Due to the devastating climate-induced flooding, a protracted nutrition emergency and other recurrent health and food crises, women and children in Pakistan require urgent assistance. The humanitarian situation has deteriorated significantly due to widespread flooding affecting 33 million people, of whom 20.6 million (including 9.6 million children) need humanitarian assistance.

Widespread stagnant floodwaters, damaged water and sanitation facilities, and large-scale displacements increase the risk of new outbreaks of water- and vector-borne diseases and respiratory illnesses, especially among children. With winter approaching, the vulnerabilities of the flood-affected people are further heightened.

UNICEF will continue to support the Government in responding to significant humanitarian needs, providing health, nutrition, WASH, education, child protection, and gender-based violence services at scale. Across all sectors, UNICEF will also strengthen national and local capacities for climate resilience and emergency preparedness.

UNICEF has revised its requirements totaling US$173.5 million for 2022 and 2023 to provide life-saving responses to the most vulnerable people affected by floods, including children.

### KEY PLANNED TARGETS

<table>
<thead>
<tr>
<th>IN NEED</th>
<th>TO BE REACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.6 million people</td>
<td>6.4 million people</td>
</tr>
<tr>
<td>9.6 million children</td>
<td>4.4 million children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2019</th>
<th>2022-2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>2022-2023</td>
</tr>
</tbody>
</table>

| 1.6 million children aged 6 to 59 months with severe wasting admitted for treatment |
| 3.2 million children and women accessing primary healthcare |
| 2.4 million people reached with critical WASH supplies |
| 383,000 children accessing educational services |

### FUNDING REQUIREMENTS

US$ 173.5 million

![Image](https://example.com/image.png)

Having received a hygiene kit through UNICEF, Geetu, 8, shows her brother how to wash hands using soap, outside a public toilet at Mohammad Medical Emergency Camp in Sindh Province, Pakistan.

Sectoral needs figures are aligned with the 2022 Interagency Floods Response Plan for Pakistan.
The humanitarian situation in Pakistan has deteriorated over the past months due to unprecedented flooding, impacting an already highly vulnerable population. Compounded by the political volatility, economic deterioration, the residual impact of COVID-19, and the protracted nutrition emergency characterized by high rates of wasting (which is on average 23 per cent in the districts most affected by floods), children are being pushed to the brink.

Pakistan has been impacted by severe monsoon weather. The rainfall was equivalent to nearly 2.9 times the national 30-year average, causing widespread flooding and landslides with severe repercussions for human lives, property, and infrastructure. An estimated 20.6 million people, including 9.6 million children, need humanitarian assistance due to the floods. To date, 84 districts have been declared ‘calamity hit’ by the Government. Many of the hardest-hit districts are amongst the most vulnerable districts in Pakistan, where children already suffer from high wasting rates (which may worsen), poor access to water and sanitation, low school enrollment, and other deprivations. Some of these same districts also host over 800,000 refugees from Afghanistan, and there are at least 7.9 million people who have been displaced, of whom some 598,000 are living in relief camps.

Damage to public and communal water supply systems and sanitation facilities has resulted in 6.3 million people in need of immediate WASH services, forcing children and families to drink contaminated water and exposing them to the threat of water- and vector-borne diseases; such as cholera, diarrhea, dengue, and malaria. Nearly 1.6 million children are estimated to be in need of treatment for severe wasting. Access to healthcare has been reduced due to infrastructure damage in health facilities, loss of essential medicines, and cold storage capacity. More than 25,000 schools have been damaged or destroyed. In addition, at least 7,062 schools in flood-hit areas are being used as shelters for displaced people, further limiting access to learning. With winter approaching, flood-affected people are vulnerable to winter conditions, including those who have been displaced and people returning to damaged houses.

Children are vulnerable to protection risks, including abuse, neglect, violence, exploitation, gender-based violence, and psychosocial distress. Children with disabilities may experience increased vulnerability due to disrupted access to essential services, including health and nutrition, education, and child protection. There is also the risk of harmful practices like child marriage and child labour.

**SECTOR NEEDS**

- **7.1 million** children and women require nutrition services
- **8.2 million** people require access to health services
- **6.3 million** people need WASH services
- **8.5 million** children in need of protection responses
- **2 million** people in need of education support

**STORY FROM THE FIELD**

On 26 September 2022, a female nutrition assistant performs a Mid Upper Arm Circumference (MUAC) for 1-year-old Sanam in Dadu, Sindh, Pakistan. Sanam was identified as having severe wasting and started receiving ready-to-use therapeutic food (RUTF) at the health camp in a village that was completely cut off and didn't have road access due to the recent floods. UNICEF supports mobile health camps in villages that are hard to reach due to the recent floods. Female nutrition assistants and doctors used boats to travel to these villages and provide lifesaving services.
UNICEF is expanding its humanitarian priorities to scale up its response to the floods,22 and is targeting nearly 6.4 million people, including nearly 4.4 million children, with critical life-saving interventions which are aligned to the Interagency 2022 Flood Response Plan and sector priorities therein. UNICEF will reach the most vulnerable children and women with an integrated package of life-saving services across health, nutrition, WASH, education, and child protection (including gender-based violence) and leverage its development programme and resources therein.23 Key cross-cutting actions, such as protection from sexual abuse and exploitation, social behavioral change and community engagement, and accountability to affected populations, will be streamlined across all sectors. UNICEF commits to strengthening humanitarian leadership and coordination at national and subnational levels through its co-leadership of the WASH, education, and nutrition sectors and the child protection area of responsibility and its engagement in the health sector.

UNICEF will increase its support to life-saving primary healthcare services with a greater focus on maternal, neonatal, and child health as well as immunization to prevent and respond to disease outbreaks and leverage polio resources to reach the most vulnerable children in priority flood-affected districts. UNICEF will expand its WASH interventions to reach more people and communities with access to safe water (through water trucking and establishing/rehabilitating water systems) and sanitation services in community and facility settings, as well as hygiene promotion/risk communication to prevent the spread of water- and vector-borne diseases. UNICEF will scale up its support for timely and quality nutrition interventions (treatment of severe wasting, IYCF, and micronutrient supplementation); while the funding requirements in this appeal cover a portion of the nutrition targets, development resources will be mobilized and leveraged for the full target caseloads.24 Child protection interventions will focus on community-based mental health and psychosocial support, specialized case management, civil registration, capacity building, and risk awareness; inclusive of prevention, risk mitigation and response to gender-based violence for girls, boys, women and men. UNICEF will strengthen the prevention of sexual exploitation and abuse by building capacity of partners and expanding reporting mechanisms.25 In education, UNICEF will support the continuity of learning and safe school reopening, including dewatering/cleaning of flood-affected schools, setting up temporary learning centres, and capacity building of teachers.

With children exposed to the impacts of climate change, UNICEF will strengthen national and sub-national capacities for climate resilience and emergency preparedness across all sectors. This includes maintaining contingency stocks for other risks (such as earthquakes, extreme winter season, and drought) and preparing for and responding to potential regional crises and population movements.

Progress against the latest programme targets is available in the humanitarian situation reports: https://www.unicef.org/appeals/pakistan/situation-reports

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
UNICEF’s revised funding requirement is US$173.5 million for the period 2022 to 2023 to respond to the critical humanitarian needs of millions of children in Pakistan. This multi-year HAC appeal outlines the UNICEF requirements from the 2022 Floods Response Plan to sustain the provision of life-saving services for flood-affected women and children in Pakistan, as well as the requirements to support broader emergency preparedness and response.

Without sufficient and timely resources, people affected by the flood will not have access to adequate health, nutrition, WASH, education, and protection needs. UNICEF further requires support for winterization as some parts of the country will soon be faced with snowfall and freezing temperatures.

UNICEF is seeking flexible funding support, ideally multi-year, for the continuation of the Grand Bargain commitments required to respond to the multifaceted humanitarian needs. Without adequate and timely funding, UNICEF and its partners will not be able to help the millions of children who are in need of health services, at risk of death due to severe wasting or disease outbreaks, at risk of dropping out of school and affected by violence, exploitation, and abuse.

*This includes costs from other sectors/interventions: Emergency preparedness (6.3%), Cross-sectoral (0.0%).

**Appeal sector**

<table>
<thead>
<tr>
<th>Appeal sector</th>
<th>Original 2022 HAC requirement (US$)</th>
<th>Revised 2022-2023 HAC requirement (US$)</th>
<th>Funds available (US$)</th>
<th>Funding gap (US$)</th>
<th>2022-2023 funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition39</td>
<td>30,568,036</td>
<td>34,669,042</td>
<td>7,572,748</td>
<td>27,096,294</td>
<td>78.2%</td>
</tr>
<tr>
<td>Health</td>
<td>9,421,570</td>
<td>35,000,000</td>
<td>4,273,852</td>
<td>30,726,148</td>
<td>87.8%</td>
</tr>
<tr>
<td>WASH</td>
<td>12,120,451</td>
<td>58,320,324</td>
<td>5,077,116</td>
<td>53,243,208</td>
<td>91.3%</td>
</tr>
<tr>
<td>Child protection, GBVIE and PSEA40</td>
<td>6,742,413</td>
<td>11,262,494</td>
<td>1,045,827</td>
<td>10,216,667</td>
<td>90.7%</td>
</tr>
<tr>
<td>Education</td>
<td>5,995,860</td>
<td>23,290,028</td>
<td>2,544,044</td>
<td>20,745,984</td>
<td>89.1%</td>
</tr>
<tr>
<td>Emergency preparedness41</td>
<td>3,000,000</td>
<td>11,000,000</td>
<td>1,415,503</td>
<td>9,584,497</td>
<td>87.1%</td>
</tr>
<tr>
<td>Cross-sectoral42</td>
<td>1,648,080</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>69,496,410</td>
<td>173,541,888</td>
<td>21,929,090</td>
<td>151,612,798</td>
<td>87.4%</td>
</tr>
</tbody>
</table>
ENDNOTES

1. Inter-agency 2022 Floods Response Plan Pakistan (Revised).

2. Source: National Nutrition Survey (NNS 2018), Ministry of National Health Services, Regulation and Coordination, Government of Pakistan. The precise figure is 1,599,448 estimated severe wasting children rounded up to the nearest 100th thousand.

3. The national child wasting rate is 18 per cent (Source data NNS 2018).


5. Source: UNHCR Sept 2022 Refugees are included in the overall target population of UNICEF interventions.

6. Source: Source is NDMA Sept 2022 and Inter-agency 2022 Floods Response Plan Pakistan (Revised).

7. Inter-agency 2022 Floods response plan (revised)

8. Source: Interagency 2022 Floods response plan (October). This is the PIN as per flood affected population by the sector. This includes 1,599,448 children in need of severe wasting treatment (Source is NNS 2018).

9. Source: Interagency 2022 Floods response plan (revised)

10. Ibid (Source )

11. Ibid (Source)

12. Refer to endnote #24.

13. Ibid.

14. Ibid.

15. Ibid.

16. Ibid.

17. Ibid.

18. Ibid.

19. Ibid.

20. Ibid.

21. The 2 million people in need of education support includes 1.87million children.

22. The shift in the humanitarian priorities is the focus on the flood response; with winter and preparedness. The prior 2022 HAC focused on COVID19 and Nutrition (Original HAC 2022 ).

23. The difference between PIN/CIN and UNICEF targets, will be funded through development resources as part of the PDNA and general development agenda; as well as taking into account the coverage of other partners.

24. The funding requirements in the HAC appeal cover a portion of the nutrition targets (331,340 children with severe wasting treatment, 622,047 caregivers with IYCF and 466,536 children with micronutrient supplementation). Additional development resources (as part of the PDNA and general development agenda) will be mobilized and leveraged for the full target caseloads (1,599,448 children with severe wasting treatment; 6,651,443 caregivers with IYCF and 10,224,656 children for micronutrient supplementation). The overall nutrition funding requirement for full caseload is nearly US$200 million.

25. PSEA efforts will be in aligned with the inter-agency PSEA network.

26. Source: Interagency 2022 Floods response plan (October). This is the PIN as per flood affected population by the sector. This includes 1,599,448 children in need of severe wasting treatment (Source is NNS 2018).

27. Ibid (Source)

28. Ibid (Source)

29. Ibid.

30. The children aged 9months to 15 years of age covered by measles and rubella (MR) vaccination; of which the number of children under-five is 480,000.

31. For this figure, a brief review of the districts planned for next rounds Polio campaign targeting children was done vis-à-vis the priority flood affected districts which indicate that Polio vaccine campaigns are planned to take place in 21 of the priority flood districts. However to avoid significant double counting a further overlay with SwNs of Wash and Health was done to extrapolate how many children would be covered that does not overlapping/duplicate with UNICEF WASH program and arrived at nearly 50 % (2.5 million children not duplicated through coverage of the UNICEF wash package although WASH intervention may be covered by other partners); where it was possible even looking at the Nutrition Council coverage info per district in the SwNs against the Polio micro planning where available.

32. This is the sum total of 2 activities including access to water without double counting of beneficiaries (1,450,000 people to be reached through life-saving small repair and light reconstruction/rehabilitation of water points/systems + 550,000 people to be reached through temp solutions for access to water like water tankering or water bottle distribution).

33. This is the sum total of beneficiaries for 2 activities undertaken to sanitation related to latrines, including 210,000 people to be reached through life saving small repair and light reconstruction/rehabilitation of latrines and 230,000 people to be reached with temporary/emergency latrines without double counting. This figure does not include latrines in institutions such as schools and Health facilities which is measured under specific indicators for WASH package for schools and health facilities.

34. PSEA target is aligned to estimated total people through UNICEF interventions. The difference between PIN/CIN and UNICEF targets, will be funded through development resources as part of the PDNA and general development agenda; as well as taking into account the coverage of other partners.

35. This activity covers people participating in 2-way engagement events, including person-to-person, community engagement, and trainings.

36. This includes *(Hotlines, Rapid assessments, whats app, polling, Focus groups, surveys)

37. Figures presented are the combined need in 2022 and 2023.

38. This HAC includes resource requirements to cover a portion of the nutrition needs (e.g. 331,340 children with severe wasting treatment, 622,047 caregivers with IYCF and 466,536 children with micronutrient supplementation) as per the overall targets of 1,599,448 children for severe wasting treatment; 6,651,443 caregivers for IYCF and 10,224,656 children for micronutrient supplementation (NNS 2018). The overall funding nutrition requirement for full targets caseloads is nearly US$200M; the remaining target caseload will be reached through other resources outside of the HAC appeal with the financial difference funded through development resources mobilized and leveraged as part of the PDNA and general development agenda; as well as taking into account the coverage of other partners.

39. This funding ask includes US$3,081,875 for GBV-related interventions. The budget is inclusive of PSEA at 1.5 per cent of the total flood response budget as PSEA cuts across sector, which is US$22,438,128.

40. This requirement includes humanitarian preparedness relating to natural hazards, severe winter conditions, and potential humanitarian crises/regional insecurity.

41. Cross-sectoral needs have been embedded in the sectors for the revision of the HAC appeal in 2022-2023.

42. US$ 11,262,494 is for child protection, including GBV intervention with GBV specific budget of US$3,081,875. The budget is inclusive of PSEA at 1.5% of the total flood response budget as PSEA cuts across sector, which is US$22,438,128.