Children in Pakistan

Every Child’s Right - Responding to the Floods in Pakistan

September 2010
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Reporting Period: 28 July - 15 September

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OVERVIEW

The Pakistan floods began in July 2010 following heavy monsoon rains in the Khyber Pakhtunkhwa, Sindh, Punjab, Gilgit-Baltistan, Balochistan and Pakistan-Administered Kashmir regions of Pakistan. The disaster has inexorably worsened for five straight weeks, with floodwaters engulfing the country from north to south. Over two thousand people have died and over a million homes have been destroyed since the flooding began.

More than 20 million people have been affected, exceeding the combined total of people affected by the 2004 Indian Ocean Tsunami, the 2005 Kashmir earthquake and the 2010 Haiti earthquake. In funding terms, the revised interagency appeal disaster (US$ 2 billion) issued on 17 September was the largest ever, surpassing even that for the Haiti earthquake earlier this year. With over 10 million children hit by the flooding, the humanitarian crisis in Pakistan is so massive that the actual scale continues to elude the imagination of the public across the world.

Approximately one-fifth of Pakistan’s total land area has been underwater due to the flooding. Flooding has also destroyed large tracts of agricultural land and crops within an already food-insecure country. Given the widespread crisis, the risk of child malnutrition looms large, with the very young extremely vulnerable. Malnutrition is compounded by the vicious circle of contaminated water, bad sanitation and poor hygiene practices, which is also likely to lead to illness and further malnutrition, and malnutrition in turn increasing the risk of sickness.

Some areas of Pakistan, notably Sindh Province, continue to be flooded and hundreds of thousands of people are still being evacuated. The emergency is by no means over. In other areas, as flood waters recede, people are moving back to homes. Livelihoods have been destroyed in areas where people were already struggling to meet their daily survival requirements before the floods.

The impact of the floods will continue to be felt for years, even decades, to come. Initial estimates from the Government of Pakistan and the International Financial Institutions suggest that tens of billions of dollars in damage has been dealt to the economy and infrastructure. The cost in human terms is incalculable. Continued efforts need to be made immediately to ensure there is sufficient support for responding to the immediate crisis as well as the early recovery components that need to be addressed simultaneously. Recovery – and fulfilling every child’s right – will take a long time. We need to only look back at the Tsunami and Haiti to recognise that large-scale emergencies involve saving lives in the immediate response but also rebuilding the fabric of societies - some of which was already frayed - in a resilient manner.

Fast Facts

- One-fifth of Pakistan’s total land area is flooded - with the flood waters still moving Pakistan is experiencing several disasters simultaneously.
- Twenty million people are affected, including over 10 million children of which 2.8 are under five.
- The WASH Cluster led by UNICEF is collectively reaching over 6 million people with a combination of safe water supplies and water treatment for families. As part of this effort some 2.5 million people are receiving safe water through UNICEF.
- The Health Cluster with major support from UNICEF reached half a million children under-five with polio immunisation and more than 420,000 children have been immunised against measles.
- Key nutrition supplies reaching over 375,000 children under-five and 50,400 pregnant and lactating women.
- 35,000 children have access to educational and recreational services and 26,000 children and women have received psycho-social support.
- Some 16,400 schools are affected and 1.8 million children are at risk of being unable to attend school.

UNICEF’s revised funding requirement is US$ 252.3 million, with a remaining funding gap of US$ 160.8 million as of 17 September.
HUMANITARIAN NEEDS

The consequences of the flooding for Pakistan’s poorest and most vulnerable people are serious. Of the 20 million people who have been affected, approximately ten million children and three million women are severely affected. The United Nations and its partners have launched an appeal to provide aid for up to 14 million people over a 12-month period.

Initial findings of the Multi-Cluster Rapid Assessment Mechanism (McRAM) assessments show key priorities are shelter and food.

However there is also a high risk of a ‘second wave’ emergency related to disease outbreaks given contaminated water sources, access to potable water and sanitation facilities, poor living conditions, poor access to food and nutrition for children. For UNICEF, increased provision of safe water, sanitation, hygiene interventions, nutrition and health services and the expansion of learning opportunities and scale-up of protection mechanisms remain critical.

1. Water Sanitation and Hygiene – The results of the recently completed McRAM assessments show that a worrying amount of the water that is available is not potable. Efforts continue to improve the quality of water provided both at the source and at the household levels. Only 42 per cent of households surveyed had closed water contain- ers, though 53 per cent were practicing some form of household water treatment. Sanitation and hygiene are rapidly becoming the priority problem with just 20 per cent of households surveyed having a clean toilet and 26 per cent washing their hands with soap.

2. Communicable Disease - Reports from health authorities show continuously increasing cases of malaria, acute respiratory infections, skin diseases and acute diarrhoea in flood-affected districts. Since 29 July, over 4.7 million patients (with estimated 600,000 children under 5) have sought health services, of which 19 per cent were suffering from skin infections, 15 per cent each from acute respiratory infections, 13 per cent from acute diarrhoea and 3 per cent from suspected malaria.

3. Nutrition – The floods have had a negative impact on infant feeding practices. Approximately 50 per cent of nursing mothers have reduced breast feeding and around 15 per cent have stopped breast feeding since the floods began.

Women report that they do not have sufficient privacy for breast feeding. Around 10 per cent of mothers with young children report having to reduce complementary food given to their children. Across all provinces there are reports of distribution of breast milk substitute products. These reports were the most prevalent in Sindh (more than 25 per cent of households reporting). The Vulnerability Assessment report led by WFP also revealed 7.4 million ‘extremely vulnerable’ people in affected areas – with the number in Sindh expected to increase. NGO screening reports indicate pockets of severe acute malnutrition emerging in these areas. It is estimated that there are approximately 126,000 children at risk of being severely malnourished and 420,000 children at risk of being moderately malnourished.

4. Protective Environment for Children - An estimated 1.8 million children are at risk of being unable to attend school at the start of the school year in September, as over 8600 schools were damaged and over 5600 schools are occupied by flood victims and need repair and rehabilitation. Directly and indirectly more than 16,400 schools have been affected. The floods have also created new protection risks for children and exacerbated pre-existing threats: children have been or are at risk of being separated from their families, they are at risk of abuse, they lack or have limited access to assistance, and they have witnessed death and destruction.

An Inter-Cluster Survival Strategy is being developed in conjunction with the Health, Nutrition, WASH and Food Clusters to prevent a ‘second wave’ emergency of disease outbreaks. Teams have moved into the field to establish strong coordination between Clusters in the most at risk districts in order to be in a position to conduct prevention and response interventions.

PRIORITIES FOR CHILDREN

Large scale mobilisation efforts and an unprecedented pulling together of all partners are required. The Provincial Governments and the Federal Government of Pakistan, through national and provincial disaster management authorities, through Federal and Provincial Ministries, departments and parastatals, are directing the response, and the Pakistani Army is also playing a key role. All Humanitarian Clusters have been activated, and there are also numerous local and international actors outside the Cluster system whose efforts must be taken into account.
SIMULTANEOUS HUMANITARIAN AND EARLY RECOVERY INTERVENTIONS

Strategic priorities and timelines, as well as the type of approach, will vary between and within provinces. In Khyber Pakhtunkhwa, more than two thirds of the affected population have already returned to their homes. In the south in Sindh floodwaters are still rising, nearly half of the affected population is residing in organised camps, and the majority of others are living in spontaneous encampments or collective centres. Flexibility will be needed to respond effectively to these varying contexts.

The crisis has hit the poorest, the weakest and the most vulnerable, affecting people differently across wealth quintiles, ethnicities and gender. The long-term impact will be felt for years to come and will have a profound impact on meeting the Millennium Development Goals (MDGs) for Pakistan. The central challenge of meeting the MDGs with equity is clear in this respect – we will need to refocus on the poorest and most marginalised children, women and families that have been affected.

UNICEF is currently developing a 12-month early recovery strategy that leverages the linkages between clusters to maximise results. UNICEF will work to develop capacity at the community, district, province and policy levels to provide sustainable solutions and ensure national ownership. The strategy will be closely linked to the 12-month Cluster strategies that are being prepared for the revision of the Pakistan Floods Emergency Response Plan (FERP).

UNICEF, as a member of the UN-Disaster Need Assessment (DNA) Task Team, has agreed to contribute to strengthening of sectoral analyses of the damage and loss assessment that had been initiated by the World Bank, with emphasis on the human dimensions of the impact of the disaster. Supplementing this effort, the Task Force also agreed to conduct the study of the flood impact on the achievement of MDGs, independent from the World Bank's DNA with technical support from UNICEF.
The flood had a devastating impact across affected areas. Sanitation is now virtually non-existent, water sources have been damaged and contaminated and people have lost essential household items to fetch and store water, resulting in an acute shortage of safe drinking water. People have lost their sanitation facilities and are forced to rely on open defecation – women are particularly affected, lacking privacy and safety, particularly in spontaneous camps where displaced people have concentrated, where facilities are inadequate or completely lacking. Hygiene is also rapidly emerging as a priority issue with acute watery diarrhoea, respiratory infections, and skin and eye diseases on the rise, with several confirmed cases of cholera already reported.

Responding to Immediate Needs

Water Supply

More than 6 million people have been reached with interventions through joint efforts of the WASH Cluster led by UNICEF. UNICEF’s overall contribution to these efforts is reaching over 2.5 million people with safe water supplies reaching the targets set for this phase of the intervention. Over one thousand water supply schemes have been restored or rehabilitated. UNICEF is providing safe water through over 680 water tankers in daily service.

Lady Health Workers (LHWs) and NGO partners have distributed more than 2.5 million water purifying tablets and sachets (each tablet purifies up to 5 litres of water). UNICEF is also collaborating with the Pakistan Council for Research on Water Resources (PCRWR) to test and chlorinate all functioning water sources in flood-affected areas of the provinces.

### Province

<table>
<thead>
<tr>
<th>Province</th>
<th>Population reached with clean drinking water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>380,540</td>
</tr>
<tr>
<td>Sindh</td>
<td>119,316</td>
</tr>
<tr>
<td>Khyber Pakhtunkhwa</td>
<td>1,683,411</td>
</tr>
<tr>
<td>Balochistan</td>
<td>240,000</td>
</tr>
<tr>
<td>Gilgit Balistan</td>
<td>26,030</td>
</tr>
<tr>
<td>Azad Jammu &amp; Kashmir</td>
<td>100,420</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,549,717</strong></td>
</tr>
</tbody>
</table>

Source: UNICEF WASH Section, Islamabad

Sanitation

Scaling up sanitation in the immediate phase has been difficult due to the general lack of capacity among partners. So far over 3,000 latrines (separate for men and women) have been set-up serving over 20,000 persons.

Where space permits, private washing areas for women have been set up near latrines. The plan is to reach the target population of 2.5 million with combined sanitation and hygiene interventions.
Hygiene Promotion

Over 60,000 hygiene kits that cater to the needs of women and adolescent girls have been distributed benefiting over 420,000 people. More than 71,000 hygiene promotion sessions have been conducted for over 499,000 people.

WASH in Schools

WASH has started with the restoration of school water and sanitation systems in 660 schools for the populations using schools as temporary shelters. As the water recedes, families will be able to move back to their places of residence and the schools will become available again for students. The WASH programme is closely coordinating with the Education Cluster and partners to cover schools affected (over 5,000 schools are being used as shelters).

WASH Cluster Coordination

Of the more than 6 million people being reached by the WASH Cluster led by UNICEF, some 3.37 million people are being reached through water trucking, water treatment plants, repair of wells, and other interventions. Supplies for household water treatment have been distributed for an additional 3 million people. The WASH Strategy Framework developed under the leadership of the Government and UNICEF is now being revised and inter-cluster linkages with health and nutrition are being strengthened.

Cluster coordination and information management capacity is being expanded at the national and provincial levels. To date, Clusters are operational in Islamabad, Peshawar, Quetta Sukkur, Multan, Gilgit-Balistan and in the Pakistan-Administered Kashmir (PAK).

Limited information management resources within the cluster has affected its capacity to gain comprehensive understanding of the level of needs and response, however information management staff are now on the ground, including at provincial level.

Challenges and Looking Forward

The key challenge is the scale of the response required, and much more needs to be done to reach all children and women with safe water and sanitation, including a need for vast quantities of basic WASH supplies.

Capacity for implementation on the ground is low or hampered due to the disruptions caused by the floods, and coordination has proved particularly complex with gaps and a lack of flow of information from provincial to field level and between Government and non-governmental actors. However this is being addressed through the Cluster and information focal points are beginning to be identified.

Meanwhile, UNICEF will continue to focus simultaneously on relief and early recovery for the next six months across the country, except in Sindh where the focus will be primarily on relief for the time being.

Funding

Requirements: US$ 123,817,223
Funded: US$ 38,871,733.65
Gap: US$ 84,945,489

Note: All figures are in US dollars. Funds required are as of the revised inter-agency appeal launched 17 September 2010. Amounts reported are on an interim basis as of 15 September 2010. Funded amounts reflect actual contribution amounts.
Core Commitments for Children in Humanitarian Action

HEALTH

STRATEGIC RESULT
Excess mortality among girls, boys and women in humanitarian crisis is prevented

Women and children are facing major life-threatening challenges due to low access to basic health care, damages to health facilities, socio-cultural barriers preventing women from accessing care and the cost of care for families who have lost their livelihoods. Initial estimates as of 1 September 2010 reported that some 236 health facilities had been damaged and 200 were destroyed in four flood-affected provinces.

With the flood advancing downstream, an additional 80 facilities were reported damaged in Sindh. Community based providers, including Pakistan's network of Lady Health Workers (LHW) and Community Midwives have been affected themselves and community level health care networks are severely disrupted. Out of the 20 million affected by the floods 820,000 (4.1 per cent) are pregnant women, 2,800,000 (14 per cent) are under 5 and 700,000 (3.5 per cent) are under 1 year.

Responding to Immediate Needs

Immunisations

UNICEF is focused on reaching all children in 57 worst-affected districts living in camps, schools and other temporary shelters with total vaccination coverage of polio (0-59 months) as well as measles and vitamin A distribution for children 6-59 months. In August, in severely affected districts in Khyber Pakhtunkhwa, 92 per cent of children (260,100 out of 284,852) were reached with polio vaccinations, 91 per cent (232,622 out of 253,217) were reached with measles vaccinations and 82 per cent (234,616) were reached with vitamin A supplementation. Gaps remain in other flood-affected areas and campaigns are planned and underway for September and October. The table below illustrates efforts of the Government and the Health Cluster including UNICEF as a key partner.

<table>
<thead>
<tr>
<th>Province</th>
<th>Polio</th>
<th>Measles</th>
<th>Vitamin A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>118,613</td>
<td>61,992</td>
<td>49,842</td>
</tr>
<tr>
<td>Sindh</td>
<td>71,746</td>
<td>63,302</td>
<td>52,098</td>
</tr>
<tr>
<td>Khyber Pakhtunkhwa*</td>
<td>273,425</td>
<td>252,367</td>
<td>235,065</td>
</tr>
<tr>
<td>Balochistan</td>
<td>29,328</td>
<td>28,574</td>
<td>24,388</td>
</tr>
<tr>
<td>Azad Jammu &amp; Kashmir</td>
<td>6,843</td>
<td>14,506</td>
<td>14,506</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>499,955</td>
<td>420,741</td>
<td>375,899</td>
</tr>
</tbody>
</table>

Source: Provincial Health Departments.

* Khyber Pakhtunkhwa figures include routine and campaign results.

Emergency Health

Medical services are being provided in all provinces through medical camps, mobile medical teams and static facilities. So far over 200,000 people (about 75 per cent of which are women and children) have benefitted from these services in
Khyber Pakhtunkhwa. The Government is also providing services to more than 1.7 million patients in camps and health facilities in Sindh and Punjab. Some 81,800 clean delivery kits and 110,000 newborn care kits soon to arrive in affected areas will help mothers give birth safely and ensure proper care can be given for their babies. UNICEF also immediately started distributions and pre-positioning of Oral Rehydration Salt and zinc to treat up to 2.1 million episodes of diarrhoea with 3 months worth of supplies to be given to LHWs in all flood-affected districts. UNICEF is also supporting an effort to frontload antibiotics for treating pneumonia and referrals have been made for acute cases of acute respiratory illness (ARI).

UNICEF will also engage and support LHW’s who are now caring for flood affected people as well as LHW’s who are among those affected by the floods. LHW’s are essential for multiplying and scaling up interventions. Plans are underway to support 10,500 displaced LHW’s with shelter. Some 20,000 displaced LHWs and Community Midwives (CMW) who have to cover an increased number of patients will be supported with additional supplies, basic equipment and operational costs.

To avert the outbreak of Malaria, UNICEF is supporting the Departments of Health for fumigation of standing floodwaters in the 4 provinces of Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan. So far over 7,100 fumigation operations have taken place, while 25,000 bed nets have been distributed in Balochistan, and an additional 912,500 nets are on order for distribution.

Health and hygiene promotion messages are continuously being provided through Lady Health Workers, the national Maternal Neonatal and Child Health programme as well as NGO partners and institutions in the temporary camps for displaced populations. The Mother and Child Health Week and Days are to be launched on 19 September with the Ministry of Health.

Messages have been developed in collaboration with Government counterparts. Tools are being developed for LHW’s to conduct health sessions on pneumonia, diarrhoea, clean water, sanitation and infectious disease.

Challenges and Looking Forward

The main challenge is a shortage of female service providers. The way forward includes intensifying vaccination campaigns and concurrent vitamin A distribution, conducting Mother and Child Weeks (MCW) to deliver a defined package of maternal, newborn and child health care services.

UNICEF will also expand efforts to provide medicine, equipment, other supplies and operational support to Lady Health Workers and Community Midwives and health facilities to resume and to restore community-based basic maternal, neonatal and child health services.

Funding

Requirements: US$ 50,826,101
Funded: US$ 16,333,236.92
Gap: US$ 34,492,864

Note: All figures are in US dollars. Funds required are as of the revised inter-agency appeal launched 17 September 2010. Amounts reported are on an interim basis as of 15 September 2010. Funded amounts reflect actual contribution amounts.
Loss of property, food stocks and the damage to standing crops will further increase food insecurity at household level for millions of Pakistanis. Keeping in view the hygiene and sanitation situation, there is a high risk of water borne diseases which will further aggravate the already compromised nutritional status of children, and pregnant and lactating women, resulting in increased morbidity and mortality. Based on the estimation that 20 million people are affected, there are an estimated 2.8 million children that need support. There are approximately 126,000 children at risk of being severely malnourished and 420,000 children are at risk of being moderately malnourished.

Responding to Immediate Needs

Surveys and Monitoring

Surveys shows that 40 per cent of households have lost all their food stocks. Fifty per cent of breast feeding mothers reported that they have reduced breast feeding and 15 per cent have stopped breast feeding since the floods. These findings provide qualitative information for further assessments in the specific areas such as infant feeding in emergencies. However, nutritional surveys are still required to provide quantitative data for strengthening planning and implementation of nutrition interventions in flood-affected areas.

Acute Nutritional Needs

Distribution of key nutrition supplies like High Energy Biscuits, Ready-to-use-supplementary foods (RUSFs), Unimix, micronutrient sachets and tablets is ongoing. A one-time supplementary food distribution in coordination with WFP to fill the gaps is underway for 376,065 children under 5 and 50,400 pregnant and lactating women. Affected communities are also being provided with ORS sachets, Zinc, Amoxicilin and de-worming tablets. In Khyber Pakhtunkhwa referrals are being strengthened to treat acutely malnourished children without complications through outpatient therapeutic feeding programmes (OTPs) already established in flood affected areas and to provide management of severe acute malnutrition (SAM) according to national technical guidelines.

Specialised emergency nutrition supplies, such as therapeutic paste (Plumpy’nut), therapeutic milk, medicines and anthropometric equipment are also being distributed to implementing partners to scale up treatment of acute malnutrition. UNICEF is collaborating with WFP on supplementary feeding centres, and with WHO on stabilisation—or therapeutic—feeding centres. A stabilisation centre for severely malnourished children with complications is being established at Larkana Civil Hospital in Sindh, while another is already functional in Rajanpur in Punjab.

UNICEF’s targets from mid September are: 75,600 (60 per cent of annual caseload) severely acute malnourished children treated through facility and community based manage-
ment of acute malnutrition; 180,000 (43 per cent of annual caseload) moderately acute malnourished children. At the same time 126,000 pregnant and lactating women at risk of malnutrition will be provided with supplementary food rations in collaboration with WFP, and micronutrient deficiencies will be addressed and prevented through provision of multiple micronutrient suplementations to 376,065 children aged 6-36 months and 123,200 pregnant and lactating women.

Nutrition Cluster Coordination

Through Cluster partners, 17,762 children and 29,462 pregnant and lactating women have received fortified blended food and BP5 biscuits. With the arrival of new stocks of ready-to-use therapeutic foods, UNICEF as Cluster-lead in Nutrition is launching scale-up efforts for treatment of severely malnourished children under 5 and micronutrient supplementation for children under 5 and pregnant and lactating women.

To control micronutrient deficiencies and prevent under-nutrition, 18,179 children and 18,722 pregnant and lactating women have received micro-nutrient supplementation. The Cluster has reached more than 8,000 community members with key messages on breast feeding, appropriate complementary feeding, hand washing and hygiene in camps in Punjab through Lady Health Workers. More than 30 Supplementary Feeding Programmes and 30 out-patient therapeutic programmes are functional in flood affected districts of Khyber Pakhtunkhwa.

The Cluster is also actively pursuing promotion, protection and support to breast feeding. Following the Ministry of Health's guidelines against breast milk substitute donations, UNICEF, WHO and WFP issued a Joint Statement calling for support for appropriate infant and young child feeding in the current emergency, and caution about unnecessary and potentially harmful donations and use of breast-milk substitutes.

The Cluster is strongly urging all who are involved in funding, planning and implementing the emergency response in Pakistan to avoid unnecessary illness and death by promoting, protecting and supporting breastfeeding and appropriate complementary feeding and by preventing uncontrolled distribution and use of breast-milk substitutes.

Cluster partners have agreed to establish three sub-working groups: Nutrition Assessment and Surveillance, Community Management of Acute Malnutrition and Infant and Young Child Feeding.

Challenges and Looking Forward

The main challenge remains lack of partners to implement emergency nutritional interventions and the need for training of regular development partners on humanitarian nutritional response programming. Increased funding is needed for community and facility-based management of acute malnutrition in all affected provinces. Due to the ongoing critical needs, scale and requirements of this emergency, UNICEF is compelled to bring supplies by air at very high costs. At the same time, planning is ongoing with a focus on community-based management of severely malnourished children to cover all the needs and prevent a deterioration of the nutritional status of young children and pregnant and lactating women, including protection and promotion of optimal infant and young child feeding practices.

Funding

Requirements: US$ 27,555,748
Funded: US$ 17,925,733.21
Gap: US$ 9,630,015

Note: All figures are in US dollars. Funds required are as of the revised inter-agency appeal launched 17 September 2010. Amounts reported are on an interim basis as of 15 September 2010. Funded amounts reflect actual contribution amounts.
Initial assessments reveal that 1.8 million children in schools have been affected by the floods and that more than 16,400 schools have been directly and indirectly affected, with floods compromising also the availability of trained teachers. Many other school buildings are being used as temporary shelters by displaced families. Subsequent assessments will be required to determine the psychosocial impact of the disaster on students and teachers, and the needs of local education authorities and managers.

Responding to Immediate Needs

Restoring Access to Quality Education

The floods affected over 16,400 schools—including 8,618 schools that have been damaged while another 5,689 schools are being used as temporarily shelter. There were approximately 1.8 million children in schools affected by the floods, including 680,000 girls. Today they are all at risk of missing the start of the academic session—a risk that weighs more on girls given previous social and cultural barriers to access.

To restore access to quality education, the total number of Temporary Learning Centres has increased from 98 to 373 across 3 provinces and Pakistan-Administered Kashmir, benefiting 35,106 children. Provision of school supplies including tents, school-in-a-box kits, and recreation kits, are being procured through UNICEF offices in Nepal, Sri Lanka, Afghanistan, and Bangladesh.

Out of the 130,000 school retention kits in stock, 15,000 have been distributed and another 35,000 will be distributed this month, while other essential teaching and learning material have been provided to Temporary Learning Centres.

The National Rural Support Programme in Pakistan-Administered Kashmir has provided 77 tents to UNICEF for setting up further centres, while UNICEF and other cluster partners will support the Government in setting up 250 Temporary Learning Centres in the area benefitting nearly 10,000 students. Plans are also underway to set-up 650 centres in Punjab.

Capacity Building

UNICEF brought in special technical expertise to build the Education Cluster’s capacity in emergency response and planning. UNICEF is also providing technical assistance in support of rapid assessments in all provinces and in Pakistan-Administered Kashmir, with a first assessment completed in Punjab to be released in early September.

At the same time partners in Sindh were trained on Minimum Standards of Education in Emergency and Early Recovery, and on use of the School-in-a-Box kit.
Education Cluster Coordination

UNICEF and Save the Children UK coordinate the Cluster with the Ministry of Education in Islamabad and in 5 districts across 4 provinces. The Cluster is working with the Government and partners to ensure that education interventions are appropriately prioritised, but in the first month of the emergency immediate life-saving interventions were the focus of most stakeholders.

By the end of August however the Education Cluster identified the need to focus immediately on provision of school supplies (including tents, school in box kits and recreation kits) ahead of the next school year. The Education Clusters in Islamabad and sub-national Clusters in provinces are focusing on plans to construct temporary school structures to compensate for the schools that were damaged and that are not safe for children. The aim is to ensure continuation of education during the transition period from tents to permanent buildings. At the same time communication materials have been developed and distributed for IDP shelter schools across the affected areas in all the provinces.

The Cluster is also advocating for a more integrated approach to school improvement during early recovery so that all key factors influencing the quality of education for both boys and girls are properly addressed such as:

• Provision of psychosocial support for children and teachers affected by the flood;
• School feeding and other food incentives for all children;
• Installation and proper use of missing facilities in schools for better health, hygiene and school safety.

Due to limited resources and access, comprehensive needs assessment for the educational sector has only begun. The rapid assessments for Sindh, Punjab, Balochistan and Pakistan-Administered Kashmir have been completed while the rapid assessments for Khyber Pakhtunkwa and Gilgit Balistan are near completion.

Challenges and Looking Forward

For the first month of the emergency, activities were limited as health and sanitation concerns were prioritised. However, early recovery planning initiated during the immediate response phase has started and education needs have been included in the revised humanitarian appeal which also includes an Early Childhood Development component.

The crisis has also prompted actors in the education sector to reach out to all children including out-of-school (OOS) children in flood-affected areas. Education Learning Centers established for affected populations are filled with children of both sexes who have never been to schools before—there is no data for those out of school before or after the floods. Special advocacy campaigns will be designed during the early recovery phase to increase enrolments of OOS children with special focus on primary and middle level. Special emphasis will be paid to enrolling adolescent girls into adolescent girls learning centres, which are in the process of being established.

Funding

Requirements: US$ 36,395,000
Funded: US$ 11,398,824.67
Gap: US$ 24,996,175

Note: All figures are in US dollars. Funds required are as of the revised inter-agency appeal launched 17 September 2010. Amounts reported are on an interim basis as of 15 September 2010. Funded amounts reflect actual contribution amounts.
The floods have created new protection risks for children and exacerbated existing ones: children have been or are at risk of being separated from their families, they are at risk of violence, abuse, exploitation and discrimination, they lack or have limited access to assistance, and they have witnessed death and destruction. In addition, there is a high risk that certain forms of gender-based violence (GBV) against both women and children (girls especially) will escalate post-flooding at both the community level and within temporary settlements.

Other protection risks will be created or exacerbated by the deepening vulnerability of families following the floods. For instance, traditional harmful practices such as early and forced marriage could be used as coping mechanisms by families whose livelihoods and food security have been compromised. The increased burden on women to feed and care for their families and family separation leading to an increase in women and girl-headed households is likely to produce a surge in domestic violence. Where possible, safe or respite spaces for women should also be established to promote psychosocial well-being.

Responding to Immediate Needs

Child Friendly Spaces and psychosocial support

By 15 September, UNICEF had partnered with NGOs to ensure 146 static Child Friendly Spaces (CFS) and 15 mobile CFSs were established in Khyber Pakhtunkhwa, Punjab, Balochistan, and Pakistan-Administered Kashmir, providing educational and recreational services to 35,000 children.

By mid September, UNICEF and its partners had also provided 2,141 women and 25,629 children with psychosocial support to cope with the stress created by the floods and displacement. Although disaggregated monitoring systems are not in place in Punjab, the ratio of children receiving psychosocial support is 53 per cent boys and 47 per cent girls. Women are mostly receiving psychosocial support through UN and other partners through the Protection Cluster.

Children without Family Care

UNICEF and partners are identifying and registering unaccompanied, separated and missing children and tracing and reunifying them with their families. By mid September, out of 12 unaccompanied children, 2 children have been reunified with family and out of 288 separated children, 235 children have been reunified with family with the support by Child Protection Help lines and other referral mechanisms.

Referral Services

Existing hotlines for child protection are now being utilised to attend to the queries of affected families and refer them to appropriate services. UNICEF and partners are identifying and registering children who are in need of services through
Child Rights Monitors working at the community level and who refer vulnerable children to appropriate services.

**Child Protection Sub-Cluster Coordination**

UNICEF and the Pakistani Ministry of Social Welfare have activated the Child Protection Sub Cluster at the national level as well as in the four provinces and Pakistan-Administered Kashmir. Child Protection Sub Clusters at the provincial level are currently conducting rapid assessments to better map child protection needs and assess vulnerability.

Key messages are under development for dissemination through radio and other communication channels. The Child Protection Sub Cluster’s Terms of Reference and Code of Conduct were reviewed and will be integrating a wide range of Government departments with a mandate for children, including the Ministry of Interior, the National Database and Registration Authority (NADRA) in charge of population registration, and Bait-al-Mal in addition to the Ministry of Social Welfare.

At the same time, the Gender-Based Violence Sub-Cluster was activated on 15 September, and is being led jointly by UNICEF and UNFPA at national level. Both UNICEF and UNFPA are finalising a GBV response plan which includes operationalisation of GBV Sub-Clusters at the provincial level. GBV action sheets for each of the Clusters have also been adapted to the context of Pakistan and are being disseminated at Inter-Cluster level to ensure gender concerns are properly taken into account across all humanitarian interventions.

**Challenges and Looking Forward**

Rapid and ongoing assessments have shown that children and women are generally excluded from access to non-food items (NFIs) during distributions. There is an urgent need to distribute NFIs specifically for women and children including clothes, shoes, torches etc. So far, only 14,834 women and children have benefitted from NFI distributions including 5,375 in Punjab and in Khyber Pakhtunkhwa 5,369 boys, 3,781 girls and 309 women.

At the same time, there is a critical shortage of funding to cover affected areas which continue to increase as flood waters move. This is especially true in South Sindh and a lack of partners with strong child protection and GBV expertise is impeding the response. There is also a need to train organisations on child protection and GBV to strengthen their capacity to follow-up on and address and deliver appropriate services in response to GBV-related issues that have been reported as a result of increased vulnerability - including reports of trading food for sex among the most vulnerable who have lost food stocks and livelihoods. Lastly, more dedicated human resources are needed for GBV. Programme officers are in place in Sukkur and Hyderabad and Child Protection Sub Cluster coordinators working at the provincial level are covering GBV until provincial level GBV Sub Cluster coordinators are recruited.

**Funding**

Requirements: US$ 12,980,000
Funded: US$ 6,199,515.96
Gap: US$ 6,780,484

Note: All figures are in US dollars. Funds required are as of the revised inter-agency appeal launched 17 September 2010. Amounts reported are on an interim basis as of 15 September 2010. Funded amounts reflect actual contribution amounts.
Core Commitments for Children in Humanitarian Action

CROSS-CUTTING PRIORITIES

Gender

UNICEF is addressing gender concerns in the humanitarian crisis in Pakistan through a multi-pronged approach. Data is being collated from the field and analysed and then advocated at different forums including the Clusters for policy interventions. UNICEF is also collating sex-disaggregated data from the field when it comes to damaged schools and occupied schools in the provinces that have been affected by the flood. In addition:

- Gender checklists have been shared to mainstream gender into Flood Emergency Relief and Early Recovery Response activities.
- Gender Focal Persons have been appointed from different agencies for the Clusters and UNICEF is supporting Clusters by providing gender focal persons in the Education and Nutrition Clusters.
- Situation analysis of gender disparities is underway particularly regarding the situation of damaged schools. Analysis in Punjab has been completed with Khyber Pakhtunkhwa, Balochistan and Sindh in the pipeline.
- Gender checklists have been drafted for teachers in Temporary Learning Centres to ensure the facilities are gender sensitive and meet the needs of students. Girls are also encouraged to enroll in the UNICEF provided temporary schools where School-in-a-Box and recreational kits with games and sports equipment are provided to facilitate the re-opening of classes.
- Plans for Focus group discussions are in the pipeline with adolescent girls to discuss their problems and offer solutions when it comes to issues like menstruation, harassment and trafficking and other forms of GBV.

UNICEF has meanwhile supported the establishment of a Gender and Child Unit at the National Disaster Management Authority by seconding an experienced staff. This is expected to increase policy leverage on mainstreaming gender and child sensitive policy interventions, including through a workshop held at the end of August at the NDMA on separated and unaccompanied children.
In Pakistan’s flood-devastated Sindh province, female health workers play key role

Ms. Jatoi was teaching a session on health promotion to the local village when she received warning of the impending floodwaters. She and the other villagers quickly took what belongings they could carry and fled to higher ground, where they camped on a roadside for the next four weeks. From there they watched in horror as the waters rose rapidly, washing away the lives they once knew.

Three weeks later, the village residents returned and began to rebuild their lives. Ms. Jatoi and her team of lady health workers started conducting sessions with children in the impoverished, flood-affected villages they serve – areas that are the most vulnerable to outbreaks of disease and diarrhea, especially among children.

UNICEF has supported the LHW programme in Sindh province since its inception, providing the health workers with blood pressure monitors, thermometers and health treatments such as ORS and zinc supplements.

It also supplies lady health workers with information, communication and education materials in order to support their training and outreach activities.

Vital community link

Although she hasn’t been paid for two months, Ms. Jatoi is dedicated to her job. Before the floods, she had even started to expand her regular repertoire of immunisation and health promotion to include reproductive health advice.

With 10 expectant mothers due to bring new life into the village of Agha Ali Jatoi – and some 28 other women currently breastfeeding – these sessions have become critical for the local women.

Ms. Jatoi explained that, at first, many women were hesitant to discuss reproductive matters. “However, now, they know me well and we have more open discussions,” she said. “They ask many questions they were afraid to ask before.”

In the difficult post-flood environment, Ms. Jatoi and her team are a vital link to the community. They are essential to ensuring that the millions of children affected by the disaster in Pakistan are protected from a further deadly spread of illness and disease there.
Scaling Up UNICEF’s Emergency Response Capacity to meet CHILDREN’S NEEDS

Scaling Up

The scale of the emergency in Pakistan has evolved over several weeks, starting in the north of the country on the 23rd July with new areas being inundated every day.

This has required a constantly growing response, including bolstering UNICEF’s presence in established offices (from the existing Country Office and its 5 field offices UNICEF moved to open three new field hubs in little over a month), the shifting of staff, supplies and funds, and the establishment of two operational hubs in Sindh and Punjab (with a third underway in Hyderabad) and a frequent upward adjustment of needs as the number of people affected has grown from a few thousand on day one—to over 20 million as of 15 September.

Dan Toole, our Regional Director for South Asia has been appointed UNICEF’s Special Representative for the Flood Response for 3 months to lead on overall strategic planning of UNICEF’s work; coordination of direct UNICEF support to the effort as well as our Humanitarian Cluster role and resource mobilisation. The current UNICEF Representative Martin Mogwanja will continue in his current role as Humanitarian Coordinator to support the overall humanitarian effort.

A UNICEF 11-person Management Support Team that will provide strategic advice and guidance for implementation and management strategies is also deployed.

As part of our regular operations in Pakistan UNICEF have 298 staff on the ground who have been re-deployed to respond to the flood emergency. In addition 138 additional staff have been surged to assist with UNICEF programmes and Cluster responsibilities.

A large amount of supplies are needed for this response. The pipeline freight is 4,059MT (11,293 m3) for the next 2-3 months. Logistics and warehouse specialists have been deployed to Multan, Sukkur, Karachi and Islamabad.

The overriding security situation in Pakistan remains tense. Despite a brief reduction in the overall number of security related incidents following the flooding, they are again on the rise. There remains potential for security incidents against the humanitarian community. Appropriate security measures—that balance staff safety with the need to deliver programmes—are imperative but require additional funding.
Inter-Agency Collaboration and Coordination

The revised Pakistan Floods Emergency Response Plan (FERP) appealing for over US$ 2 billion was launched on 17th September. This is considered to be the biggest ever humanitarian appeal for relief and early recovery for the flood affected populations across the country, over a period of 12 months.

UNICEF is taking the lead in Cluster Coordination in WASH, Nutrition and Education (with Save the Children) Clusters; Child Protection Sub-Cluster and Gender Based Violence (GBV) Sub-Cluster, led jointly by UNFPA. UNICEF has activated all humanitarian Clusters at the national level, with dedicated Clusters coordinator deployed in the four most affected province.

An Inter-cluster Survival Strategy is being developed in conjunction with the Health, Nutrition, WASH and Food Clusters to prevent a ‘second wave’ emergency of health outbreaks. Teams have moved into the field to establish strong coordination between clusters in the most at risk districts in order to be in a position to conduct prevention and response interventions.
To kick-start the emergency UNICEF has released US$ 12 million from its Emergency Response Funds as a loan to the Pakistan response at the onset of the crisis to fill critical gaps. In August, both Anthony Lake, UNICEF Executive Director of UNICEF, and Dan Toole, Regional Director for South Asia, visited the flood-affected areas to survey the damage themselves and to reinforce an urgent plea for support to the Pakistani people.

UNICEF had initially issued an Immediate Needs Document (IND) on 5 August, which was revised on 26 August with a requirement at US$ 141 million. The IND is very closely linked to the inter-agency Pakistan Interim Floods Emergency Response Plan (PIFERP) issued on 10 August. Most of UNICEF’s requirements (apart from child protection and education) are reflected in the inter-agency PIFERP.

As the floodwaters recede, the humanitarian community has re-assessed the needs of the response and early recovery programme. Likewise, after revising its requirements to meet children’s needs in Pakistan, UNICEF is now appealing for US$ 252.3 million under the inter-agency Pakistan Floods Emergency Response Plan (FERP) launched on 17 September 2010.

As of 15 September 2010, UNICEF had received US$ 92.2 million (income to date) and has US$ 23.6 million in pledges, which totals to US$ 115.8 million. Out of the funding received so far (excluding pledges), 51 per cent has been received from government donors while UNICEF’s National Committees have provided 44 per cent of the funding. The remaining 5 per cent has been received from other funding sources including the United Nations’ Central Emergency Response Fund (CERF).

Of the funds received, 60 per cent had been contributed as unearmarked funding to any specific project or sector. This allows UNICEF to be flexible and swift in responding to changing realities on the ground and in ensuring life-saving supplies and interventions benefit the target populations who are most in need.

The top five government donors and the top five National Committees for funding received so far are as follows:

- Governments of Australia, Japan, Norway, United Kingdom, and the United States;
- UNICEF National Committees of Australia, Germany, Italy, United Kingdom and the United States.

UNICEF would like to thank all the private and public sector donors for the contributions and the pledges that have been received so far.

On 30 August, UNICEF Executive Director Anthony Lake (right) administers an oral polio vaccine to a baby at the Prang Government Primary School in Charsadda District, Khyber-Pakhtunkhwa Province.
The table below illustrates the sectoral breakdown of funding received (excluding pledges) as of 15 September. Requirements have been updated to reflect the most recent needs presented in the recently launched Pakistan Floods Emergency Response Plan.

**Funds Received To Date and Gaps (in US$ millions)**

<table>
<thead>
<tr>
<th></th>
<th>Health</th>
<th>Nutrition</th>
<th>Water, Sanitation and Hygiene</th>
<th>Education</th>
<th>Child Protection</th>
<th>Coordination</th>
<th><strong>Grand Total</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Required</td>
<td>50.8</td>
<td>27.6</td>
<td>123.8</td>
<td>36.4</td>
<td>13.0</td>
<td>0.7</td>
<td><strong>252.3</strong></td>
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<tr>
<td>Funds Received</td>
<td>16.3</td>
<td>17.9</td>
<td>38.9</td>
<td>11.4</td>
<td>6.2</td>
<td>1.5</td>
<td><strong>92.2</strong></td>
</tr>
<tr>
<td>Funding Gap</td>
<td>34.5</td>
<td>9.6</td>
<td>84.9</td>
<td>25.0</td>
<td>6.8</td>
<td>(0.8)</td>
<td><strong>160.8</strong></td>
</tr>
</tbody>
</table>

Note: All figures in US Dollars. Sectoral requirements based upon the Pakistan Floods Emergency Response Plan. Funds required are as of the revised inter-agency appeal launched 17 September 2010. Amounts reported are on an interim basis as of 15 September 2010. Funded amounts reflect actual contribution amounts of funds received by UNICEF. Pledges are not included.

Totals in the table may not be exact due to rounding.

**Sectoral Funding Gaps Against Funding Received**

**Total funding gap: US$ 160.8 million**