. Poor WASH conditions in schools also negatively affects education outcomes, and increases the spread of disease. The lack of separate latrines for females, creates further barriers to girls attending school.

The FATA Education Directorate estimates that 514 educational institutions have been damaged or destroyed. The few functional schools are under-resourced and do not have enough qualified teachers available. Schools, teachers and students, especially girls, experience threats and are at heightened risk of attack from non-state armed groups. Transitional education arrangements are needed while education systems in return areas, including school buildings, are being rehabilitated.

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.

SCHOOLS DAMAGED/DESTROYED IN FATA

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<thead>
<tr>
<th>Agency</th>
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<th>40</th>
<th>60</th>
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</table>

SCHOOL ATTENDANCE IN DISPLACEMENT

- 69% IDP
- 70% Afghan refugee children not attending school

* Including 817,000 million IDP children (returned and still displaced), and 0.6 million refugee children.
EMERGENCY SHELTER

CHANGES IN THE CONTEXT

In 2015, 0.6 million IDPs returned to FATA where many found their houses severely damaged by security operations and years of neglect and weather damage. The number of people living in IDP camps decreased significantly in 2015.

AFFECTED POPULATION

People returning to houses that are severely damaged and those living in tent-like shelters in open areas represent some of those most in need of shelter assistance. IDPs in displacement and return areas living in tents, and damaged or poorly constructed temporary shelters tend to be in critical need across other sectors including WASH, health and education.

HUMANITARIAN NEEDS

Returning IDPs find infrastructure that has been devastated by years of fighting and a lack of maintenance. 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.

In displacement, many IDPs live in informal settlements with inadequate housing, sanitation, electricity supply, schools, hospitals and roads. Nearly 60 percent of them rent their accommodation, which is often of poor quality such as backyards and damaged buildings. The influx of IDPs into urban areas has inflated rent, reducing the purchasing power of IDPs and host communities. An assessment conducted by the Protection Cluster found that more than half of renting IDPs are not aware of their tenancy rights and three-quarters have verbal rental agreements only. As IDPs are displaced for longer, their resilience and coping mechanisms become eroded, forcing some to move to spontaneous settlements when they can no longer afford the rent.

When Zubaida was 11 years old her family fled their home to escape violent clashes in their area. Once in Peshawar, they started living in a rented house. When they had used all their savings and could no longer afford the high rent, her family moved into Jalozai camp.

CHANGES IN THE CONTEXT

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FOOD SECURITY

CHANGES IN THE CONTEXT

In 2015, 0.6 million IDPs returned to FATA where there are few sources of livelihood, fields have been fallow, sometimes for several years, and IDPs lack the inputs needed to care for livestock. As a result, returning families risk becoming increasingly food insecure. Poverty, remoteness, limitation of resources & opportunities for livelihoods coupled with recurring droughts in Sindh have resulted in the lowest food security and nutrition status in the country.

AFFECTED POPULATION

Displaced families continue to be vulnerable to food insecurity, mainly due to poor access to stable livelihood opportunities. Many IDPs have also lost or sold their assets as they deal with the challenges of displacement. IDPs returning to FATA face similar challenges as they struggle to restart their livelihoods in difficult circumstances. Females who head households are less likely to have an identity card making it more difficult for them to receive monthly food rations, increasing the possibility of detrimental coping strategies.

The National Nutrition survey (NNS) explains the level of food insecurity and malnutrition in Sindh to be substantially higher than in other provinces. Forty nine percent of children under the age of five are stunted, wasting exceeds 48 percent and anemia among children in same age bracket is 72 percent, while it persists at 60 percent in pregnant and lactating women (PLW). Women are facing more difficulties than males, and are thus more vulnerable due to their additional household, child care and livestock rearing.

HUMANITARIAN NEEDS

The majority of IDPs have borderline or poor food consumption, while most do not have enough money to buy food even when it is available. According to an assessment of IDPs returning to FATA, 44 per cent do not consume sufficient calories and have particularly poor diets. It is unsurprising, therefore, that 45 per cent report food as their top need. Limited access to nutritious food, healthcare and reliable livelihoods make IDPs more vulnerable to food insecurity.

An estimated 60 per cent of IDPs own agricultural 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.
HEALTH

CHANGES IN THE CONTEXT

In 2015, 0.6 million IDPs returned to FATA where health facilities have been severely damaged, and lack sufficient staff and resources. While returns reduced pressure on overstretched health facilities in hosting communities, the scale of damage to health facilities in FATA equates to an overall increase in health needs. Meanwhile, the number of people living in IDP camps decreased to just 1 percent of the displaced population.

AFFECTED POPULATION

Given the devastated state of healthcare services in return areas and overwhelmed services in hosting areas of Khyber Pakhtunkhwa, all IDPs from FATA are in need of health assistance. Children under five, pregnant and lactating women, persons with disabilities and people at high risk of suffering complications from chronic diseases, including the elderly, are the most vulnerable in terms of health.

HUMANITARIAN NEEDS

Health systems observed during inter-cluster missions to FATA were almost non-functional due to structural damages, non-availability of qualified personnel, and a lack of basic equipment, medicines and amenities. Essential health services have been further disrupted by the displacement of qualified healthcare workers along with the rest of the population, who have, in some cases, have not worked for several years.

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 clean delivery rooms and other reproductive health services including for HIV/AIDS. There were almost no female doctors or skilled birth attendants; combined with cultural restrictions on women consulting male doctors, this means that approximately 12,000 pregnant women are at risk of developing pregnancy and child birth related complications or dying. There is a severe shortage of life-saving medicines and supplies including antibiotics, antipyretics and specific medicine for children, elderly, and pregnant women.

Pakistan is a key reservoir of polio with 41 cases in 2015. Vaccination services are non-functional due to a lack of electricity and disrupted cold chain. Poor WASH and shelter conditions, and high rates of malnutrition increase the vulnerability to diarrheal diseases, typhoid, respiratory infections and other prevalent vaccine preventable diseases.

IDPs and refugees 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. 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.

REASONS FOR NOT BEING ABLE TO ACCESS HEALTHCARE IN BARA, KHYBER

<table>
<thead>
<tr>
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<th>Male headed households</th>
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<tbody>
<tr>
<td>Facility too far away</td>
<td>35%</td>
<td>58%</td>
</tr>
<tr>
<td>Required services not available</td>
<td>34%</td>
<td>54%</td>
</tr>
<tr>
<td>Relevant staff not available</td>
<td>30%</td>
<td>53%</td>
</tr>
<tr>
<td>Cost of services</td>
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<td>Cost of transport</td>
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<tr>
<td>Security issues</td>
<td>10%</td>
<td>8%</td>
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</table>

DISTANCE TO NEAREST HEALTH FACILITY IN BARA, KHYBER

- Female headed households
- Male headed households

* All IDPs (returned and still displaced) and Afghan refugees in Pakistan
PART II: NUTRITION

NUTRITION

CHANGES IN THE CONTEXT

In 2015, some 0.6 million IDPs returned to FATA. Many IDPs had access to nutrition services for the first time during displacement, but no longer have access to these services upon return. Global acute malnutrition (GAM) rates that are above emergency thresholds for the overall population in Khyber Pakhtunkhwa (15 per cent) and higher still among IDPs (16.2 per cent) and are higher still in the drought affected districts of Sindh. Recent evaluations of malnutrition among infants aged 6 to 59 months in the return areas of Khyber Agency revealed GAM rates as high as 17.2 per cent and severe acute malnutrition at 5.2 per cent. This indicates an alarming rate of acute malnutrition; the situation may deteriorate further in the absence of nutrition specific interventions, food insecurity, and disrupted livelihoods.

AFFECTED POPULATION

Child malnutrition is the single biggest contributor to under-five mortality. Long term effects can include irreversible brain damage and reduced life expectancy. Maternal malnutrition increases the risk of poor pregnancy outcomes including obstructed labor, premature or low-birth-weight babies and postpartum hemorrhage. Stunted adult women are likely to carry on the vicious cycle of malnutrition by giving birth to low weight babies. In return areas, 64 percent of households reported having at least one member that was a lactating mother. Of these, 29 per cent of respondents reported that female household members had experienced a reduction of breastfeeding practices during and after return. Reduced breastfeeding increases the risk of malnutrition among children less than 2 years of age and further increases the risk of diarrhea.

Surveys of Sindh have shown there is widespread acute and chronic malnutrition, and a prevalence of poor infant feeding practices, problems compounded by food insecurity due to the ongoing drought-like situation.

HUMANITARIAN NEEDS

Primary health care and nutrition services in areas of return need to be restored. The establishment of integrated nutrition and health referral mechanisms is critical. This will require the repair and reconstruction of basic health infrastructure, retraining and maintaining health staff, as well as ensuring basic nutritional treatment and preventive measures and integrated into primary healthcare and community mobilisation approaches.

Long term malnutrition prevention requires specific treatments combined with access to safe drinking water, good sanitation and health services, adequate food security, behavioral change, and livelihood opportunities. The total figure of people in need includes 90,800 IDPs, 45,000 IDPs returned to FATA and 185,800 affected by drought in Sindh.

BREASTFEEDING AFTER DISPLACEMENT

- 63% Lactating women reduced or stopped breastfeeding

CHILDREN <5 YEARS IN KP/FATA

- Underweight: 24.1%
- Wasted: 17.3%
- Stunted: 47.8%

ANEMIA IN PAKISTAN

- 26% of lactating mothers are anemic

NO. OF IDPS/RETURNEES AND DROUGHT AFFECTED IN NEED

322,000

BY SEX

- 35% girls
- 38% boys
- 27% women
- 73% children (<18 yrs)
- 27% women (18-59)

BY AGE

- 63% of lactating women reduced or stopped breastfeeding

IDP SEVERITY MAP
PART II: PROTECTION

PROTECTION

CHANGES IN THE CONTEXT

With the increase in IDPs returning to FATA, ensuring that those with specific needs and the most vulnerable have access to live-saving services is critical. Conditions need to be established so that IDPs are able to return voluntarily, in safety and with dignity. Meanwhile, women, men, children, and persons with disabilities in displacement continue to face protection concerns and struggle to meet their basic needs.

Pakistan continues to host 10.5 per cent of the global refugee population, representing the world’s largest protracted refugee population. In 2015, important policy agreements between Afghanistan and Pakistan on solutions for Afghan refugees were reached within the 25th and 26th Tripartite Commission meetings. Both Governments agreed to develop mutually reinforcing policies on voluntary repatriation and management of Afghan refugees beyond 2015. The Pakistan Government draft policy includes a proposal for the extension of the Tripartite Agreement and the proof of registration cards until the end of 2017, continued protection in accordance with international norms, as well as temporary management arrangements beyond 2015.

AFFECTED POPULATION

Fifty-four per cent of IDPs are children while 25 per cent are women. Children are particularly vulnerable to violence, abuse, neglect and exploitation. Female- and child-headed households, elderly and persons with disabilities represent some of the most vulnerable groups and often have difficulty accessing humanitarian assistance and protective services.

Sixty-four per cent of Afghan refugees are children or youth (24 years old or below), and 74 per cent are the second or third generation of their family to be born in Pakistan. Many lack linkages to their country of origin, and require strong incentives to return and adequate opportunities for sustainable reintegration. Empowering refugee youth through education, vocational skills training, and livelihoods support thus remains a key priority.

IDP PROTECTION ISSUES BY DISTRICT/AGENCY

NO. OF PEOPLE IN NEED

<table>
<thead>
<tr>
<th>BY SEX</th>
<th>50% female</th>
<th>50% male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

NO. OF IDPS IN NEED

<table>
<thead>
<tr>
<th>BY SEX</th>
<th>54% female</th>
<th>46% male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

IDPS IN NEED OF CHILD PROTECTION

<table>
<thead>
<tr>
<th>BY SEX</th>
<th>37% girls</th>
<th>31% boys</th>
<th>32% women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>37%</td>
<td>31%</td>
<td>32%</td>
</tr>
</tbody>
</table>

NO. OF REFUGEES IN NEED

<table>
<thead>
<tr>
<th>BY SEX</th>
<th>47% male</th>
<th>53% female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47%</td>
<td>53%</td>
</tr>
</tbody>
</table>

REASONS IDP FEMALES DO NOT ACCESS DISTRIBUTION HUBS

- Not aware if females can access hubs: 55%
- Cultural restrictions: 23%
- Community members do not allow: 16%
- Family members do not allow: 7%
- Another male sent on female’s behalf: 4%
- Other: 2%

VOLUNTARY AFGHAN REFUGEE RETURN TRENDS

Fifty-four per cent of IDPs are children while 25 per cent are women. Children are particularly vulnerable to violence, abuse, neglect and exploitation. Female- and child-headed households, elderly and persons with disabilities represent some of the most vulnerable groups and often have difficulty accessing humanitarian assistance and protective services.

Sixty-four per cent of Afghan refugees are children or youth (24 years old or below), and 74 per cent are the second or third generation of their family to be born in Pakistan. Many lack linkages to their country of origin, and require strong incentives to return and adequate opportunities for sustainable reintegration. Empowering refugee youth through education, vocational skills training, and livelihoods support thus remains a key priority.
HUMANITARIAN NEEDS

Shock and stress over lost income and future uncertainty are common among IDPs in displacement and return areas, with 33 per cent of males and 42 per cent of females reporting to have experienced psychological stress and behaviour changes since displacement. This, in turn, has led to higher rates of depression, incidents of gender-based violence (GBV) including sexual violence, and post-traumatic stress disorder especially among women and children.

As they struggle to meet their basic needs, families resort to negative coping mechanisms including early marriage, forced child labour, and other harmful practices. Child marriages were reported to be happening in more than 10 per cent of households, often without the child’s consent.

While lifesaving multi-sectoral services to prevent and address GBV and child protection cases are overstretched or inadequate, persons with disabilities often face societal barriers in accessing services. In Khyber Agency, female doctors are not available in 94 per cent of communities, and interventions inclusive of ageing and disability are limited or non-existent. The potential presence of explosive remnants is also a concern in FATA.

The lack of a national identity card is the main barrier to receiving Government and humanitarian assistance including monthly food distributions and cash transfers for returning IDPs. Females are much more likely to not have an identity card than males. In Bannu district, for example, 87 per cent of IDP women in spontaneous settlements do not have a national identity card.

The voluntary return of refugees in safety and dignity, followed by their sustainable reintegration in Afghanistan, remains the preferred solution. Since 2002, over 3.9 million refugees from Pakistan have returned to Afghanistan including 54,048 that returned between January and September 2015. This was a significant increase from 2014, which saw a historic low in returns amid uncertainty over the complex political and security transitions in Afghanistan.

In 2015, the Governments of Afghanistan, Iran and Pakistan endorsed the Enhanced Voluntary Return and Reintegration Package designed to incentivize voluntary returns. Part of this involves supporting the creation of conditions conducive for sustainable reintegration by empowering returnees at an individual level to strengthen their coping mechanisms in the initial stages of return.

A total of 2,200 places have been secured for the 2015 resettlement programme to third countries. A merged process for refugee status determination and resettlement was introduced in April 2015 to simplify and expedite the resettlement procedure resulting in a significant decrease in case-processing time.

Pakistan has not yet enacted a national refugee legislation. The absence of a legal framework exposes the protection and management of refugees to unpredictable political and security developments. The Proof of Registration cards, issued by the Government of Pakistan, regulate the temporary legal stay of Afghan refugees in the country. The Government’s draft comprehensive policy on voluntary repatriation and management of Afghan refugees proposes the extension of these cards until the end of 2017. Its prompt approval by the Federal Cabinet will be critical to ensure the continued legal stay of refugees in the country and avoid uncertainty towards the end of 2015. Afghan refugees risk arbitrary arrest and detention, and may need legal assistance.

The Refugee Affected and Hosting Areas (RAHA) programme is a cornerstone of the implementation of the multi-year Solutions Strategy for Afghan Refugees and a principal burden-sharing platform for maintaining temporary protection space and enhanced community acceptance of refugees. In 2015 under RAHA, nearly 1 million people (23 percent of whom were Afghan refugees) benefitted from 62 humanitarian projects under the programme, which were implemented in the sectors of education, livelihoods, health, WASH and infrastructure across all provinces. The identification of projects for 2016 will reflect the strategic priority focus on youth empowerment through education, skills training and livelihoods support.

### REASONS FOR REFUGEES TO LEAVE PAKISTAN

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor living conditions</td>
<td>38%</td>
</tr>
<tr>
<td>Fear of arrest and/or deportation</td>
<td>31%</td>
</tr>
<tr>
<td>Uncertainty over POR card extension</td>
<td>10%</td>
</tr>
<tr>
<td>Seasonal weather conditions</td>
<td>7%</td>
</tr>
<tr>
<td>Camp/settlement closures</td>
<td>6%</td>
</tr>
<tr>
<td>Economic factors</td>
<td>4%</td>
</tr>
</tbody>
</table>
PART II: WATER, SANITATION & HYGIENE

WATER, SANITATION & HYGIENE

CHANGES IN THE CONTEXT
In 2015, some 0.6 million IDPs returned to areas of FATA where most drinking water infrastructure has been damaged or destroyed, and open defecation is common. While returns have eased some pressure on over-stretched WASH facilities in areas of displacement, the scale of needs in return areas has resulted in an overall increase of people in need.

AFFECTED POPULATION
Women, men, girls and boys returning to FATA face a particularly challenging situation accessing safe drinking water and improved latrines. IDPs residing in spontaneous settlements and official camps live in cramped conditions with restricted access to water and often poor sanitation facilities. In camps people are often entirely dependent on humanitarian assistance to provide access to safe drinking water and improved sanitation facilities.

HUMANITARIAN NEEDS
Many hosting areas in KP already had non-functional water systems, a lack of proper sanitation and a low awareness of appropriate hygiene. This situation has been exacerbated by the influx of IDPs into these areas. According to an assessment (conducted by the WASH Cluster in Bannu, which hosts a third of IDPs from FATA), one in three IDPs depend on an unsafe source of drinking water, and do not have appropriate water collection and storage containers. Difficult terrain and potentially unsafe areas further limit access.

Water is naturally scarce in return areas. An estimated half of drinking water supply schemes in return areas of Kurram and Orakzai are not functional or have been totally destroyed by years of insecurity and lack of maintenance. A similar situation is expected in other return areas. Instead, the population depends mainly on unsafe sources including rivers and water channels. Nearly a third of returned IDPs travel more than 30 minutes through often mountainous terrain to access water, increasing the vulnerability of women and girls. Schools and health centres in return areas often lack drinking water and latrines, contributing to the spread of disease especially among children.

In both areas of return and displacement (more than 13 per cent), latrine coverage in return areas is very low and open defecation is common both in heightening the risk of water-borne disease, and sexual exploitation and abuse especially of women and girls. Open defecation is particularly concerning given the high proportion of people depending on unprotected sources of drinking water. Due to cultural and social beliefs, hand washing is common at critical times but soap is not commonly used. The poor WASH situation increases the risk of disease outbreaks including polio and diarrheal diseases, placing the lives of displaced people and hosting populations at risk.

NO. OF PEOPLE IN NEED

<table>
<thead>
<tr>
<th>BY SEX</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>56%</td>
</tr>
<tr>
<td>Female</td>
<td>44%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>BY AGE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>56%</td>
</tr>
<tr>
<td>Child</td>
<td>44%</td>
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</table>

IDP SEVERITY MAP

IDP ACCESS TO WATER IN BANNU

<table>
<thead>
<tr>
<th>Depend on unsafe water</th>
<th>33%</th>
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</thead>
<tbody>
<tr>
<td>Not treating drinking water</td>
<td>75%</td>
</tr>
<tr>
<td>Walk &gt; 30 minutes to water source</td>
<td>34%</td>
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</tbody>
</table>

ACCESS TO LATRINES IN BANNU

50% Do not have a latrine in their house

RESPONSIBLE FOR COLLECTING WATER

Kurram Agency
Peshawar District
Overall hosting areas

Female adult  Male adult  Child
In 2015, over 40 multi-sector and detailed cluster-specific assessments were conducted across the country to identify and prioritise the needs of people affected by humanitarian disasters. Most of these focused on IDPs displaced in Khyber Pakhtunkhwa, and areas of return in FATA. Despite hosting one of the largest IDP caseloads, there was relatively little information available on the situation in Bannu District. Bureaucratic impediments to accessing the area was one of the main reasons for this gap. The humanitarian community also experienced difficulties assessing the specific needs of females and female-headed households in return areas. Information on specific protection issues including gender-based violence was also limited.

Several assessments were conducted by the Government of Pakistan to better understand the needs of people affected by the monsoon floods, the drought in Sindh and the Afghanistan/Pakistan earthquake. These assessments were conducted by the Government or specific humanitarian agencies. In terms of the nutrition situation across the country, the 2011 National Nutrition Survey remains the key source of information.

Needs assessments of registered Afghan refugees are conducted on an annual basis in an age, gender, diversity-sensitive manner in refugee villages and urban clusters. This approach fosters community participation in identifying needs and solutions.

**Communicating with communities:** Many returning IDPs do not have access to the critical information they require to make informed decisions about whether and how to return including schedules, compensation policies, and the location and function of grievance desks.

### Number of IDP Assessments by Locations and by Sector

<table>
<thead>
<tr>
<th>Location</th>
<th>Coordination</th>
<th>Early Recovery</th>
<th>Education</th>
<th>Emergency Shelter</th>
<th>Food Security</th>
<th>Health</th>
<th>Multi-Sector</th>
<th>Nutrition</th>
<th>Protection</th>
<th>WASH</th>
<th>TOTAL</th>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DI KHAN</td>
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<td>1</td>
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<td></td>
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<td></td>
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<td></td>
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<tr>
<td>HANGU</td>
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<td>1</td>
<td></td>
<td></td>
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<td>KOHAT</td>
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<td>PESHAWAR</td>
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<td>1</td>
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<td>KHYBER</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td>12</td>
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<tr>
<td>KURRAM</td>
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<td>1</td>
<td></td>
<td>2</td>
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<td>2</td>
<td>2</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>NORTH WAZIRISTAN</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td>1</td>
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<td>ORAKZAI</td>
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<tr>
<td>SOUTH WAZIRISTAN</td>
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<td></td>
<td>1</td>
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<td>1</td>
<td>1</td>
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<td>8</td>
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</table>
REFERENCES

Part One: Summary

2 UNHCR (September 2015). IDP Statistics.
3 UNHCR (September 2015). UNHCR Database. Pakistan.
6 IVAP-IRC and WFP (2015). Database.

10 UNDP (2014). ‘Pakistan’.
15 OCHA Pakistan (2010-2015). Situation Reports; Financial Tracking System (FTS) Database.
17 UNHCR (September 2015). IDP Statistics.
19 UNHCR (September 2015). IDP Statistics.
23 UNHCR (September 2015). Refugee Factsheet and Operational Update.
24 UNHCR (September 2015). Refugee Factsheet.
25 OCHA (October 2015). Site Reports.
27 PDM Punjabi and Sindh (October 2015). Discussion with OCHA.
29 UNHCR (September 2015). UNHCR Database. Pakistan.
30 UNHCR (September 2015). UNHCR Database. Pakistan.
50 UN agencies that are members of the Humanitarian Country Team.
51 Pakistan Humanitarian Forum (2015). Available at: pakhumanitarianforum.org/about-phf/members/
52 OCHA (September 2015). 4W Matrix. Available at: https://docs.google.com/spreadsheets/d/1JuVezQFQs3XTLMMLtEY26a0AhFexNs9V_20T35q/edit?gid=1139455623

Part Two: Needs Overview by Sector

Camp Coordination and Camp Management

1 Reported by FATA Disaster Management Authority (15 October 2015).
2 UNHCR (September 2015). IDP Statistics.
4 UNHCR (January and September 2015). IDP Statistics.
5 UNHCR (September 2015). IDP Statistics.
PART I: HUMANITARIAN ACCESS, RESPONSE CAPACITY

Community Restoration
2 IVAP-IRC and WFP (2015). IDP Vulnerability and Assessment Profiling (IVAP) and Needs Identification Exercise (NIE) database on FATA IDPs in KP (June 2013 to March 2015), accessed September 2015.
3 IVAP-IRC and WFP (2015). Database.
7 Based respondents reporting that one of their top three needs is livelihoods support or job opportunities. IVAP-IRC and WFP (2015).
8 IVAP-IRC and WFP (2015). Database.

Food Security
8 Based on discussions of Food Security Cluster.
10 IVAP-IRC and WFP (2015). Database.

Health
1 Calculations based on population figures conducted by Health Cluster.
3 Based respondents reporting that one of their top three needs is health. IVAP-IRC and WFP (2015).

Nutrition
1 Based on UNICEF programme data (September 2015).
4 FDMA/HCT (August 2015). FATA Returnees.

Protection
2 UNHCR (September 2015). IDP Statistics.
3 UNHCR (September 2015). UNHCR Database. Pakistan.
4 Based on discussion among Protection Cluster partners.
6 UNHCR (September 2015). Pakistan Voluntary Repatriation Update.
11 UNHCR (September 2015). UNHCR Database. Pakistan.
12 Provided by UNHCR.
14 UNHCR (September 2015). Voluntary Repatriation Update.
15 UNHCR (September 2015). Voluntary Repatriation Update.

Water, Sanitation and Hygiene
2 ICCM (September 2015). Intercluster Assessment Kuram and Orakzai Report.
3 ICCM (September 2015). Intercluster Assessment Kuram and Orakzai Report.
5 Based respondents reporting that one of their top three needs is water. IVAP-IRC and WFP (2015).
8 IVAP-IRC and WFP (2015). Database.