





Strengthening Education and Health Services for Refugees and Host Communities (EHS)

Support to the Government of Pakistan in Improving Access to Public Services in Refugee-Hosting Areas

Context

For more than four decades, Pakistan has been hosting one of the largest refugee populations in the world. Out of the 2.7 million registered Afghan refugees worldwide, approximately 1.3 million are living in Pakistan. In addition, there are approximately 880,000 refugees in Pakistan with Afghan Citizen Cards (ACC). It is estimated that there are up to 500,000 unregistered Afghan refugees. The majority of refugees reside in the province of Khyber Pakhtunkhwa (52%), with 68% living in urban and semi-urban areas alongside their Pakistani host communities and relying on national public services.¹

Objective

The Government of Pakistan is supported in improving access to public services in the health and education sectors for vulnerable Afghan refugees and host communities in selected districts of Khyber Pakhtunkhwa.

Approach

The project aims to support the Pakistani partners to strengthen access to public education and health services in refugee-hosting communities. To this end, the project focuses on strengthening sector governance in education, health and local governance and supporting co-operation between the Commissionerate for Afghan Refugees (CAR) and subnational government structures. In line with the sustainable development goals (SDGs) and its principle Leave No One Behind (LNOB), the project focuses on improving the access to public services for vulnerable groups including Afghan refugees, women, children, youth and persons with disabilities. The project is implemented in three selected districts of Khyber Pakhtunkhwa with a significant percentage of Afghan refugees.

Strengthening Education and Health Services for
Refugees and Host Communities (EHS)
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Activities

Education

- Support to participatory planning processes leading to inclusive district education sector plans
- Capacity development for education officials and parent-teacher councils (PTCs)
- Support to awareness raising campaigns tackling the reduction of school drop-out rates

Health

- Support to participatory planning processes leading to inclusive district health sector plans
- Capacity development for health officials and primary healthcare management committees (PCMCs)
- Support to awareness raising campaigns on mother-child health and hygiene education

Cooperation CAR – subnational government structures

- Strengthen CAR's support to refugees living in urban and semi-urban areas
- Capacity development and cooperation between CAR and subnational government structures
- Support to local governance, women's networks and exchange fora with vulnerable groups













Nina Harnischfeger
Head of Project
Strengthening Education and Health
Services for Refugees and Host
Communities (EHS)
nina.harnischfeger@giz.de

Left: Inauguration of the student enrolment drive in government schools, Khyber Pakhtunkhwa, 2022.

Right: Household survey to assess health and education needs of vulnerable communities, Khyber Pakhtunkhwa, 2022.

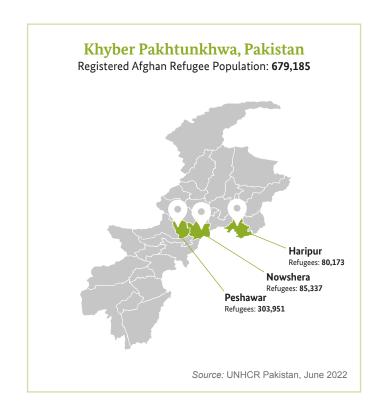
Public Participation

- Support to the establishment of digital or hybrid approaches for improved public participation
- Digital skills development to enable participation via hybrid and digital approaches
- Support to awareness raising campaigns on hybrid or digital participation

Results (October 2022)

- A baseline study and household survey of 12,284 Afghan refugees' families was conducted to ensure evidence-based programming.
- Two Urban Refugees Support Unit (URSU) were established, which are catering to over 300,000 urban Afghan refugees. Comprehensive capacity development measures for the desk officers is in process.
- Support to the Elementary Education Department's enrollment campaign led to the enrollment of 3,786 out of school children (including 115 Afghan refugee girls, 131 boys and 116 children with disabilities).
- Inclusive Participatory Planning Strategy developed lead to the development of District Education Plans 2022-23 and Inclusive School Improvement Plans through participatory planning processes.
- 60 Inclusive PTCs with 600 members (360 women) were reactivated. Two Afghan refugee parents are now members in each of these PTCs.
- 600 PTCs members (360 women) were trained on social cohesion, community mobilization and advocacy.
- 60 PCMCs were capacitated on their roles and responsibilities in 60 healthcare facilities with 360 members (39 women). Each PCMC has representation from the Afghan refugee community.
- 300 community activists (50% girls) from Afghan refugee and host communities were trained on community outreach and these activists have conducted over 1,000 sessions (60% women participation) on social cohesion and awareness on education and health services.

- All studies, including baselines, household surveys, and training need assessment are designed to produce gender disaggregated findings and assess the impact of project interventions on people from vulnerable groups.
- To ensure inclusion of persons with disabilities in the health and education components of the project, a Disability Inclusion Action Plan was rolled out at 120 health and education facilities.
- Inclusion of vulnerable groups (with a target of 60% women beneficiaries) is ensured in project planning, implementation, and evaluation processes through a Gender & Disability
 Mainstreaming Framework.
- 83 education officials (38 women) have been trained on Gender & Disability inclusion.



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Registered offices Bonn and Eschborn, Germany

GIZ Country Office Level 5, Serena Business Complex Khayaban-e-Suhrawardy, Sector G-5/1 Islamabad, Pakistan

Phone +92 (51) 111 489 725 Fax +92 (51) 2656 376 giz-pakistan@giz.de www.giz.de

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Author(s) Nina Harnischfeger, Arsal Latif

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Division 2B00 Afghanistan, Pakistan