

UNICEF PAKISTAN

Immediate Needs of Children and Women Affected by the Earthquake in Balochistan Province, Pakistan

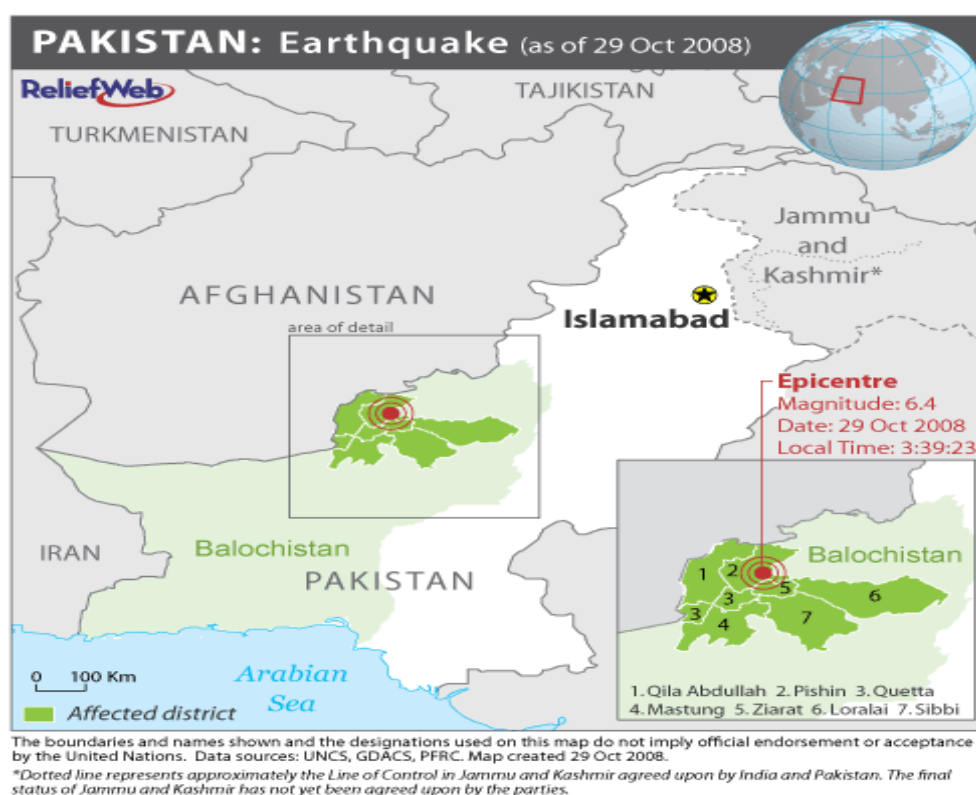


31 October 2008

1. CRITICAL ISSUES FOR CHILDREN

An earthquake of magnitude 6.4 on the open Richter scale hit the province of Balochistan in South-western Pakistan on 29 October 2008. According to the US Geological Survey, the epicenter of the earthquake was located in the Chiltan mountains about 80 kilometers northwest of Quetta, the provincial capital. The first tremor struck at 4:09 am local time (23:09 GMT) at a depth of 10 kilometers while the second one came at 5:15 am.

- The districts of Pishin, Ziarat, Quetta, Qilla Abdullah and Harnai of Balochistan province were severely affected by the earthquake. Media and civil society organizations are putting the death toll at 200 with over 350 injured. Government has confirmed 150 deaths and 250 injured so far. The Provincial Disaster Management Authority (PDMA) reports that 149 persons have died in Ziarat and 1 in Pishin.
- As per initial assessments about 108,000 people, of whom at least 50% are children including 19,000 under-five, are estimated to be affected by the earthquake. Approximately 3,000 people are currently displaced and over 15,000 mud/wood houses have been completely destroyed.
- The earthquake hit areas which are located in a severe winter climatic zone which increases the vulnerability of the affected population left to live in the open. In addition the population lives in scattered and hard to reach areas, hence hindering access.
- On 30 October the Chief Minister of Balochistan appealed for international assistance to be provided to the earthquake victims.



2. UNICEF'S EMERGENCY RESPONSE: ISSUES & ACTIONS

HEALTH AND NUTRITION:

Key Issues

- Houses have been damaged leaving thousands homeless;
- Health facilities have been damaged;
- There is risk of spread of diseases such as measles, diarrhea and acute respiratory infections (ARI) among the displaced population, especially young children;

- Non availability of food and discontinuation of breastfeeding may lead to malnutrition among children making them more vulnerable to infectious diseases-causing unnecessary morbidity and mortality;
- Non availability of essential medicines and drugs.

Urgent Actions

Health

- Support to the coordination of the health sector/cluster led by WHO;
- Provision of life-saving and critical relief supplies such as essential medicines and drugs;
- Support to inter-agency rapid assessments of the health situation;
- Ensuring availability of clean drinking water to avoid waterborne diseases (in conjunction with WES sector);
- Conducting measles outbreak prevention immunization and vitamin A supplementation for the displaced population;
- Operational support for medical teams, with special attention to the need for a sufficient number of female medical staff;
- Revival of damaged health facilities;
- Awareness raising on health and hygiene issues and home-based management of acute respiratory infection (ARI) and diarrhea (in conjunction with WASH);
- Monitoring to ensure that women and girls have access to health services.

Nutrition

- Coordination of the nutrition sector/cluster in support of Government;
- Rapid nutrition assessments in coordination with government counterparts ,UN agencies and other partners;
- Dissemination of key messages on infant and young child feeding practices, including breastfeeding, complementary feeding and hygiene & sanitation, and counselling mothers on breastfeeding;
- Provision of high energy biscuits with WFP and partners as needed;
- Provision of supplementary food (UNIMIX) for children 6- 59 months old, and pregnant and lactating women for two weeks (blanket feeding);
- Initiation of community-based and facility-based management for the treatment and care of acutely malnourished children and malnourished/lactating mothers;
- Vitamin A supplementation with measles vaccinations through outreach teams;
- Coordination with the National Program for Family Planning and PHC to improve focus on growth monitoring mechanisms in their catchments areas so that malnourished children are registered and referred for further management;
- Provision of safe and private spaces for homeless lactating mothers for restoration/ continuation of Breast feeding to avoid malnutrition among young children.

WATER SANITATION AND HYGIENE (WASH)

Key Issues

- Water supply situation in the earthquake affected areas is inadequate as local people have no access to clean and safe drinking water;
- Presently, the water supplied to communities through tankering and five bladder tanks of 5,000 and 10,000 litres capacity has been installed by the Public Health Engineering Department (PHED). Affected communities are complaining of poor quality and insufficient quantity of water which is currently supplied;
- Water which is being supplied through tankering needs to be tested for bacterial contamination. Local communities are also lacking clean utensils for storage of potable water as most of their belongings were lost.

Urgent Actions

- Coordination of the water, sanitation and hygiene sector/cluster in support of Government;
- Increasing the coverage of safe drinking water through water tankering;
- Provision of water bladders, jerry cans and buckets with lids;

- Distribution of water purification tablets and 'Pure' sachets and information about their usage in local language among earthquake affected communities;
- Installation of hand pumps within the communities;
- Water quality testing from the existing sources for bacterial contamination;
- Cleaning of dug-wells;
- Installation of water points in areas easy of access for women and girls;
- Identification of female workers who could easily conduct spot checks that all equipment is working and security/privacy is provided for women and girls;
- Installation of temporary pit latrines with hand washing facilities in the communities at places which are easily accessible and with separation of latrines for women, girls and men and boys so as to guarantee personal safety and privacy;
- Setting up and equipping a Rapid Response Team, if needed, for diarrhoeal diseases / cholera surveillance, prevention and control, especially in the most vulnerable communities (in conjunction with health sector);
- Targeting hygiene practices of child-caregivers, particularly for baby food preparation and the feeding of infants and under-five year old children.
- Anti malarial spraying and de-watering of stagnant water ponds (in conjunction with health sector);
- Restoration of latrines in health and school facilities (in conjunction with education sector);
- Clearing mechanism for solid waste has to be put in place and identification of dumping ground in the communities.

EDUCATION

Key Issues

- 260 Primary school buildings are affected/damaged in three areas (*Pishin: 150, Ziarat: 100, Hurnai: 10*)
- Schools are closed for one week hence disrupting education activities of 20, 000 children (*11,500 boys and 8,500 girls*) in Pishin. Approximately 3,845 primary school children (*2,285 boys and 1,560 girls*) are affected in Ziarat, and 495 children (*Boys: 255 and G: 240*) in Hurnai.
- The academic year in all the affected areas end by 30 December while the annual examination is scheduled to be held by December 15, 2008. It is highly important to reactivate educational services and facilitate children to successfully complete their academic year. Otherwise children will have to repeat the grade.

Urgent Actions

- Coordination of response through the education cluster in support of Government;
- Interagency assessment of school damages;
- Setting up 300 winterized school tents as temporary learning centres for 24,500 children (Boys: 12,495 and Girls: 12,005) in the affected areas of three districts within a 1-2 weeks.
- Provision of 300 recreational kits;
- Provision of essential school supplies and learning material for 300 schools/temporary learning centres;
- Rehabilitation/repair of damaged WES facilities in 300 schools/learning centres (in conjunction with WASH).

CHILD PROTECTION

Key Issues

- According to the rapid assessment conducted in Ziarat on 30th October there are approx 70,000 people (28,000 children; 13,700 girls and 14,280 boys) in the four Temporary Accommodation Centers (TACs) there. Fortunately, there are no reported separated or unaccompanied children for the moment. Visible issues in the TACs are as follows:
 - No fencing;
 - No lighting facility posing serious protection issues for children especially girls;

- Children and adults are exposed to the cold weather condition.
- Children witnessed casualties and destruction of their houses and thus are suffering from fear and psychosocial distress;
- Families stay outside in the open and children are particularly exposed to severe weather conditions in affected areas – especially at night when temperatures drop to 0 celsius;

Urgent Actions

- Coordination of the child protection sub-sector within the protection cluster led by UNHCR;
- Distribution of warm clothing to children and women;
- Psycho-social support to traumatized children and women;
- Identification and registration of Especially Vulnerable Individuals (EVIs) including separated and unaccompanied children and assessment of their needs. Prioritization of EVIs during relief planning & efforts;
- Establishment of 'child-friendly' spaces and women friendly spaces for lactating mothers where children can feel safe, play, and receive psychosocial support and mothers can feed infants (in conjunction with nutrition sector)
- Prevention of family separation and, if necessary, identification and support of unaccompanied and separated children, including family tracing mechanisms;
- Dissemination of information to community members on the increased risk of gender-based violence, exploitation and abuse;
- Provision of alternative family-based care for unaccompanied and separated children, and prevention of the use of orphanages and other institutions for temporary care and information on their locations and hours of operation

COORDINATION AND LOGISTICS

Key issues

In any disaster, coordination and logistics form a critical component of the overall response. While the Cluster Approach has not been formally declared at a global level within the Inter-Agency Standing Committee (IASC) for this emergency, UN and other partners are using the Cluster Approach as a sector-specific coordination mechanism in support of the Government's coordination of the overall response – both national and international. For the international response UNICEF has assumed sector/cluster leadership in water, sanitation and hygiene (WASH), nutrition, education and child protection (as sub-component of the protection cluster), and is providing key operational support in health in coordination with WHO. UNICEF's response is fully integrated in the overall response of the Government of Balochistan, led by the Provincial Disaster Management Authority (PDMA) of Balochistan.

Urgent Actions

- Coordination of the nutrition, water and sanitation, education and child protection sectors/clusters in accordance with IASC cluster lead accountabilities;
- Technical support to Multi-Cluster Rapid Assessments (McRAM) in these sectors;
- Procurement, warehousing and distribution of emergency supplies and equipment;
- Security of UNICEF staff and assets;
- Performance monitoring and evaluation;
- Donor reporting.

UNICEF will continue to work closely with the Government of Pakistan, Provincial Authorities, Pakistan Disaster Management Authority (PDMA), Red Crescent, UN and NGO partners so as to keep abreast of needs and plan sector response.

3. ESTIMATED FUNDING REQUIREMENTS FOR PLANNED ACTION FROM NOVEMBER TO DECEMBER 2008

In order to support the efforts of the Provincial Authorities of Balochistan in its emergency relief efforts, UNICEF is requesting an initial **US\$ 5,000,000** to meet the immediate needs of children and women throughout the affected areas for the coming two months. This emergency response will feed into the United Nations joint appeal framework as soon as it becomes available in the coming days.

Table 1. Estimated funding requirements from November to December 2008**

Sector	US\$
Health and Nutrition	1,200,000
Water and Environmental Sanitation	2,500,000
Education	700,000
Child Protection	300,000
Coordination, Logistics and Security	300,000
Total*	5,000,000

*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

**Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

Further information on the UNICEF emergency programme in Pakistan can be obtained from:

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