

December 2010

PROGRESS REPORT JULY – NOVEMBER 2010

CHILDREN IN PAKISTAN

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



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// The flood emergency is far from over. It is now crucial that the world supports the millions affected in Pakistan, still in desperate need. We still have much more work to do to save lives and protect the health, nutrition, education and safety of children and women, but require continued funding to do so. //

**Dan Toole,
UNICEF Regional Director for South Asia & Special
Representative for Pakistan Flood Response**



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Reporting period from 28 July to 23 November 2010

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Executive Summary

Pakistan experienced the worst floods in its recorded history during the monsoon season in 2010 and the resulting disaster is one of the largest experienced ever. This diverse and complex emergency is still ongoing: tens of thousands of people remain totally cut off from assistance by road in Sindh Province and hundreds of thousands are displaced in camps; at least ten million displaced persons across the country have returned or moved closer to their homes, to try to rebuild shattered lives and devastated homes and communities. All are still in dire need of assistance and support.

The massive number and geographic spread of the people affected, the continuing population movements, and the limited number and technical capacity of partners in some areas are huge obstacles to reaching all of the women and children in need. The pre-flood internally displaced persons (IDP) crisis, the long term development challenges and the lack of updated baseline data are additional challenges.

In response, UNICEF is targeting and has already reached huge numbers of women and children – far surpassing targets set for previous major disasters. Compared to the initial responses to other recent crises, the number of people already reached by UNICEF in some sectors in Pakistan is significantly greater. UNICEF has mobilized resources across the organization to respond to the floods, rapidly scaling up human resources and operational capacity. Three emergency field offices have been established, two in the first month of the response, allowing UNICEF to more effectively reach the affected population. UNICEF is currently providing clean water to 2.8 million people daily and over 1.5 million people are benefiting from UNICEF sanitation facilities. Partnering with the government and World Health Organization (WHO), UNICEF has supplied vaccines to over 9 million children for measles and polio immunization. To address high levels of chronic malnutrition exacerbated by the floods, UNICEF has identified, trained and equipped partners to establish services and reached nearly 292,500 pregnant and lactating women (PLW) and malnourished children with nutritional supplementation in the first three months,

working closely with World Food Programme (WFP). UNICEF has restored education access for 106,500 children through 1,550 Temporary Learning Centres (TLCs). UNICEF has reached 104,400 vulnerable children and women through Child Friendly Spaces (CFS), responding to the elevated risks of abuse and exploitation after the floods.

UNICEF is Cluster Lead Agency (CLA) for WASH and Nutrition, and Child Protection under the Protection Cluster, and co-leads the Education Cluster with the Save the Children Alliance. To ensure effective coordination, information sharing and gap analysis for improved response, UNICEF has deployed over 60 dedicated Cluster Coordinators and information management staff, working in all affected provinces and at federal level. Continuing this work is essential for improved assistance; there is increasing engagement from partners but strengthening partner participation in and reporting to the clusters is still challenging. The cluster priority now is to increase coordination and strengthen the role of local authorities to reach the most vulnerable.

Meeting the needs of those still displaced by the floods, shifting focus to returning populations, and being prepared for the upcoming winter months are critical priorities for UNICEF. Our ongoing focus will be on reaching vulnerable communities while building the capacity of local authorities, communities and partners at the district level to ensure continuation, expansion and sustainability of service coverage and assistance.

Maintaining scaled up capacity to assist the millions of flood-affected children and women requires further donor support. UNICEF seeks an additional US\$82.1 million to continue its critical operations. Without additional funds, UNICEF will not be able to meet its targets for children in need of health, nutrition, WASH, education and protection assistance - in the latter four areas UNICEF is the largest cluster member. Without additional funding, UNICEF will also need to scale back its cluster coordination capacity and staffing in the three emergency field offices. Further support is therefore required to maintain UNICEF's operations and programmes to meet the needs of millions of children and women.

Overview

Following the initial onset of the floods in July, the situation in Pakistan worsened dramatically: in early August, hundreds of thousands of people were displaced daily. At the height of the flooding, the waters engulfed one fifth of the country – an area the size of England. The floodwaters swept from north to south and, according to the government’s revised figures, have affected over 18 million people – one in ten Pakistanis. Approximately 9 million people have been severely affected, including 4.5 million children. At least 1.7 million homes have been damaged or demolished. Livelihoods, particularly in rural areas, have been destroyed. Children have had their schooling disrupted, heightening risks of exploitation.

The scale of the disaster is massive and each of the four main affected provinces – Sindh, Punjab, Khyber Pakhtunkhwa (KP) and Balochistan - is facing a major humanitarian crisis. In Punjab alone, over 6 million people have been affected and in Sindh the number of people affected is over 7 million. The situation is evolving very differently in each Province: almost all affected people have returned to their homes and areas of origin in Punjab and KP, while over a million people remain displaced in Sindh. A mission to Shadatkot, Sindh, in November, revealed the full extent of the destruction in rural areas, with people returning to their areas of origin or other locations finding near total destruction - no homes, no food, no schools and no livelihoods. At the same time, as four feet of stagnant water still sits in areas of southern Pakistan, snow fall has begun in some flood-affected areas of KP in the north – a major obstacle to reaching the millions in need.

The Disaster Needs Assessment estimates damages across the affected provinces at US\$9.7 billion. The impact of the floods will continue to be felt for years to come and dedicated and ongoing support will be needed from the international community in order to create a better future for the children of Pakistan.

In response to these challenges, UNICEF has mobilized national, regional and global resources to respond directly to the humanitarian needs of children and women, and has also expanded capacity to ensure coordination of the wider humanitarian response.

Fast Facts

Scale/Impact

- **Pakistan faces multiple disasters simultaneously - many people remain stranded or displaced, as millions more return to shattered lives and devastated homes and communities.**
- **Overall, 18 million people are affected, including around 9 million children.**

UNICEF action

- **2.8 million people are being provided with drinking water each day.**
- **Over 9 million children in the flood-affected districts have been vaccinated for measles and polio.**
- **36,500 children under 5 years are currently enrolled in selective feeding programmes.**
- **106,500 children are benefiting from over 1,550 temporary learning centres in the flood-affected areas.**
- **More than 104,400 children are benefiting from 303 child-friendly spaces across affected areas.**
- **Since 1 August, UNICEF has ordered over US\$33 million worth of supplies from local suppliers in Pakistan and US\$48 million worth of off-shore supplies.**
- **UNICEF is Cluster Lead Agency for Nutrition, WASH and Child Protection, and co-leads the Education Cluster (with Save the Children Alliance).**

UNICEF’s funding requirement is US\$251.1 million, with a remaining funding gap of US\$82.1 million as of 23 November.

Responding to the situation

Prior to the floods, Pakistan already faced considerable challenges in achieving the Millennium Development Goals (MDGs) and ranked 144 on the 2010 Human Development Index. Nearly one in ten children in Pakistan died before their fifth birthday, and half of those died in the first month of life. Chronic malnutrition was widespread: for example, in several districts of Sindh Province, pre-flood data (2008) showed almost a quarter of all children under five with global acute malnutrition (GAM). In rural areas, 60 per cent of Pakistanis were without adequate sanitation facilities prior to the floods. Pakistan's net primary school enrolment remained below 53 per cent, with data showing significant disparity according to gender and geographical areas. The floods have aggravated all of these existing challenges.

Pakistan was also responding to existing humanitarian crises. In 2009, more than 2.7 million people were displaced in north-west Pakistan during government operations against militants. This was in addition to the half a million people who had already been displaced by similar operations in the Federally Administered Tribal Areas (FATA) since August 2008. Pakistan

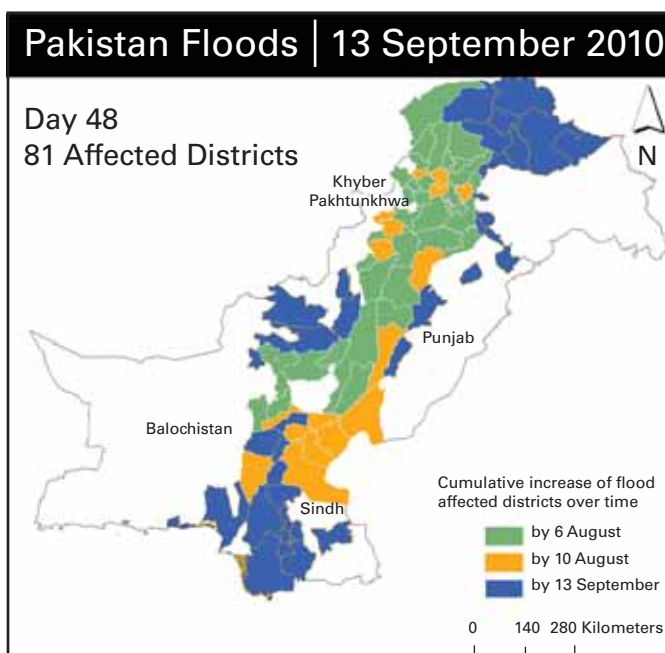
also hosts some 1.6 million Afghan refugees. The floods further displaced some of these populations.

Humanitarian needs & priorities for children

The urgent needs in the immediate floods aftermath were food, water and shelter. As the crisis has expanded, the enormous needs of children and women have become more evident. UNICEF's targets until the end of July 2011 are:

- To reach 5 million people with an integrated package of water, sanitation and hygiene promotion.
- To support the Government of Pakistan and WHO in the vaccination of over 11.2 million children aged 6-59 months against measles and 12 million children under 5 years against polio and with provision of vitamin A supplementation; this figure covers the needs of all children in all flood-affected districts to prevent the spread of disease.
- To support 75,600 severely acutely malnourished and 180,000 moderately acutely malnourished children aged 6-59 months, and to reach 1.3 million children 6-59 months and pregnant and lactating women with supplementary feeding.
- To support the restoration of basic access to education for 1.3 million children through Temporary Learning Centres and Transitional School Structures.
- To reach 255,000 children with protection, services and psycho-social support through Child Friendly Spaces.

The emergency is far from over and continues to evolve, creating new challenges for responders. Returning families now face destroyed or damaged homes, schools, health centres and livelihoods. At the same time, in Sindh, some areas are still flooded and thus immediate relief support continues. Significant relief needs will likely remain for at least another six months. In the north, the rapidly approaching winter calls for vital additional support for winter preparation in the flood-affected areas, as areas are

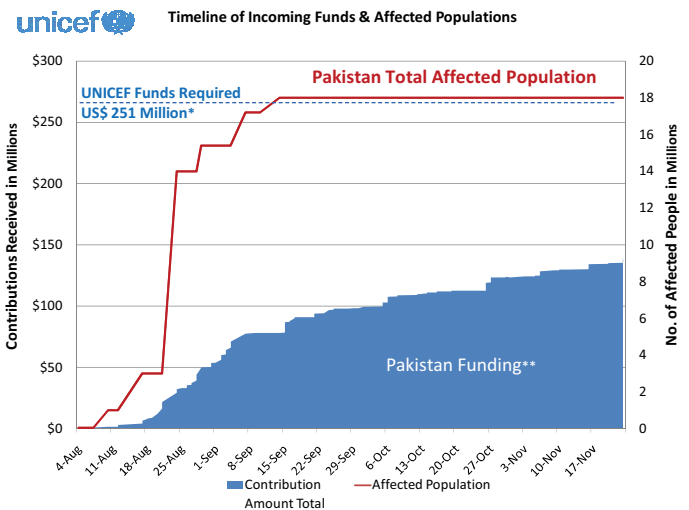


likely to be cut off. The cold will sharply increase the numbers of acute respiratory infections and exacerbate the high rates of malnutrition. Adequate funding is essential for UNICEF to be able to sustain the critical human resource and operational capacity it has at provincial and district levels, which is crucial to reaching the most vulnerable populations.

Ensuring a coordinated and strategic response

At onset of the floods, the UNICEF Representative, Martin Mogwanja, was acting Humanitarian Coordinator for Pakistan. In recognition of the importance of the Humanitarian Country Team function, in September Dan Toole, UNICEF Regional Director of South Asia, was appointed as Special Representative for the UNICEF flood response, allowing Martin Mogwanja to continue as the full time Humanitarian Coordinator to support strategic coordination.

UNICEF has worked to ensure a coordinated and strategic humanitarian response through its direct implementation and through its cluster leadership role and participation in inter-agency and inter-cluster coordination mechanisms. UNICEF is the Cluster Lead Agency (CLA) for Nutrition (35 partners) and WASH (130 partners) Clusters, the Child Protection (35 partners) Sub-Cluster, and co-leads the Education Cluster with Save the Children Alliance (50 partners). UNICEF is also a major partner in the Health Cluster. Until November, UNICEF co-led the Gender Based Violence (GBV) Sub-Cluster. Following a review of this arrangement, and given UNICEF's other cluster leadership responsibilities, it was agreed in November that UNFPA would take on full leadership of the GBV Sub-Cluster, while UNICEF will continue to be an active and supportive member. As per the 'Generic Terms of Reference for Sector/Cluster Leads at the Country Level', UNICEF as CLA is responsible for facilitating: the establishment and maintenance of coordination mechanisms; coordination with national/local authorities; integration of priority cross-cutting issues; needs assessment and analysis; planning and strategy development; the application of standards; monitoring and reporting; and for supporting the development of capacity of cluster members, as



*Requirements based upon the Pakistan Flood Relief and Early Recovery Plan revised on 5 November 2010.
 ** Financial data presented as of 23 November 2010 of funds received by UNICEF Pakistan. Pledges are not included.

well as national authorities. UNICEF has put a high number staff in place at provincial and federal levels to undertake these responsibilities and to work with cluster partners to facilitate a coordinated response in the affected areas. The clusters are continuing to engage in strategic planning in cooperation with the government for the coming months.

To ensure a strategic response, in August the Pakistan Humanitarian Country Team developed an inter-agency flood response plan outlining the key strategies for the flood response. The rapidly expanding scale of the flooding called for a large scale revision: the Pakistan Flood Relief and Early Recovery Plan (PFR-ERP), aligned with government strategy and including strengthened early recovery components, was approved on 5 November with the requirement of US\$1.94 billion to ensure its implementation. This is the largest disaster appeal ever and within this, UNICEF's requirement is US\$251.1 million.

In September, to save lives and to reduce morbidity among women and children, an inter-cluster group, comprising members of the Nutrition and WASH Clusters led by UNICEF, the Health Cluster led by WHO and the Food Cluster led by WFP, developed a joint 'Survival Strategy'. UNICEF is prioritizing the implementation of this life-saving strategy and scaling-up provision of supplies and activities according to jointly identified gaps in priority districts.

Core Commitments for Children in Humanitarian Action

HEALTH

STRATEGIC RESULT

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



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The floods have especially impacted the poorest children, mothers and newborns, exacerbating the existing high vulnerability to diseases and death. Prior to the floods, only 78 per cent of children under 2 years were fully immunized. Management capacity of the local health systems in the flood-affected districts has virtually collapsed. The incidence rate of key killer diseases such as acute watery diarrhoea is threatening to rise. Drug stocks have been destroyed, and skilled professionals have themselves been affected, leaving many vulnerable people without any access to health care.

Immunisation

UNICEF is a major Health Cluster partner and in coordination with WHO and other implementing partners, has provided vaccines and support to the Government to conduct emergency vaccinations, also using these campaigns as an opportunity to re-establish routine immunization in camps and flood-affected districts. For measles and polio vaccinations, in consultation with global experts, the decision has been taken to immunize all children in flood-affected districts to prevent disease spread. By the end of November:

- 8.2 million children aged 6-59 months were vaccinated for measles.
- 9.2 million children aged 0-59 months received polio vaccination.
- 634,300 children aged 6-59 months received Vitamin A supplements. 448,000 pregnant and lactating women received the Tetanus Toxoid vaccine.
- 366,000 children under one year received Diphtheria/Typhoid/Polio and Hepatitis B vaccinations.

To contextualise the achievements, the number of beneficiaries of immunizations in Pakistan at the four month mark is equivalent to the population of New York City.

Anticipating returning population needs, UNICEF has supported appraisal of cold chain facilities in flood-affected provinces and has procured refrigerators and cold chain equipment to support the re-establishment of government health services in these areas.

Maternal, Newborn and Child Health

Maternal and Newborn Health Care (MNHC) has been rapidly scaled up to address the needs of pregnant

Indicators	UNICEF Target* (people to be reached by July 2011)	UNICEF Total progress to date (people reached)
Number of children 6-59 months who received measles vaccination	11,250,000*	8,208,000
Number of children 0-59 months who received polio vaccination	11,955,000*	9,189,000
Beneficiaries of bednets	713,000	375,800

* On the advice of global experts, the Health Cluster and UNICEF have scaled up the immunization campaign to address the needs of all children in all flood-affected districts by July 2011. Figures have been rounded.

women and newborn children both in camps and settlements, as well as to those who have returned to their homes. UNICEF has supported the existing network of 44,000 Lady Health Workers (LHWs) working in flood-affected districts - the cornerstone of community level health provision, especially for women and girls, many of whom would otherwise be unreached. These LHWs, some 10,600 of whom were themselves affected by the floods, have been supported through provision of essential drugs, supplies, cash and equipment. This has helped them provide and restore community-based MNCH services to thousands of children and women in camps and communities. The critical role of LHWs is highlighted by the fact that on a single day (1 November 2010), LHWs of Punjab province provided de-worming to 572,000 children aged 2-5 years, Tetanus Toxoid immunization to 21,400 pregnant women and health education to 372,000 women.

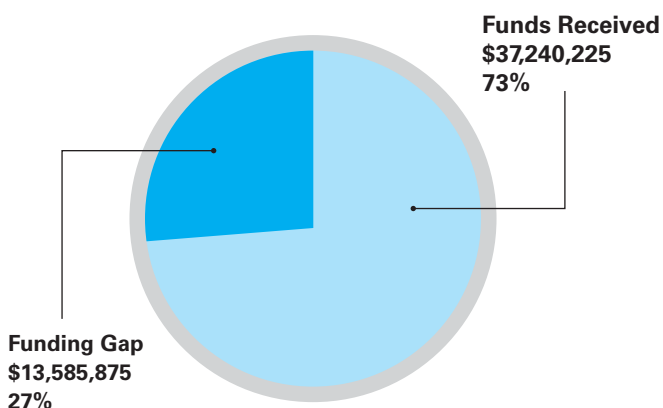
In coordination with the WASH section, the provision of hygiene kits, water purification tablets and mass media messaging to promote hygiene and sanitation has helped prevent large scale outbreaks of acute watery diarrhoea. Oral Rehydration Solution (ORS) and zinc supplements for an initial three month case-load of acute watery diarrhoea were also provided to LHWs. To prevent an increase in malaria as waters receded, 375,800 beneficiaries received Long-lasting Mosquito Nets from UNICEF. To reduce the risks associated with home deliveries, UNICEF has provided 84,500 clean delivery kits for distribution to pregnant women; and to reduce neonatal mortality from hypothermia, 113,000 newborn kits, blankets and baby caps have been pre-positioned for distribution during the

upcoming winter, when parts of the country will be cut off. Through UNICEF advocacy and support, the government brought forward the November Mother and Child days/weeks to September, and around 3.5 million children under five and one million pregnant women were reached with interventions such as oral rehydration therapy promotion, health and hygiene messages, deworming and postnatal and antenatal care.

Challenges and Looking Forward

The pre-emergency shortage of skilled female health-care providers has been further aggravated as many have been affected by the floods at a time of increased demand for their services. Huge numbers of qualified staff are needed to build the health care system and the humanitarian response is already heavily dependent on utilising government human resources, posing a challenge to national health care recovery. The health sector humanitarian response is oriented towards clinical care in health facilities and settlements; a stronger focus is needed on community-based preventive care and health promotion. Looking forward, building on existing capacity, UNICEF will assist the government to deliver community-based maternal, newborn and child health services, particularly through training and equipping the LHWs/community midwives to ensure availability of services in health facilities, including for essential newborn care. Capacity development and rehabilitation of the services network is a critical aspect of early recovery toward long term development. In addition, UNICEF will continue to support the restoration of routine immunization services.

Health Funding (as of 23 November)



Core Commitments for Children in Humanitarian Action

NUTRITION

STRATEGIC RESULT

The nutritional status of girls, boys, and women is protected from the effects of humanitarian crisis



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Historically, Pakistan has high levels of chronic malnutrition, further exposed by the acute crisis. The loss of food stocks and crop damage have further increased household food insecurity. Of the total number of children under 5 years severely affected, approximately 126,000 children are at risk of being severely malnourished. UNICEF is scaling up its programme to respond to malnutrition on an unprecedented scale. In many areas, nutrition services need to be established for the first time.

Prevention of Malnutrition

The initial response involved preventive blanket distribution of nutrition supplementation. With UNICEF support, 292,500 children from 6-23 months and pregnant and lactating women (PLW) were reached with ready to use, high-energy, supplementary food and micronutrient supplements. Partnership with WFP has ensured the continuation of this vital programme.

Community Based Management of Acute Malnutrition (CMAM)

UNICEF is providing technical support, capacity building and implementation costs for CMAM, and to date UNICEF is the sole provider of nutrition supplies for acute malnutrition for the overall cluster response. UNICEF and Nutrition Cluster targets are therefore the same. Time-consuming and personnel-intensive activities of finding, training and supplying partners have been undertaken and are now yielding results. With partners, UNICEF has supported the scale up of CMAM programmes in KP, established programmes in Sindh and Punjab and reinforced inpatient services in Balochistan. Nationally, UNICEF has established 270 Outpatient Therapeutic Feeding Programmes (OTP) – reaching targets set in Punjab and Sindh - and 31 Stabilization Centres. With WFP, UNICEF has supported 274 Supplementary Feeding Programmes (SFP), reaching 13,300 severely malnourished and 23,200 moderately malnourished children.

Infant and Young Child Feeding

Flood-affected mothers have reported breastfeeding problems, including lack of privacy in camps. Through partners, UNICEF has established breastfeeding corners in OTP centres in Punjab, Sindh and KP. Lady Health Workers (LHWs) continue to promote exclusive breastfeeding and UNICEF has contracted counsellors to train additional outreach workers. However, significant behaviour change work is still needed, requiring UNICEF and cluster partners to rapidly establish a

Indicators	Cluster Target* (people to be reached by July 2011)	Cluster Total progress to date (people reached)	UNICEF Target* (people to be reached by July 2011)	UNICEF Total progress to date (people reached)
Number of SEVERELY acute malnourished children 6 - 59 months reached	75,600	13,300	75,600	13,300
Number of MODERATELY acute malnourished children 6 - 59 months reached	180,000	23,200	180,000	23,200
Number of PLW reached (micronutrients and treatment of SAM/MAM)	123,000	25,900	123,200	25,900

UNICEF, as cluster lead agency, is responsible for information management of the cluster and sharing overall results achieved by the cluster collectively. Cluster figures include UNICEF's programme targets and results. Figures have been rounded.

* UNICEF and the Cluster targets are the same as UNICEF is providing supplies and support for all cluster interventions.

more comprehensive programme, in line with existing national policy.

Nutrition Surveillance

The Nutrition Cluster established a feeding centre tracking sheet and UNICEF is in the process of rolling out the feeding centre database, allowing for monthly performance indicators to be collected from partners. The shortage of updated information and baseline data is a serious challenge, impeding the fast delivery of interventions. UNICEF is supporting Flood Affected Nutrition Surveys to provide a snapshot of the overall nutritional situation as a basis for referral to feeding programmes. Data collection and entry is ongoing in KP, completed in Sindh and Punjab and planned for Balochistan.

Nutrition Cluster Coordination

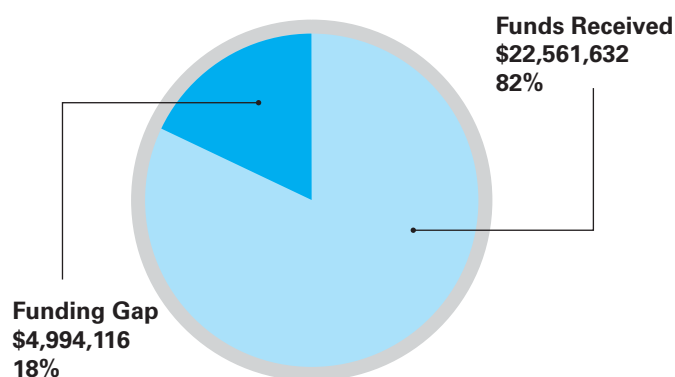
Coordination structures have been established, with cluster coordinators and information managers in place at the national and provincial levels. The Nutrition Cluster has identified new cluster partners, focusing on national NGOs, and is working to convey partners' implementation cost needs. UNICEF released a joint statement with partners on behalf of the Nutrition Cluster highlighting the critical life saving role of breastfeeding and appropriate complementary feeding, and the risks of breast milk substitutes. The Nutrition Cluster has developed a response strategy, including winterization preparation, and has been a key decision-maker in the creation and implementation of the inter-cluster survival strategy. A weekly brief is disseminated to communicate progress and trends in feeding programme admissions. To address the challenge of the lack and limited technical capacity of partners, the cluster is

prioritising regular training to build capacity, including through partners with prior experience in Pakistan.

Challenges and Looking Forward

The limited in-country and partner capacity to identify and manage acute malnutrition is a significant concern, severely constraining UNICEF's capacity early on to establish and scale up programmes to screen and treat children for malnutrition. Nutrition interventions are staff and time intensive - a particular challenge since malnutrition is likely to be an ongoing concern given the damage caused to crops and livelihoods. Looking forward, capacity building of partners is essential. UNICEF is placing a strong focus on activating community level service providers, especially supporting the LHWs and improving their capacity. The lack of nutrition information is being addressed through ongoing nutrition screening and assessments and the flow of data from partners has improved steadily. To reach targets and sustain the capacity in the country, strengthening Government health facilities is of high priority.

Nutrition Funding (as of 23 November)

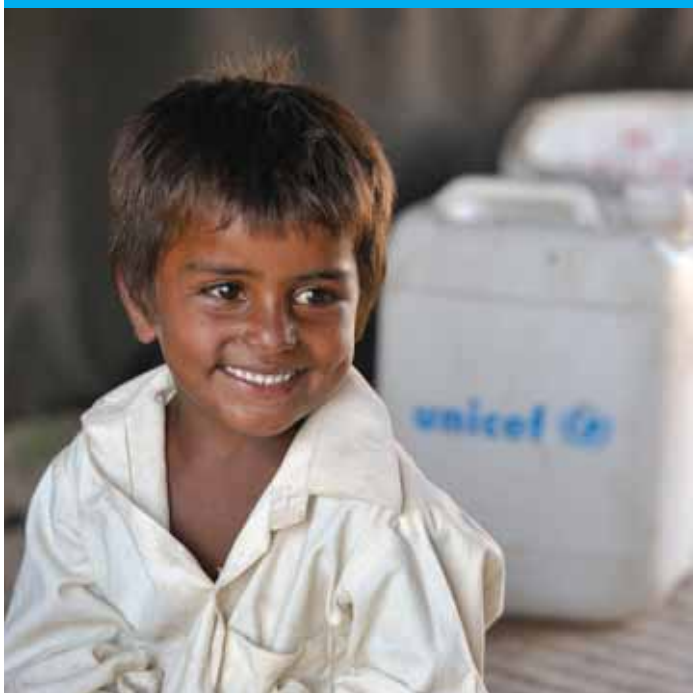


Core Commitments for Children in Humanitarian Action

WATER, SANITATION AND HYGIENE

STRATEGIC RESULT

Girls, boys and women have protected and reliable access to sufficient, safe water and sanitation and hygiene facilities



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In the aftermath of the floods, 14 million people were in urgent need of safe drinking water and basic sanitation assistance. The floods swept away some water supply infrastructure in the north of Pakistan, while inundating water structures in the south. Water sources have been damaged, or contaminated, exacerbating the acute shortage of safe drinking water. In many areas, pre-flood sanitation conditions and hygiene practices were poor, and many facilities have now been lost and require rebuilding. Hygiene is also a priority issue, as there are continuing risks of water-borne diseases.

Water Supply

UNICEF is now providing clean water to over 2.8 million people per day across flood-affected regions of Pakistan – the equivalent to the entire population of Toronto across a huge geographic area. UNICEF's contribution constitutes over half of the WASH Cluster's total results for water provision. Water tankering is reducing as IDPs return home; the emphasis is shifting to early recovery. Of the 2.8 million people receiving safe water, 255,000 people are in camps and communities where 30 water treatment plants have been installed, and 1.8 million people have been supported with early recovery activities in their communities, including supply of equipment and technical oversight for water scheme repair. UNICEF has also carried out mass water chlorination in camps and areas of return including water from boreholes and tube wells, helping to control and reduce disease outbreaks.

Sanitation

UNICEF prioritized the construction of emergency latrines, defecation trenches, sanitation facilities and provision of bathing cubicles during the immediate response, benefiting 1.5 million people - the majority of the 1.7 million beneficiaries being reached in total by the WASH Cluster. UNICEF is also supporting the installation and maintenance of hand washing facilities, de-sludging of sanitation facilities and community reconstruction of sanitation facilities in areas of return through provision of materials and cash incentives. Early recovery measures for returned families are focused on longer-term sustainable sanitation interventions including behavioural change interventions through social mobilization in communities.

Indicators	Cluster Target (people to be reached by July 2011)	Cluster Total progress to date (people reached)	UNICEF Target (people to be reached by July 2011)	UNICEF Total progress to date (people reached)
Number of people provided with 5 liters of safe drinking water per day	13,300,000	4,302,000	5,000,000	2,782,000
Number of people provided with sanitation facilities	13,300,000	1,687,000	5,000,000	1,501,000
Number of people reached with hygiene promotion messages	13,300,000	3,012,000	5,000,000	1,156,000

UNICEF, as cluster lead agency, is responsible for information management of the cluster and sharing overall results achieved by the cluster collectively. Cluster figures include UNICEF's programme targets and results. Figures have been rounded.

Hygiene Promotion

A total of 1.1 million people have benefited from 18,400 UNICEF supported hygiene promotion sessions among camp and returnee populations. Over 3 million beneficiaries have received nearly 819,000 bars of soap and 269,400 family hygiene three months kits through UNICEF support. As part of the Global Handwashing Day on 15 October, around 2 million children and women were reached with hygiene messages.

WASH in Schools

At the outset of the crisis, IDPs moved to schools and other public buildings for shelter. Relief work started in KP where UNICEF completed repairs and provision of WASH facilities in 250 schools benefiting 59,000 people, half of whom were children. Planning is ongoing to implement WASH in schools interventions in other provinces for flood-affected school facilities.

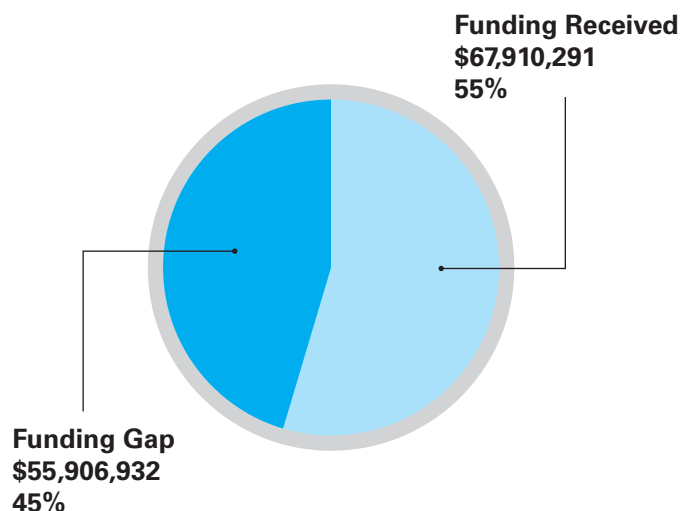
WASH Cluster Coordination

In support of the government, UNICEF has deployed WASH Cluster coordinators and information management staff to the federal level and all affected provinces to assist in the coordination of WASH cluster partners, identification of gaps and mapping partner activities. UNICEF has developed a standardized reporting system for the cluster and has strengthened information flow from the provinces to the central level. The frequency and consistency of partner reporting has improved but still requires further strengthening to be able to accurately identify and fill gaps. A weekly brief is disseminated to communicate progress. Technical working groups have been established to address specific issues, such as setting common technical standards. This helps build the capacity of partners which, in many districts remains limited, although there are now 130 partners in the WASH Cluster, compared to 27 at the start of the floods.

Challenges and Looking Forward

Ensuring expansion of WASH coverage remains a challenge due to the very large numbers of people, the geographic spread, population movements, and the limited number of partners, especially in Sindh and Punjab. Supplier chains are stretched due to huge needs and disruptions of the road and rail networks, therefore UNICEF has sought out new NGO partners, scaled up partnerships with UN and government and the private sector partners. Sanitation and hygiene coverage has also been slow to increase due to low awareness and use prior to the floods. Looking forward, UNICEF is focused on ensuring sustainability of water supply schemes, building community capacity for operation and maintenance; and community approaches to total sanitation and water quality surveillance. UNICEF will also focus on promotion of hygiene, through training for community workers. Rehabilitation and cleaning of sanitation facilities in schools previously and currently occupied by IDPs will also be a critical component of early recovery.

WASH Funding (as of 23 November)



Core Commitments for Children in Humanitarian Action

EDUCATION

STRATEGIC RESULT

Girls and boys access safe and secure education and critical information for their own well-being



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Prior to the flood, almost one out of every two children were out of school. The floods have exacerbated this situation. The new academic year started in September, leaving millions of children at risk of missing out on their crucial school year due to inaccessibility to schools and learning materials. Over 10,000 schools were either partially or fully damaged and almost 2,900 schools had been occupied by IDPs during the crisis. UNICEF is targeting 1.3 million children (aged 4-12 years), with education interventions and is aiming to strengthen education institutions by training over 12,000 teachers and 28,000 Parent Teacher Committees/School Management Committees.

Restoring Access to Quality Education

UNICEF has supported the establishment of 1,550 Temporary Learning Centres (TLCs) in the flood-affected areas - overseeing TLC erection and funding building materials, labour and education equipment - which provide education and psychosocial support to 106,500 children across flood-affected areas. UNICEF's contribution constitutes the majority of the Education Cluster's total of 1,730 TLCs built to date. To respond to the massive return process, UNICEF is planning to support the establishment of Transitional School Structures (TSSs) where schools are partially or fully damaged, and the rehabilitation and restoration of schools in return areas, providing materials and cash for communities to undertake minor repairs and clean-up of damaged schools. Through implementing partners, UNICEF is also undertaking detailed assessments of school facilities and staffing capacity.

In total, 150,200 women and children in flood-affected districts across the country have benefited from assorted school supplies, including tents. This includes the 106,500 children benefiting from TLCs and an additional 43,700 beneficiaries in Adult Literacy Centres and Government schools. UNICEF has sent 2,600 teacher tables and 2,500 chairs to flood-affected districts/agencies as well as 930 school-in-a-box kits, 1,200 recreation kits and assorted stationary, including individual school kits and bags.

Capacity Building

UNICEF, as part of the Education Cluster, contributed to the adaptation of the Joint Education Needs Assessment tool and methodology for education

Indicators	Cluster Target (people to be reached by July 2011)	Cluster Total progress to date (people reached)	UNICEF Target (people to be reached by July 2011)	UNICEF Total progress to date (people reached)
Beneficiaries of Temporary Learning Centres	390,000	123,400	130,000	106,500
Beneficiaries of assorted school supplies	1,260,000	204,000	1,260,000*	150,200
Teacher Training	22,000	1,620	12,000	1,320

UNICEF, as cluster lead agency, is responsible for information management of the cluster and sharing overall results achieved by the cluster collectively. Cluster figures include UNICEF's programme targets and results. Figures have been rounded.

* At present, UNICEF's target is the same as the Cluster target, as UNICEF is a major contributor of education supplies. However, this target is currently under revision, based on ongoing vulnerability assessment.

assessment (developed at the global level by the Education Cluster Working Group), including training for conducting assessments. UNICEF has supported training for 1,320 teachers to date and, through its partners, is preparing training for 28,000 Parent Teacher Committees/School Management Committees, which play a key role in planning school erection and maintenance, and managing community education issues.

Education Cluster Coordination

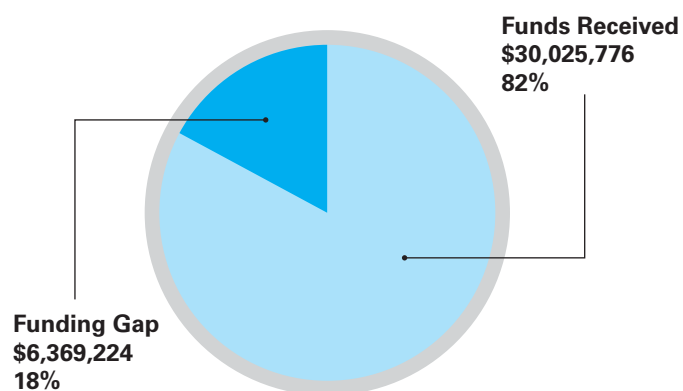
UNICEF co-leads the Education Cluster with Save the Children Alliance. Full time Education Cluster Coordinators and Information Management Officers have been deployed by UNICEF and Save the Children in Multan, Sukkur, Hyderabad, Balochistan and KP as well as at the federal level. Trainings of cluster staff have taken place to strengthen their coordination capacity. To date, the Education Cluster has coordinated with the WASH and Health clusters in Punjab to ensure provision of water and sanitation facilities and health screening at schools and TLCs. The Cluster is also coordinating ongoing technical assessments in all provinces, undertaken by cluster partners in their geographical areas. A weekly brief for donors, partners and the public is disseminated to communicate cluster progress, ongoing interventions and results, and challenges and gaps in the response. To support the implementation of the education strategy, the Education Cluster conducted scaling up planning workshops in five provinces in October 2010.

Challenges and Looking Forward

Inaccessibility in the flood-affected areas and the limited capacity of government to respond to the education situation are ongoing challenges, also compounding pre-flood education access issues for

girls. Conveying the importance of education in the initial emergency response has also been challenging, constraining some aspects of the immediate response including identification and initiation of teacher training. Looking forward, UNICEF will continue to support the establishment of TLCs in camps and areas of return. The reactivation and strengthening of Parent Teacher Committees/School Management Committees is a critical part of UNICEF's strategy for supporting community level education. UNICEF is also advocating with the government for Child Friendly Schools - to ensure disaster resistant, child-friendly designs are used for rehabilitated and constructed schools. UNICEF will also provide technical assistance to the government to formulate policy for Education in Emergencies, as well as adapt current teacher training modules on psychosocial support to include emergency preparedness and disaster risk reduction. UNICEF's Early Recovery Education communication strategy is focusing on mobilizing parents and communities to increase enrollment of children, expanding the opportunity for children to go to school for the first time.

Education Funding (as of 23 November)

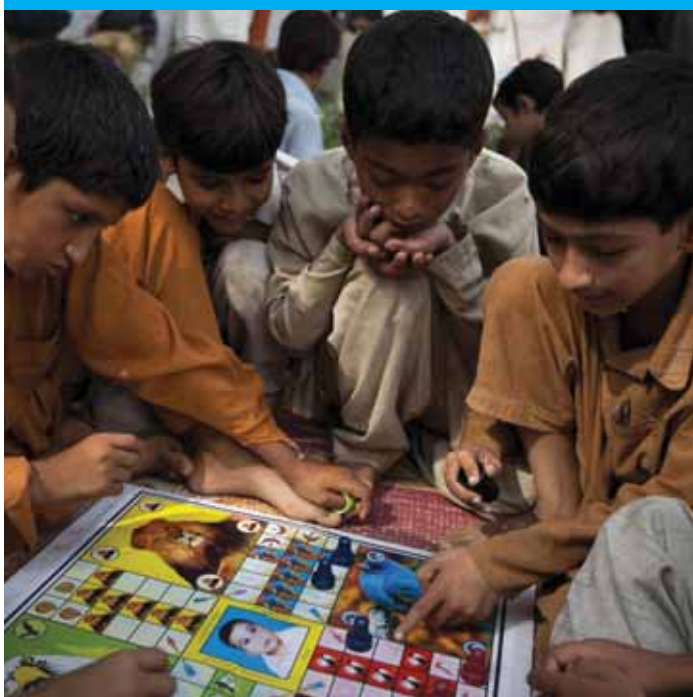


Core Commitments for Children in Humanitarian Action

CHILD PROTECTION

STRATEGIC RESULT

Girls and boys rights to protection from violence, abuse and exploitation are sustained and promoted



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Child Protection issues prior to the floods included an estimated 32 per cent of girls married before reaching 18 years of age and 3.3 million children under 14 engaged in child labour. The floods and subsequent displacement have exposed children to elevated risks of abuse and exploitation. Children are particularly vulnerable when displaced and not enrolled in school. Major risks include separation of children from families, gender-based violence, child marriages, sexual exploitation, trafficking, and psychosocial issues.

Child Friendly Spaces & psychosocial support

To protect children and women, UNICEF has established 303 static and mobile Child Friendly Spaces (CFS), providing education, recreation and psychosocial support including group counseling to 104,400 children and women. This is major share of the sub-cluster's total of 162,800 beneficiaries. UNICEF has also distributed non-food items to 57,800 beneficiaries. Safe spaces specifically for women have been set up in Balochistan and will soon be established in the other affected provinces. Receding waters unearthed unexploded ordnances and landmines in KP. UNICEF and partners expanded mine-risk education to flood-affected areas: 167,000 women and children have benefited from media messaging and mine risk education sessions in CFS and schools.

Children without Family Care

Cases of separated, unaccompanied and missing children have been identified and documented. To date, the child protection sub-cluster and UNICEF have helped to reunite 4 out of 39 unaccompanied children and 353 out of 521 separated children with their families. UNICEF and partners have helped establish systems for child identification and reunification and have supported prevention of family separation through community mobilization and awareness-raising.

Referral Services

UNICEF has supported the government to establish six telephone help-lines in the flood-affected provinces, providing referrals to appropriate services for 1,800 children and their families. UNICEF is supporting the mapping of existing welfare services and evaluation of delivery capabilities, as a first step to strengthening their capacities. With the government, UNICEF is also

Indicators	Sub-Cluster Target (people to be reached by July 2011)	Sub-Cluster Total progress to date (people reached)	UNICEF Target (people to be reached by July 2011)	UNICEF Total progress to date (people reached)
Number of beneficiaries of child friendly spaces	1,437,000	162,800	667,000	104,400
Beneficiaries of helplines	63,300	1,900	23,400	1,800
Beneficiaries of NFIs	1,075,000	144,900	715,000	65,200

UNICEF, as cluster lead agency, is responsible for information management of the cluster and sharing overall results achieved by the cluster collectively. Cluster figures include UNICEF's programme targets and results. Figures have been rounded.

working in affected districts to increase issuance of birth certification. Through the CFS, UNICEF is ensuring cases of Gender Based Violence (GBV) are referred to suitable services.

Child Protection Coordination

Full time Child Protection coordinators and information management staff have been deployed at federal level and in all four provinces to coordinate the provision of protection services for affected children. The sub-cluster is rolling out a strategy for Child Protection response across the country. Working groups to support coordination and dialogue around policy and key interventions have been established on CFS, Communication, Rapid Assessment, Separated and Unaccompanied Children, Case Referral and Trafficking. A weekly brief for donors, partners and the public is disseminated to communicate progress. Major challenges include a shortage in funding to appropriately deliver at scale and a lack of partner capacity. Orientation and training has increased the capacity of provincial cluster staff. Measures will be put in place to support the implementation of an impact evaluation in six months time, to monitor the response and inform strategy.

Gender Based Violence Coordination

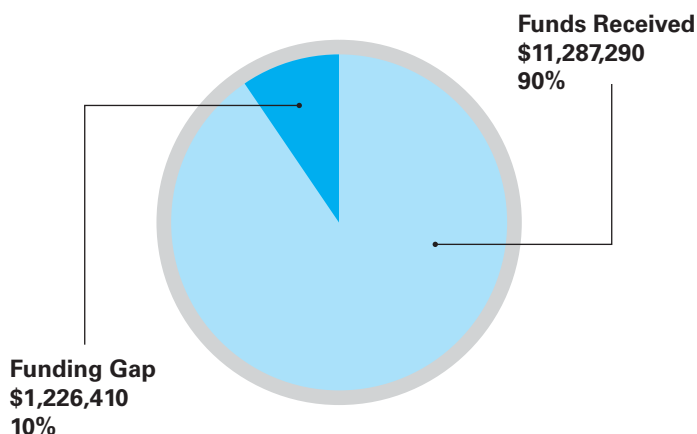
Cultural limitations impede women and girls from accessing services; the floods exacerbated this situation. At the onset of the floods, UNICEF and UNFPA initially agreed to co-lead the GBV Sub-Cluster which is established in four provinces and at federal level. GBV Referral working groups were established, developing data collection tools to support monitoring and referrals of GBV cases. A major gap is funding for experienced staffing to ensure coordination of response. Lack of understanding of GBV among the affected population and service providers is also a challenge.

As of November, given UNICEF's other CLA roles, GBV Sub-Cluster leadership will be transferred to UNFPA.

Challenges and Looking Forward

The greatest challenges are the scale of the response required, the difficulties in accessing and assessing affected populations, a lack of services and the limited local capacity of implementing partners. Many protection activities are being started from scratch, which is time consuming and staff intensive. Original funding requests have proved to be inadequate given the scale and evolving needs on the ground. Looking forward, developing government and local partner capacity is a key strategy, including strengthening Social Welfare Departments and partners to register vulnerable children, provide referral services and set up community based social services. UNICEF will also strengthen the capacity of law enforcement agencies and justice systems and develop stronger government capacity to monitor and respond to child protection issues at the community level. Communication and advocacy messaging around children's needs and how to address them will continue.

Child Protection Funding (as of 23 November)



Core Commitments for Children in Humanitarian Action

CROSS-CUTTING PRIORITIES

- HIV/AIDS
- GENDER
- PLANNING, MONITORING & EVALUATION

HIV/AIDS

Among the People Living with HIV (PLHIV) registered with HIV treatment centers in Pakistan, most belong to the lower socio-economic class. This acute level of vulnerability has been exacerbated further by the flooding. An initial assessment was carried out by the Joint UN Team on HIV and AIDS, of which UNICEF is a strong leader, to determine the number of PLHIV in flood-affected districts, their most essential needs and to review existing care-support and relief packages. Based on this assessment a "Treatment, Care and Support Package" was developed which included food, non-food items, multivitamins and condoms, intended to reinforce health/immunity and nutrition. In addition, UNICEF's support for transportation for clinical consultations and distribution of extended supply of anti retro-virals has helped ensure flood-affected PLHIV access sustained treatment. This TCS package has been provided through National and Provincial AIDS control Programmes to a total of 1202 PLHIV from flood-affected districts.

Four Family Health Days were conducted in camps in flood-affected districts in Punjab. High energy biscuits and micronutrients were distributed, HIV prevention messages were disseminated, and voluntary confidential counselling and testing services were provided to HIV positive women.

Challenges remain for HIV programming. Culturally, it is difficult to openly discuss and address HIV and AIDS. Access to services and treatment for PLHIV, already poor and marginalized in society, has been made more difficult by the floods. UNICEF will focus on supporting 11 flood-affected districts, identifying women at risk for HIV, capacity building of health institutions and partners, and conducting Family Health Days. UNICEF will ensure continuing care for HIV affected women and their families, as well as advocacy and HIV awareness seminars.

Gender

During the Pakistan floods, operational and security complexities have been further exacerbated by social and cultural factors that inhibit the mobility of women and girls and their access to public spaces. Initial gender needs assessments of the Pakistan flood response found that restricted mobility and lower literacy rates among women meant that they did not have the same



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exposure as men to warnings and safeguard messages about the floods. Women and girls were also found to have more limited access to aid distribution due to the distance of services (and related security concerns) and lack of female staff, and were reluctant to use lavatory and sanitary services due to lack of privacy and secure access. UNICEF is analyzing gender disparities and incorporating the findings into project design, working through female front line workers, and strengthening the government's capacity to carry out a gender responsive flood response. Specific activities include:

- UNICEF has supported the establishment of a Gender and Child Unit at the National Disaster Management Authority by providing staff. The gender cell aims to address the special vulnerability of women and girls in response to the floods and leverage gender in upstream policy work.
- Within UNICEF, all sectoral project proposals have been reviewed to ensure gender considerations are incorporated. The Inter-Agency Network for Education in Emergencies guidelines were shared with staff to ensure gender equity concerns were integrated into education programming; the gender focal point also promoted gender equity during the early recovery planning workshop held for the Education Cluster in September, to integrate the needs of girls into education planning and strategy. For WASH, project proposals were reviewed to ensure they addressed gender concerns - including separate, well lit latrines for girls and women and provision of sanitary materials and separate washing facilities for women. In KP for example, separation of washing areas has resulted in increased use by women.
- Externally, as part of the inter-agency Task Force on gender, UNICEF has also reviewed over 500 project proposals under the revised PFRERP. In health, this resulted in some projects tracking numbers of women benefiting from basic health services, HIV testing and provision of vaccines to ensure equity in service access. In education, TLCs and TSSs have been specifically allocated for girls.
- A "Gender Concerns in Humanitarian Crises" session was organized in AJK by the Gender in Education Policy Support Project, a joint initiative of UNICEF and partners. The session sensitized government, education managers, policy makers and implementers, and

civil society about the issues facing girls and women in the flood-affected areas, including limitations in access to resources and services.

- UNICEF held an orientation and gender sensitivity session for the governmental management staff of the Lady Health Workers programme.

Planning, Monitoring and Evaluation

UNICEF financed five full-time staff for the Multi-Cluster Rapid Assessment Mechanism (McRAM), including for its wide-scale assessment of the flood impact in September, to inform response planning and implementation.

Strengthening monitoring and evaluation systems is critical to identify gaps and enable changes in programme response to fill them. UNICEF Pakistan has supported improved monitoring through redeploying staff from other UNICEF offices as additional support and to build the capacity of existing country office staff. UNICEF is also utilizing results-based monitoring approaches developed for the revised Core Commitments to Children in Humanitarian Action ("CCCs" - UNICEF's core policy document for operating in humanitarian situations). UNICEF pre-flood programme monitoring consisted of visits by UNICEF staff and partners as well as remote monitoring through third parties, to overcome restricted access due to the difficult security situation. This has been strengthened through the use of new Field Monitors to conduct both quantitative and qualitative monitoring of UNICEF funded interventions and the wider situation for the affected population in consultation with affected populations. Field Monitor results are shared within the relevant clusters at the provincial level to inform wider response planning.

With the scale up of operations there is an increased focus on financial management through regular monitoring of programme activities against funds. To ensure robust oversight, periodic on-site reviews of our implementing partners' financial records will be conducted, alongside programmatic monitoring of activities supported by direct cash transfers.

UNICEF Pakistan is currently undertaking a flood time-line exercise to document key decisions in the flood response and highlight adjustments needed for future programming.

Stories from the floods

The floods have affected millions of people and each survivor has a story to tell.

UNICEF and its partners have worked to reach women and children across vast areas affected by the floods with life-saving and early recovery interventions. In the midst of this huge emergency, there are millions of individual perspectives and stories which are yet to be told. The following are two personal accounts of those whose lives have been impacted, both by the floods and the subsequent response efforts.

AJNA FAROOQ, 40 YEARS OLD,

DADU DISTRICT, SINDH PROVINCE

The recent floods in Pakistan have been particularly cruel to the Dadu district in the country's southern Sindh Province. With nearly half its population of 1.3 million displaced, and virtually everyone in the region affected, providing much-needed supplies and medical assistance to flood victims has indeed been a monumental endeavour.

Describing the night the floods came to her home and tore her world apart, Ajna Farooq, 40, says: "All this happened in one night. The water just engulfed us, and submerged everything around us. My husband has left me and I have four children. I stayed here in whatever is left of my home, as I did not have anywhere to go and no money."

As expected in any disaster, children are the worst affected. Safia Haroon, 12, recalls her tragic experience: "The water came suddenly, very fast, maybe in one hour. It was very scary. My family stayed here because we had cattle.... We have a little wheat so we eat one day and don't eat one day. I used to go to school, but now there is no access anymore."

With no road access and winter just around the corner, the health risks for women and children in Dadu will increase significantly if help is not provided in time. Fifty-thousand people in two sub-districts of Dadu have been trapped in this water-logged area, and medical cover was not provided by anybody until the army made boats and hovercraft available to help UNICEF-supported medical teams reach the stranded communities.

"Fifty-thousand people in two sub-districts of Dadu have been trapped in this water-logged area, and medical cover was not provided by anybody until the army made some access through the boats and hovercrafts. After the rapid assessment, a plan for provision of emergency health assistance was chalked out in collaboration with the Health Department and Pakistan military," says UNICEF Health Officer Dr. Kamal Asghar.

Now, medical teams are entering the area daily in military boats to provide essential relief items, such as high-energy biscuits and anti-malarial bed nets as well as emergency health services, maternal and newborn health care, immunization and health education sessions.

Ajna Farooq was interviewed on 2 November 2010 by Raabya Amjad



Ajna Farooq is receiving treatment from the medical team in Dadu District, Sindh Province, Pakistan

HAMEED, 2 YEARS OLD, THATTA DISTRICT, SINDH PROVINCE

Hameed, 2, was recently admitted to the Nutrition Stabilization Centre in Thatta district of southern Sindh Province suffering from high fever and diarrhoea. “We had no idea what was wrong with him. The village doctor gave him drips, which caused swelling all over his body,” says his grandmother. Today, Hameed’s condition is beginning to show marked improvement as a result of therapeutic feeding and medical treatment.

Even before this crisis, about a third of Pakistan’s children were born with low birth-weight. The challenge is not just to scale up nutrition interventions but, in some areas, to establish them for the first time.

Even before the floods, stunting rates in Sindh were higher than the national average. To combat the problems of malnutrition and stunting, UNICEF and its partners screen children through outpatient therapeutic feeding programmes, where their weight, height and mid-upper arm circumference (a key indicator of growth and development) are measured.

As part of this effort, mobile therapeutic feeding units reach communities that have no access to fixed health-care centres. The vast majority of children in such communities can be effectively treated by the mobile units, but severe cases need to be treated at a stabilization centre.

In Thatta district, UNICEF has established the first stabilization centre in a district civil hospital to treat malnourished children with serious medical complications. The centre was set up with support from Engro Chemicals, through UNICEF, as a public-private partnership. With beds for six children and their caregivers, the centre receives nutrition supplies and medicines from UNICEF. The National Institute of Child Health trains staff at the facility.

Thatta’s Deputy District Health Officer, Dr. Khaled Navaz, explains that much more work is needed



A nurse prepares the special formula for a sick child in a stabilisation centre in Thatta district civil hospital, Sindh Province, Pakistan

to improve the nutritional status of children – especially girls – and women. “In our society, males are given higher priority than females, so we see many more malnourished girls than boys,” he says. “More health education sessions are needed as mothers are also malnourished, and we should provide nutrition support in schools.”

Across the flood-affected areas of Pakistan, UNICEF has supported, to date, the establishment of 301 selective feeding centres, including 31 Stabilization Centres (SCs) for the treatment of severe acute malnutrition (SAM) with medical complications; and 270 Outpatient Therapeutic Feeding Programmes for treatment of SAM without complications. UNICEF supports also 274 Supplementary Feeding Programmes (SFP) with WFP for treatment of moderate acute malnutrition (MAM).

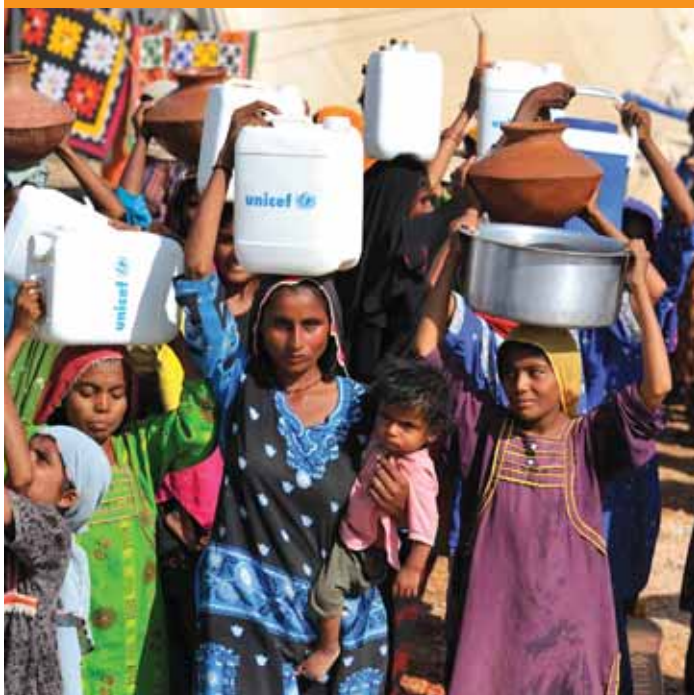
Community outreach for malnutrition identification and referral has reached 212,000 children under-five years old and over 67,000 pregnant and lactating women. Of the children screened for malnutrition, 36,470 were referred to appropriate selective feeding programs. A further 15,500 women were referred to SFPs.

Hameed was interviewed on 22 November 2010 by Carly Sheehan

Core Commitments for Children in Humanitarian Action

OPERATIONAL COMMITMENTS

- SECURITY
- HUMAN RESOURCES
- SUPPLY



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Across Pakistan UNICEF has expanded its emergency response interventions and partnerships to meet the needs of families in the flood-affected areas. UNICEF field presence has been bolstered through the establishment of emergency field offices in Multan (Punjab province), Sukkur and Hyderabad (Sindh province), facilitated by immediate redeployment of staff from Islamabad, Karachi and Lahore, to extend UNICEF's reach into the most heavily affected areas, shorten travel time and allow UNICEF staff to be closer to the affected population.

Security

Since mid-August there has been an upsurge in security incidents and they are currently the highest recorded since mid-2008, with about 40 per cent of the incidents terrorist related. Today the majority of Pakistan is on UN Security Phase III - restricted movement for staff and concentration of personnel in secure areas. In Peshawar (KP) and Quetta (Balochistan) the Security Phase is IV - where UN international staffing is limited strictly to those critical for humanitarian or security operations.

Security remains paramount for UNICEF and all efforts are being made to deliver assistance to those in urgent need while ensuring the safety and security of all staff. This includes providing necessary security equipment and introducing protocols to increase staff protection. In addition, UNICEF security is taking mitigation measures to reduce risks for the newly established field offices in Multan, Sukkur and Hyderabad to increase field staff safety, however increased resources for ensuring security equipment and standards are required. In areas with greater security exposure, UNICEF continues to work through "Remote Programming" approaches and monitoring with local partners to ensure sustained programme implementation.

Human Resources

The scale of the emergency required significant and immediate staff increases in both international and national staff numbers for the UNICEF Pakistan office, including bringing in the Regional Director for South Asia region, as Special Representative. During the reporting period the UNICEF office rapidly increased

its staffing levels: at the peak, 240 new staff were deployed across the country to respond to the floods, in addition to the 274 existing pre-flood staff, representing a staffing increase of 88 per cent. As of 23 November, there are 204 staff deployed for the flood response and over 175 staff recruited for and redeployed to the newly established emergency field offices in Multan, Sukkur and Hyderabad. UNICEF has over 60 cluster staff in place – including cluster coordinators and information management staff – in the four affected provinces and at federal level. The additional staff have been sourced from: recruitment of new international and Pakistani staff; temporary deployment of UNICEF staff from other country offices, regional and head-quarter offices; ‘stand-by partners’ from INGOs and governments; and the Rapid Response Mechanism under the Global WASH Cluster.

Supply

Supply procurement and distribution to the affected population through partners and suppliers has been a crucial part of the UNICEF response. The sudden onset flood led to the destruction of UNICEF contingency stocks in the Peshawar, KP warehouse in the first days. However UNICEF immediately reordered and drew on existing logistics and supply staff capacity from other UNICEF offices, particularly from UNICEF Supply HQ in Copenhagen, Denmark. UNICEF supply staff have supported the Pakistan office in scaling up of infrastructure and supply systems, including establishing new supplier and distributor agreements and obtaining warehousing in a number of locations around the

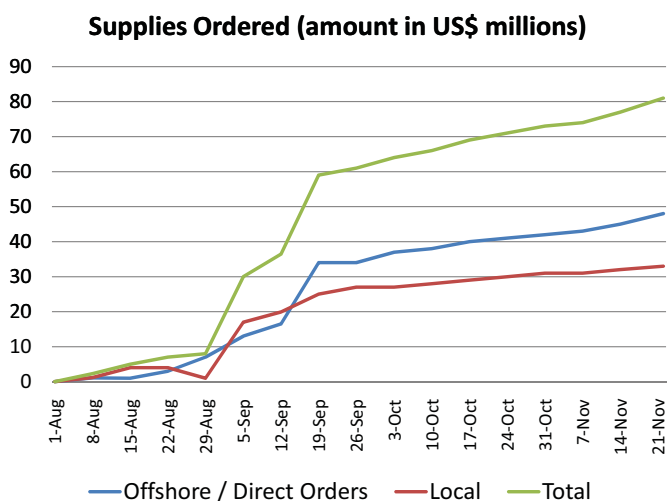


Table 1. Values of supplies distributed* by sector to date (in US\$)

Sector	Distribution
Admin	16,465
WASH	8,257,847
Health/Nutrition**	22,262,056
Child Protection	226,905
Education	905,468
TOTAL	31,668,743

* “Distributed” is defined as distributed to beneficiary, or to partner or government for onward distribution.

** The UNITRACK system has been set up to log these supplies together.

*** This figure does not include vaccinations

country. Logistics and warehouse specialists have been deployed to Multan, Sukkur, Hyderabad, Karachi and Islamabad. These staff have also been supporting quality assurance, evaluating supplies to facilitate local procurement.

Speed of initial distribution is assessed by how fast supplies move through the warehouse system. In September, at the height of the relief response, UNICEF was able to move supplies through UNICEF warehouses in a 48 hour period to be distributed to beneficiaries or UNICEF partners. However, logistics challenges are enormous for distribution of supplies to the flood-affected populations as people move back to their dispersed home areas or relocate to other camps. In addition, many local implementing partners have huge challenges in reaching the remote areas, to ensure the most vulnerable populations receive relief and recovery items.

In total, UNICEF has purchased supplies worth US\$81 million. Supplies worth nearly US\$33 million have been procured within Pakistan to date and the estimated amount of local procurement will likely increase substantially by the end of 2010, subject to receiving sufficient funding. The estimated total amount of supplies ordered is projected to be around US\$100 million by the end of 2010, if UNICEF is fully funded, which represents a 330 per cent increase from 2009. Significant in-kind assistance was received from multiple donors, including from IKEA, Nutriset and the governments of Luxembourg, Switzerland and Sweden.

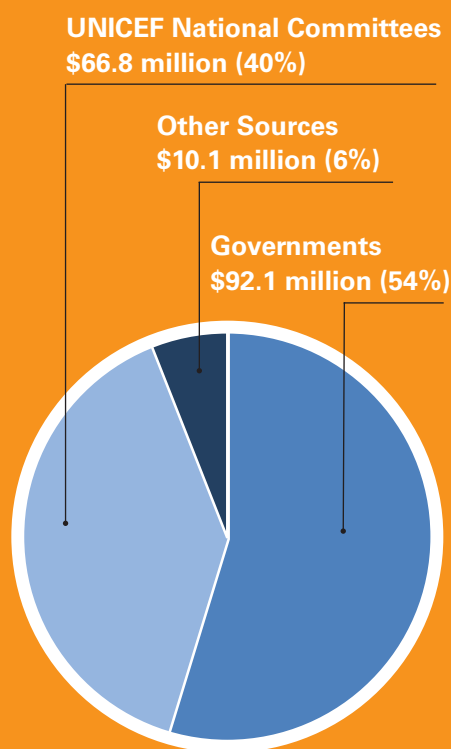
Funding against requirements

RESOURCE MOBILIZATION

UNICEF REQUIREMENTS:

US\$251.1 million

UNICEF has received a total of **US\$169 million** from donors



Contributions received by type of donor (including pledges)

The huge magnitude of the floods in Pakistan and their progression along the Indus River caused daily, dramatic increases in the numbers of affected people over August and September. As a result, the funding required to respond grew steadily between August and November. UNICEF released resources twice from its Emergency Programme Funds making loans available immediately for response efforts. UNICEF also accessed the Central Emergency Response Fund (CERF), receiving two grants to continue the immediate response activities in the first few weeks of the emergency. In August, both Anthony Lake, Executive Director of UNICEF, and Dan Toole, UNICEF Regional Director for South Asia, visited the flood-affected areas to survey the damage and to reinforce an urgent plea for support on behalf of the Pakistani people. UNICEF's first Immediate Needs Document was released on 5 August and was revised on 26 August as the affected population grew rapidly.

As the floodwaters started to recede, the humanitarian community reassessed the needs and by early November the UN issued the revised inter-agency Pakistan Floods Relief and Early Recovery Plan (PFRERP) with a final total requirement of US\$1.94 billion. This is the largest humanitarian appeal in response to a natural disaster ever – larger than the Haiti appeal released earlier this year - an indication of the magnitude of the disaster and the response required. The UNICEF component of the inter-agency appeal is US\$251.1 million. The funds are required to provide relief and early recovery services through to the end of July 2011.

Top Ten Donors (excluding pledges)

Donor	Amount in US\$
United States	21,203,152
United Kingdom	14,035,950
German Committee for UNICEF	10,504,095
Australia	8,400,180
UK Committee for UNICEF	8,298,265
CERF	7,964,554
United States Fund for UNICEF	7,199,002
Australian Committee for UNICEF	5,523,257
French Committee for UNICEF	4,224,637
Netherlands Committee for UNICEF	3,979,239

Funds Received To Date and Gaps (in US\$)

Sector	Health	Nutrition	WASH	Education	Protection	Grand Total
Funds Required	50,826,100	27,555,748	123,817,223	36,395,000	12,513,700	251,107,771
Funds Received	37,240,225	22,561,632	67,910,291	30,025,776	11,287,290	169,025,216
Funding Gap	13,585,875	4,994,116	55,906,932	6,369,224	1,226,410	82,082,555
% Unfunded	27%	18%	45%	18%	10%	33%

Note: Requirements based upon the Pakistan Flood Relief and Early Recovery Plan revised on 5 November 2010. Amounts reported are on an interim basis as of 23 November 2010. Funded amounts reflect contribution amounts of funds received by UNICEF, including pledges.

Thanks to the generosity of governments, UNICEF National Committees, inter-organizational arrangements, intergovernmental organizations, non-governmental organisations and other UNICEF Country Offices, as of 23 November 2010, UNICEF had received US\$132.8 million with an additional US\$36.2 million in pledges, which totals US\$169 million. Out of the funding received so far including pledges, 54 per cent has been received from government donors, while UNICEF's National Committees have provided 40 per cent of the funding. The remaining 6 per cent has been received from other funding sources including the United Nations CERF, UAE Red Crescent, Agfund and staff from UNICEF Country Offices.

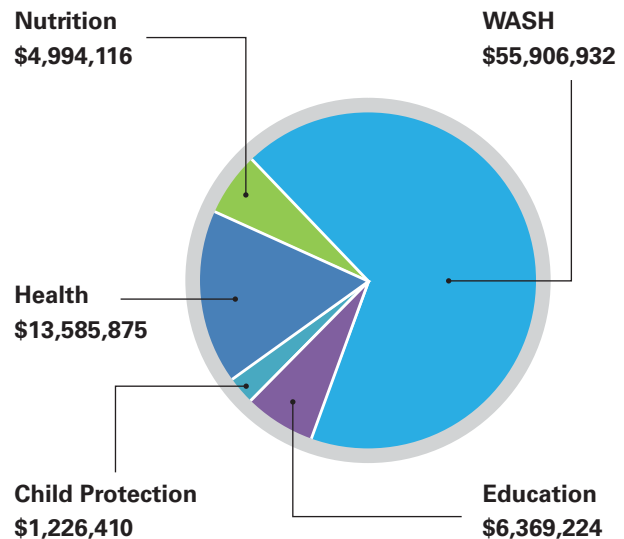
UNICEF would like to thank all public and private sector donors for the contributions and pledges that have been received so far - without these timely contributions the current response would not have been possible. UNICEF would especially like to acknowledge the National Committees, for timely provision of funding, and donors who have contributed "unearmarked" funding, which affords essential flexibility to UNICEF to direct resources and ensure delivery of life-saving supplies and interventions where they are needed most. Of the funds received, 58 per cent have so far been contributed as "unearmarked".

Continued donor support is critical to continue urgent humanitarian and early recovery relief. The current funding gap is US\$82.1 million. Without further funding, UNICEF will not be able to sustain its current response scale to meet the needs of women and children in nutrition, health, education, WASH and protection.

* Amounts reported on are on an interim basis as of 23 November 2010. Utilization amounts reflect funds allocated for in-country programming and exclude recovery cost of US\$ 8 million. Figures include expenditures and planned expenditures charged against programme budget allotments before actual payment and for which an obligating document has been issued in accordance with UNICEF's Financial Regulations and Rules. Amounts include coordination costs and cross-sectoral costs including operations, administration, and communications. Remaining income is in the process of utilization.

Sectoral Funding Gaps

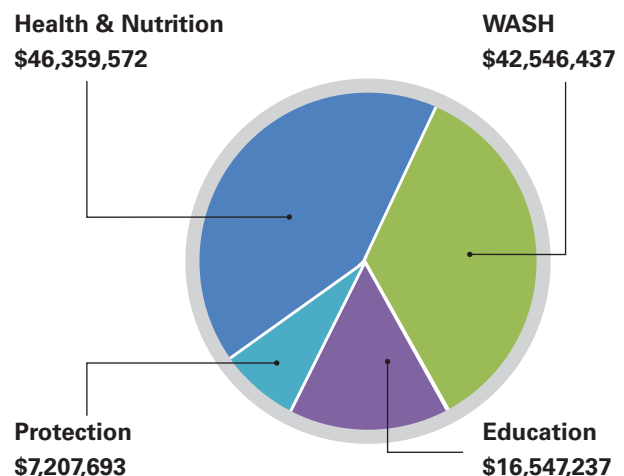
Overall Gap = US\$82.1 Million (33%)



Sectoral Fund Utilization*

Overall Utilization = US\$112.4 Million

(85% of funded amount excluding pledges)



Strength in Unity

LOOKING FORWARD

The massive humanitarian emergency is far from over. Hundreds of thousands of people remain displaced and thousands still urgently need immediate relief assistance. The poorest and most

vulnerable are among those most affected and they are returning to destroyed homes, schools and health centres, ruined crops and shattered communities. Many flood-affected people were already displaced prior to the floods due to militant actions and have thus suffered further displacement. Security risks are a reality that increase the challenge and cost of relief and recovery efforts. Despite these challenges, UNICEF has been able to significantly scale up capacities for response. The results of these interventions are significant and visible.

Looking forward, there are clear priorities that must be addressed to save lives and prevent further deterioration in the well-being of the most vulnerable children and women. Health, nutrition and WASH sectors require immediate investment to ensure that children do not die and that their physical and cognitive development is not threatened. Malnutrition is likely to

UNICEF Regional Director for South Asia, Dan Toole, plays volleyball with children in a camp established for families displaced by the floods at the public school of Prang in district Charsadda of Khyber Pakhtunkhwa



be an ongoing concern given the damage caused to livelihoods and harvests, particularly in rural areas. Education access is critical so that children are able to reach their social and economic potential. Protective systems must be strengthened to prevent permanent school dropout, child labour and early marriage.

A crucial window exists which, if not seized, is lost forever. The challenges unearthed by the disaster present a vital opportunity for UNICEF, the government and partners to address some of the longer term development issues. UNICEF's early recovery approach supports a progression from emergency response to recovery to longer-term national development and child rights goals. UNICEF's response to the floods will be dovetailed with the office's longer term Pakistan country programme, ensuring harmonization between flood response priorities, the ongoing response to the IDP crisis and longer term development objectives, including the national and UN priority of "Delivering as One".

In line with longer term planning, UNICEF's strategy will be to strengthen community and local government capacities, including for disaster risk reduction, emergency preparedness and response. In health and nutrition, capitalizing on and strengthening the Lady Health Workers and community midwives will be an integral component of change. This network will help provide nutrition support for treatment of acute malnutrition, re-establish routine immunization and strengthen maternal, newborn and child health services. In WASH, UNICEF will establish and reinforce water/sanitation systems at federal, provincial, district and community levels and provide sanitation and hygiene facilities in schools. UNICEF will focus building up water/sanitation management capacity in communities and promote community led approaches to total sanitation. The floods provide a critical opportunity for many children to access education for the first time. UNICEF will seek to expand child enrollment, support the rehabilitation of damaged schools as well as promote Child Friendly School standards, and disaster risk reduction within the education sector in terms of construction standards and within education curricula. Building a protective environment and systems re-

quires strengthening the capacity and technical expertise of local and national government. Developing the capacity of governmental bodies and other stakeholders to better manage child welfare and protection is a priority. A flexible, innovative and dynamic approach is required, from relief to early recovery to recovery, to ensure nutrition health, education, WASH and protection services for women and children.

Funding remains a critical constraint: the organization still requires US\$82.1 million to maintain its outreach interventions and programmes to meet the essential needs of the affected population. With sufficient support, cooperation and resources, women and children can be provided with the assistance that is their right, and systems and capacities for the provision of basic social services can be restored and even expanded to areas not previously covered.

Delivering as One

Since 2007, Pakistan, along with a few other pilot countries, operates under the One UN system - a UN reform pilot strategy designed to establish the single UN identity and increase UN efficiency. The approach is to "Deliver as One", in partnership with the government, through: joint planning, decision-making and steering of UN initiatives by the heads of the UN entities, led by the Resident Coordinator; joint interventions under a common programme; a common budgetary framework; and a common set of business practices. UNICEF is part of this One UN system with other UN entities and participates in the UN Country Team and Humanitarian Country Team with NGOs and other partners, engaging in discussion and decision-making. Working in harmony between UN and government, UNICEF will operate within the One UN system to maximize the benefit for women and children both in the short and long term.

UNICEF Partners and Counterparts

Government

Federal level: Federal Investigation Agency, Ministry of Education, Ministry of Environment, Ministry of Health, Ministry of Social Welfare and Special Education, National Database and Registration Authority, National Disaster Management Authority. Provincial level: Departments of Education, Departments of Health, Departments of Local Government, Departments of Rural Development, Departments of Social Welfare, Planning and Development Departments, Provincial Disaster Management Authorities, Public Health Engineering Departments.

United Nations System

Food and Agriculture Organization (FAO), International Organisation for Migration (IOM), Office for the Coordination of Humanitarian Affairs (OCHA), Office of the High Commissioner for Human Rights, (OHCHR), Office of the High Commissioner for Refugees (UNHCR), United Nations Department of Safety and Security (UNDSS), United Nations Development Operations Coordination Office (UNDOCO), United Nations Development Programme (UNDP), United Nations Environment Programme (UNEP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Joint Programme on HIV/AIDS (UNAIDS), United Nations Development Fund for Women (UNIFEM), United Nations Office for Project Services (UNOPS), United Nations Population Fund (UNFPA), World Food Programme (WFP), World Health Organization (WHO), World Meteorological Organization (WMO).

NGOs and Civil Society

ACTED, Action Against Hunger, Action Aid Pakistan, AJK Rural Support Programme, Association for Better Community Development, Basic Education and Employable Skill Training, Bunyad Literacy Community Council, Center of Excellence for Rural Development (CERD), Children First, Community Motivation & Development Organization, Catholic Organisation for Relief and Development Aid, Dost Welfare Foundation, Environmental Protection Society, Friends Foundation, FM107, Focus Humanitarian Assistance, Frontier Primary Health Care, Foundation for Rural Development,

GOAL, Global Peace Pioneers, Goth Seengar Foundation, Health & Nutrition Development Society, Health Education and Literacy Programme, Hayat Foundation, Handicap International, Health Oriented Preventive Education, Human Resource Development Network, Human Resource Development Society, International Rescue Committee, Jobs Creating Development Society, Just Peace International, Jahandad Society for Community Development, Kashmore Communication, Khushal Awareness and Development Organization, Lodhran Pilot Project, Muslim Aid, Mercy Corps, Merlin, NGO's Development Society, National Rural Support Programme, OXFAM, Poverty Alleviation Organization, Plan International, Participatory Integrative Development Society, Pakistan Paediatrician Association, Pakistan Village Development Programme, Partner Aid International, Premiere Urgence, Qatar Charity, Research & Awareness for Human Development Benefits and Rights, Relief International, Relief Pakistan, Rural Development Initiative, Rural Support Programmes Network, Save the Children, Sindh Agricultural & Forestry Workers Coordination Organization, Sahara Voluntary Social Welfare Agency, Sorath Citizen Community Boards, Society for Conservation and Protection of Environment, Sindh Development Society, Strengthening Participatory Organization, Sindh Rural Support Organization, Sachal Satellite Communication (pvt) Ltd., Society for Sustainable Development, Solidarites, Sudhaar, The Blessing Foundation, Takhleeq Foundation, Thar-deep Rural Development Programme, Trust for Voluntary Organizations, World Vision.

Surge Capacity Standby Partners

CANADEM, Danish Refugee Council, Icelandic Crisis Response Unit, iMMAP, Oxfam GB, Norwegian Refugee Council, RedR Australia.

Donors

National Committees

Andorran National Committee for UNICEF, Australian Committee for UNICEF, Austrian Committee for UNICEF, Belgian Committee for UNICEF, Canadian Com-

mittee for UNICEF, Danish Committee for UNICEF, Finnish Committee for UNICEF, French Committee for UNICEF, German Committee for UNICEF, Hong Kong Committee for UNICEF, Iceland Committee for UNICEF, Irish Committee for UNICEF, Italian Committee for UNICEF, Japan Committee for UNICEF, Korean Committee for UNICEF, Luxembourg Committee for UNICEF, Netherlands Committee for UNICEF, New Zealand Committee for UNICEF, Norwegian Committee for UNICEF, Portuguese Committee for UNICEF, Slovenian Committee for UNICEF, Spanish Committee for UNICEF, Swedish Committee for UNICEF, Swiss Committee for UNICEF, Turkish Committee for UNICEF, United Kingdom Committee for UNICEF, United States Fund for UNICEF, Finnish Committee for UNICEF

Governments

Australia, Austria, Belgium, Canada, Finland, Ireland, Italy, Japan, Liechtenstein, Luxembourg, Netherlands, New Zealand, Norway, Republic of Korea, Russia, Spain, South Africa, Sweden, United Kingdom, United States.

Others

United Nations Central Emergency Response Fund (CERF), AgFund, UAE Red Crescent, International Online Donations, UNICEF Belgrade, UNICEF Bhutan, UNICEF China, UNICEF India, UNICEF Malaysia, UNICEF Russia, UNICEF Thailand, UNICEF UAE.

UNICEF values of all of its partnerships and works with a wide range of district authorities, community-based organisations, faith-based organisations, non-public actors and other groups and individuals, and recognizes that many of those could not be mentioned here.

Acronyms

CCCs	Core Commitments to Children in Humanitarian Action
CERF	Central Emergency Response Fund
CFS	Child Friendly Space
CLA	Cluster Lead Agency
CMAM	Community Based Management of Acute Malnutrition
DFID	UK Department for International Development
IDP	Internally Displaced Persons
LHW	Lady Health Worker
McRAM	Multi-Cluster Rapid Assessment Mechanism
MICS	Multiple Indicator Cluster Surveys
MNHC	Maternal and Newborn Health Care
MoE	Ministry of Education
MoH	Ministry of Health
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PFRERP	Pakistan Flood Relief and Early Recovery Plan
PLHIV	People Living with HIV
PLW	Pregnant and Lactating Women
TLC	Temporary Learning Space
TSS	Transitional School Structure
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNIFEM	United Nations Development Fund for Women
WFP	World Food Programme
WHO	World Health Organization

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For more information please contact

Karen Allen, Deputy Representative, kallen@unicef.org

Deepak Bajracharya, Chief Field Operations, dbjracharya@unicef.org

Oscar Butragueno, Emergency Coordinator, ebutragueno@unicef.org

Kristen Elsby, Chief of Advocacy and Communication, kelsby@unicef.org

United Nations Children's Fund
Pakistan Country Office

Website: www.unicef.org/pakistan

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