

# Pakistan Monsoon Floods

Immediate Needs for Women and Children affected by Monsoon Floods, 26 August 2010



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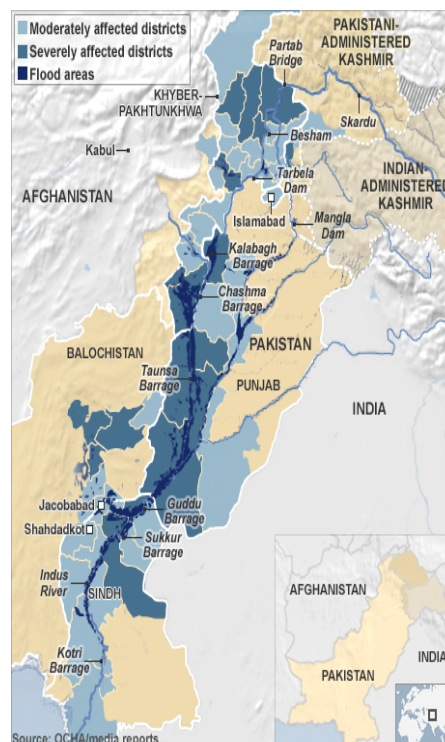
## 1. CRITICAL ISSUES FOR CHILDREN

The largest, by far, humanitarian crisis is being witnessed in Pakistan caused by unprecedented floods which began in late July. A large number of women and children continue to feel the impact of the second wave of floods, with a spur of the Indus River now stretching through the southern parts of the country. The situation in the southern province of Sindh has continued to deteriorate, with evacuations reported from Thatta, a town close to the Arabian Sea, and Shahdadkot districts affecting millions of more people.

More than 160,000 sq km of land - a fifth of the country - have been affected by the disaster, an area the size of Belgium, Austria and Switzerland combined. Almost 1.2 million houses are now reported as having been either damaged or destroyed in the country. The overall death toll has risen to 1,539, with 2,055 people now confirmed as injured. Since the previous Immediate Needs Document was issued on 5 August, the number of persons directly affected by the floods has increased from 3.2 to 17.2 million. This new disaster comes in addition to nearly 1.3 million persons still displaced due to the IDP crisis, while 1.9 million crisis affected persons had returned to their native areas in the northwest of the country.

Nearly 8.6 million children (50 per cent of the total affected population) are believed to have been affected due to the unprecedented floods. Despite the continuing efforts of the Government and the humanitarian community to assist affected populations across the country, large numbers of children and women are yet to be reached with humanitarian assistance they urgently need.

More than 7,800 schools have been damaged across the country, while nearly 5,000 others are being used as shelters for displaced people. The floods have destroyed or damaged crops, including cotton, rice, sugarcane, maize and others over an area of 4.25 million acres making millions of poor children and women vulnerable to malnutrition, especially those living in the farming communities.



Number of People Affected by Province	
Balochistan	672,171
Khyber Pakhtunkhwa	4,365,909
Punjab	8,200,000
Sindh	3,684,267
AJ&K	245,000
Gilgit Baltistan	8,561
Total	17,175,908

Estimated number of women and children affected	
Women 15-49 years of age	3,091,663
Pregnant women	704,212
Children under 18 years of age	8,587,954
Children under 5 years of age	2,404,627
Children under 1 year of age	606,310

Tens of millions of people have been left homeless and there are fears of potential disease outbreaks. Due to disruption in water supplies and sanitation services in flood-affected areas, children, especially those under the age of five, are particularly vulnerable to the diseases such as diarrhoea, and cholera. There are already reports of cases of diarrhoea amongst children in the affected areas. It will take years – even decades – for the country to recover fully from the

devastation wreaked by the floods. Early recovery efforts must start immediately in order to restore critical services and prevent families from becoming even more vulnerable in the weeks and months to come.

## Humanitarian Needs

- Key humanitarian needs for the displaced population are food, safe drinking water, sanitation facilities, medical and nutritional supplies, hygiene promotion, vaccine immunization, and educational and recreational activities.
- The biggest threats are the outbreak of water-borne diseases such as diarrhoea, cholera and malaria, especially deadly to children.
- The displaced population includes a large number of children under the age of five. It is imperative that while there is food scarcity, the nutritional level of children is maintained.

Based on initial estimates of flood affected people (3.2 million) including children and women (1.2 million), UNICEF launched an initial Immediate Needs Document with total funding requirements of US\$ 47,344,820. As information on the magnitude and scale of the disaster becomes clearer, with over 17 million persons currently affected, these funding requirements are being revised upward significantly. UNICEF urgently requires **US\$ 141,000,000** to respond to the immediate needs of women and children affected by this emergency and impending threat of floods in the southern parts of the country. UNICEF is part of the inter-agency Pakistan Initial Floods Emergency Response Plan (PIFERP) issued 10 August. The revised IND builds on the PIFERP and will be integrated into the full-scale revision of the PIFERP, expected mid- September, encompassing a six-month planning and budgeting horizon as well as early recovery interventions.

## 2. UNICEF ACTIONS TO DATE

UNICEF is providing cluster leadership for sector planning and response in WASH and Nutrition and also leads the child protection sub-cluster and co-leads the Education cluster together with Save the Children Alliance. Clusters are chaired by government counterparts and are co-chaired by cluster coordinators from UNICEF. UNICEF leads the same clusters at provincial level. Health cluster is led by WHO and UNICEF is one of the leading members of this cluster.

At present UNICEF's main objectives are to conduct further rapid multi-sectoral needs assessment and to provide essential humanitarian assistance to vulnerable population. UNICEF and its network of partners currently provide the largest humanitarian response mechanism for disaster-affected populations. Actions to date include:

### WASH

- UNICEF in its role as WASH Cluster lead agency is coordinating the WASH response country-wide to ensure coordinated and effective delivery of WASH response. This includes dedicated cluster coordination and information management capacity at the federal level and cluster coordinators at the provincial level.
- Through UNICEF support, 1.9 million people, of which half are children, have benefited from safe drinking water, including the distribution of more than 449,404 water cleaning tablets and sachets through partners. UNICEF, along with its partners, is supporting the federal and provincial NGO and Government partners by providing safe drinking water, adequate sanitation and hygiene promotion services to nearly 2 million people in all flood affected areas. Almost the same number are benefiting from health supplies through UNICEF-supported medical camps. UNICEF has restored 490 water supply systems with the help of the network of partners in all provinces. In Sindh and Punjab provinces, water bladders have been installed providing 251,000 litres of safe drinking water every day. **Despite these efforts, another 6 million women and children need access to sanitation and safe drinking water to lower the risk of deaths from water-borne diseases.**

- Up to 1,733 latrines have been set-up across all provinces and flood affected areas, and over 600,000 have benefitted from soap distribution.
- More than 49,000 hygiene kits have been distributed benefiting over 343,000 people and more than 51,000 hygiene promotion sessions have been conducted benefiting over 360,000 persons. **Another 150,000 hygiene kits are urgently needed.**
- UNICEF has mobilized Pakistan Council for Research in Water Resources (PCRWR) to undertake water testing and chlorination in various affected districts of Balochistan, Khyber Pakhtunkhwa and Sindh provinces. Chlorinated tanked water is now being provided to affected population in one district in Balochistan and eight districts in Khyber Pakhtunkhwa.
- The following supplies have been provided in the affected provinces to ensure that safe drinking water reaches the affected persons and families: 386,101 water cleaning sachets and tablets in Punjab, Sindh and Khyber Pakhtunkhwa; 12,335 jerry cans and 39,669 plastic buckets in Khyber Pakhtunkhwa and Balochistan. In Sindh and Punjab, 46 water bladders have been installed which are providing 251,000 litres of safe drinking water per day for both provinces. In addition to this, water and sanitation schemes have been set up in school camps of the six of the worst flood-affected districts in Khyber Pakhtunkhwa, including water tanks (52), wash rooms (8), and washing pads (12). **UNICEF needs funding to provide another 5 million aqua tabs for water cleaning; 1 million plastic bucket, 1 million jerry cans and 1 million soap bars.**

## Health

- Up to 4.2 million sachets of Oral Rehydration Salt (ORS) and 2.1 million doses of Zinc have been provided to National Programme Family Planning and Primary Health Care and Provincial Health Departments of all provinces, estimated to meet requirement for management of 2.1 million episodes of diarrhoea among under-five children. **Yet another 3 million sachets of ORS and 1.5 million doses of Zinc are required for nearly 2 million children especially in southern areas of the country.**
- Emergency Health supplies have been provided to meet requirement of 250,000 persons in addition to the distribution of 5,000 clean delivery kits in eight districts in Punjab. **In order to cover nearly half a million pregnant women in flood-affected areas another 200,000 clean delivery kits and 200,000 newborn kits are required.**
- UNICEF is assisting the Provincial Expanded Programme on Immunization (EPI) directorates to carry out measles and polio immunization and vitamin A supplementation campaign and to resume routine immunization services to flood displaced children. As of 24 August, of the 2.4 million children under five in the flood affected districts, 11 per cent (268,683) had received measles vaccine, 15 per cent (349,543) had received oral polio vaccine and 10 per cent (252,517) had received vitamin A supplementation through the emergency campaign ongoing since the outset of the emergency. **Another 1.5 million children under the age of five are still in need of vaccination for preventable diseases such as measles, Vitamin A supplementation, polio, and other infections.**
- An overall 63 Mobile Health Teams have been deployed in Khyber Pakhtunkhwa, Punjab and Sindh to provide emergency primary health care, maternal and child health services and health and hygiene messages to communities. As of 23 August, Khyber Pakhtunkhwa teams provided services to 6,550 children and 4,258 women. Four public health facilities of D.I. Khan were made operational and total of 255 patients have been treated by these facilities. In six union councils of Swat, UNICEF supported Mother and Child Days and provided ORS to 42,516 children, Aqua Tabs to 27,922 households, Insecticide treated Nets to 2,370 households and antenatal care to 1,238 pregnant women, TT vaccination to 330 pregnant women, measles vaccination to 389 children, de-worming to 3,381 children and multiple micronutrient sachets to 3,984 children.
- In addition health, hygiene and breastfeeding related messages have been provided. UNICEF worked with Federal and Provincial MoH and WHO to disseminate diarrhoea prevention and care messages. These messages are disseminated through the Lady Health Workers, network of the Inter-religious Council, radio, television, print media, mobile vans with loudspeakers and mobile health teams. **Over 10,000 Lady Health Workers need**

**supplies, equipment, stipends and operational support to restart the provision of their services for maternal and child care in rural areas.**

## **Nutrition**

- Nutrition clusters with UNICEF as cluster lead is activated at National level and in Sindh, Balochistan, Khyber Pakhtunkhwa, and Punjab – in AJK collaborating with health and food clusters. UNICEF teams comprising health, nutrition, water, sanitation and hygiene specialists are on ground in the worst affected areas.
- UNICEF is providing high energy biscuits (BP5) to children to prevent cases of malnutrition for families displaced, on the move and while waiting for food rations.
- Over 375,000 children 6-35 months and over 80,000 PLW provided with daily rations of (Ready-To-Use-Supplementary-Foods) in 32 severely affected districts.
- Initial Rapid Assessment in Punjab undertaken in eight severely affected districts in collaboration with Health and WASH clusters.
- The nutritional component in the Multi-cluster Rapid Assessment Mechanism (McRAM) has been strengthened - (McRAM) assessment in Khyber Pakhtunkhwa and Punjab is ongoing.
- Post emergency nutritional support nutritional assessment to be conducted in 32 severely affected districts to identify gaps and determine needs for early recovery phase and beyond.
- Through Government and NGO partners in four severely affected districts in Khyber Pakhtunkhwa, UNICEF support include:
  - ✓ Emergency food rations provided to 2,080 children 6-35 months and 739 pregnant and lactating women (PLW); micronutrient powder to 9,041 children and micronutrient tablets to 1,763 PLW; fortified blended food to 2,674 children and 1,697 PLW.
  - ✓ Deworming of 3,538 children.
  - ✓ Sensitization of 3,111 mothers and care givers on Infant and Young Child Feeding and infant feeding in emergencies.
- Provision of 75 cartons of plumpy nut sent to therapeutic feeding centre (TFC) in three districts in Balochistan and 398 children and 171 PLW were provided emergency food rations in two districts through NGO partners.
- Nutrition supplies for Khyber Pakhtunkhwa include 400 cartons of high energy biscuits, 4,500 packs of micronutrient tablets, 90,000 micronutrient sachets, 1,146 cartons of plump nut, 1,500 bags of Unimix and 20 cartons of Resomal have been provided to partners for use in 4 flood affected districts.
- UNICEF is working with MoH Nutrition Wing to mobilize 23,000 LHWs for distribution of emergency nutritional support plus screening of severely malnourished children and providing messages on protecting and promoting breastfeeding, complimentary feeding, and hygiene and sanitation.

**In addition to these interventions, 800,000 children under five and 1.2 million pregnant and lactating women are yet to be covered by nutritional supplementation.**

## **Education**

- Education Cluster activated at the national level in Islamabad and in the Sindh, Punjab, Pakhtunkhwa, Balochistan and Pakistan Administered Kashmir to provide an effective and coordinated response for the flood emergency. Education cluster also activated in the two severely affected districts of Multan and Sukkur. UNICEF and Save the Children, as cluster co leads, have identified cluster focal points in all provinces to coordinate the education response activities in collaboration with the education authorities.
- Providing support in the IDP camp schools in Jalozi, and Togh Sari and in southern districts of Khyber Pakhtunkhwa in crises affected districts through partner NGOs both national and international under the 'Welcome to School Initiative.
- Assessment of affected schools in all provinces (in progress).
- Restarting of 41 camp schools in Khyber Pakhtunkhwa (in progress).

- School supplies including recreation kits, school in a box kits have been provided to schools used as IDP shelters in Multan (Punjab) and Sukkur (Sindh); Approximately 50 temporary learning spaces with education/recreation activities commenced.

**More than one million school children whose schools have been damaged will need support for resuming education with rehabilitation of school facilities, provision of educational materials and teaching support.**

**Child Protection** including Gender-based Violence Coordination, Prevention and Response

- UNICEF leads the child protection sub-cluster on a national level and Child Protection Sub Clusters have been activated.
- Rapid assessment conducted together with Child Protection Sub Cluster members.
- Four Child Help Lines are operating in Peshawar, Mardan, Swabi and Karachi providing counselling and referral services.
- Tracing and reunification of unaccompanied separated and missing children with family has been facilitated.
- 72 Child Friendly Spaces (CFS) are operating in Khyber Pakhtunkhwa, Punjab, and Balochistan, providing more than 11,000 children educational and recreational activities.
- Communication material targeting 200,000 girls, boys, parents, care-givers and relief workers in Sindh aimed at prioritizing girls, boys, women, physically disabled, chronically sick and elderly in relief assistance and ensuring their protection and wellbeing is prepared and ready for printing. 200 banners with same messages have also been developed and ready for printing and will be displayed visibly at distribution and camp entry points.
- GBV-related messages are being refined to be shared with partners and cluster leads
- Awareness campaign and dissemination of safety messages on the risks of unexploded ordnance (UXO) undertaken where explosives devices have been moved by flood waters.

**Additional Child Help-lines, public information campaigns child friendly spaces are needed to provide support and guidance for 1.2 million children and 800,000 women who are living in difficult circumstances and are prone to family separation, sexual abuse, trafficking and violence.**

### 3. UNICEF PLANNED ACTIONS

UNICEF will continue ensuring a coordinated response through its lead in WASH and Nutrition clusters, the child protection sub-cluster and its co-lead of the Education cluster. UNICEF's operational strategy combines direct service provision through partners with an early recovery approach to restore critical services through an integrated humanitarian response. The major gaps in UNICEF's multi-sector response to affected children and women are:

#### **Water, Sanitation and Hygiene (US\$ 82,150,000)**

The response plan of UNICEF's WES section for the next three months is to focus on critical life saving WASH services for approximately 6 million affected population across all flood affected areas, reaching 850,000 households including approximately 1,560,000 (26 per cent) women, 1,440,000 men (24 per cent), 3,000,000 children (50 per cent) living in villages, schools, formal camps and spontaneous camps. While meeting the needs of extremely vulnerable populations, particular consideration will be given to meeting the critical needs of and ensuring appropriate access for children and women.

- UNICEF is providing cluster leadership for sector planning and response in WASH and will support the expansion of the Cluster into select districts in coordination with the humanitarian community and relevant government counterparts and the development of key partnerships within the Cluster and across related Clusters.
- Provision of safe drinking water through:

- ✓ Water tankering, generators, installation of bladder tanks/ storage tanks of varying capacities and the provision and use of chlorine powder for water disinfection.
  - ✓ Restoration/rehabilitation/disinfection of damaged water sources as per needs
  - ✓ Water quality testing of water sources for bacterial contamination.
  - ✓ Distribution of WASH related NFIs, including buckets and jerry cans to families
  - ✓ Distribution and orientation/training in usage of household water treatment supplies including water purification tablets.
- Provision of sanitation facilities through the installation of temporary latrines and hand washing facilities and restoration of damaged facilities in health facilities, schools and formal and spontaneous camps. Easily accessible and separate gender appropriate facilities for women and girls will help ensure personal safety and privacy (in conjunction with Health and Education Clusters).
  - Promotion of safe hygiene practices focusing on hand-washing at critical times and latrine usage. This will include household/community/school/camp level sessions as well as public service announcements under media/SMS campaigns. Also including the distribution of extended family hygiene kits to affected families that cater appropriately to the specific needs of women and girls.
  - Establishment of solid waste management/clearing mechanisms (including clearing of accumulated solid waste, waste, animal carcasses) Restoration of damaged drainage systems/sanitation facilities as the situation entails.
  - De-sludging of sanitation facilities and de-watering of stagnant water ponds.

### **Health (US\$ 23,000,000)**

Among the affected population estimated 2.4 million children under 5 years, and estimated 697,000 pregnant mothers will be priority target populations for UNICEF's interventions. Continuation of measles, polio and vitamin A supplementation campaign to reach all children under than five years of age in flood affected areas.

- Provision of cold chain equipment and operational support to district immunization system to enable them to restore routine immunization.
- Provision of ORS and Zinc for community based health care providers (Lady Health Workers and Community Midwives) for management of diarrhoea among under-five children as well as, emergency health kits for mobile health care teams and health facilities including support for the establishment of diarrhoea treatment centres in district hospitals.
- Provision of Clean Delivery kits to pregnant mothers and newborn care kits for newborns
- Provision of emergency shelters, basic Maternal Newborn and Child Health (MNCH) supplies and operational support to LHWs and CMWs in flood affected areas in order to restore/continue community based MNCH services provision.
- Provision of basic equipment and supplies for re-establishment of essential primary care in Integrated Management of Newborn and Childhood Illnesses (IMNCI) health facilities in flood affected areas including in Integrated Management of Newborn and Childhood Illnesses (IMNCI), routine immunisation services, antenatal care, clean delivery and post-natal care.
- Conduct one round of Mother and Child Week to reach mothers, care-providers and families in flood affected communities with a package of services and information including Immunization, vitamin A, de-worming, newborn care kits, clean delivery kits, long lasting insecticide treated bed nets and key health education and awareness messages (outlined below). Mother and Child Health Week will partner with other clusters such as WASH and provide non-food items as available.
- Dissemination of messages on diarrhoea and pneumonia prevention and care, birth preparedness, and identification of complications, Essential Newborn Care, Infant and Young Child Feeding and Care delivery care on prevention of waterborne and vector born diseases through Lady Health workers and Community Midwives (CMW) and Civil Society and Professional Bodies networks in flood affected areas and through mass media.
- Procurement and continued provision of HIV prevention, care, support and treatment for children, young people, women and their families previously accessing services (1,000 patients, 4,000 family members in all affected districts).

## **Nutrition (US\$ 17,350,000)**

In order to treat severely and moderately malnourished children and prevent micronutrient deficiencies among children and at risk pregnant and lactating women, UNICEF together with partners will set up emergency nutrition interventions for prevention and treatment to cover 60 per cent of 1.2 million children aged 6 and 59 months and 60 per cent of 1,940,000 pregnant and lactating women to ensure that malnutrition rate remains below the 15 per cent emergency threshold. This will include:

- is the Nutrition Cluster lead at Federal level in Islamabad and in Peshawar in Khyber Pakhtunkhwa Quetta (Balochistan), Sukkur (Sindh), and Multan (Punjab). UNICEF is responsible for all coordination activities including information management, preparation of plans, funding proposals, and coordination with other Clusters such as Health, and WASH.
- Children 6-35 months and PLW in other 59 affected districts (as of 24 August 91 total affected districts) will be provided one month emergency nutritional assistance.
- Multi micro nutrient supplementation for children 6-24 months and PLW in all severely affected districts (currently 32).
- De-worming of all 2- 5 yrs in all flood-affected districts.
- Vitamin A supplementation for all children 6-59 months through collaboration with health section – simultaneous with measles vaccination in all flood affected districts.
- Capacity development of healthcare providers, Community Health Workers (CHWs), and NGO partners on infant feeding in emergencies. Advocacy support to Government for messages for media on infant feeding in emergencies, including National Disaster Management Authority (NDMA) and National level Programme Managers.
- Trainings of healthcare providers on Infant and Young Child Feeding (IYCF) practices in severely flood affected districts (32 currently).
- Capacity development of partners (healthcare providers, LHWs and NGOs) for, and establishment of in 60 per cent of 32 (currently) severely affected districts, Community and Facility Based Management of Malnutrition (CMAM)<sup>1</sup>.
- Nutrition Information System (NIS) established in all 91 (currently) target districts: data gathering, analyzing, and dissemination.
- Nutritional assessment to be conducted in 59 severely affected districts to identify gaps and determine early recovery needs for recovery.

## **Education (US\$ 12,000,000)**

Over the next three months, UNICEF will collaborate with NGO and government partners to provide an integrated humanitarian and early recovery response reaching primary and middle schools in the 36 worst affected districts where 7,824 schools have been damaged – totally or partially - and 4,935 have been converted in to IDP shelters, affecting more than 1.2 million school children.

- Strengthening cluster coordination between UNICEF and Save the Children as co-leads in support to the government ministries (Education) at national, provincial and district level. This will include identification and positioning appropriate human resources, identification of supplies, distribution, planning and monitoring in coordination with education departments and other cluster partners.
- Continue rapid assessments of schools affected either by flood water or occupation by displaced people.
- Provision of temporary education facilities in newly established camps.
- Provision of psycho social support for teachers, students and parents in collaboration with Child Protection section.

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<sup>1</sup> CMAM has four components: supplementary feeding programme; outpatient therapeutic programme - without complications; stabilization centres for severely malnourished children with complications; community mobilization to facilitate screening and promote adoption of healthy behaviours including breastfeeding, appropriate complimentary feeding and hygiene in all severely affected districts.



- Provision of temporary education facilities in communities (rented buildings, second shift schooling and tents/ thatched structures/local materials) with WASH facilities for partially/fully damaged schools to ensure continuation of education during the transition period from tents to permanent buildings. Further provision of school supplies including tents, school in box kits, recreation kits and tarpaulin rolls.
- Collaboration with WASH Section in the cleaning of blocked school latrines, repair both water pumps and damaged latrines and provide additional ones in schools used as IDP shelters.
- Development of a comprehensive Welcome to School Communication strategy.
- Establishment of temporary education centres for adolescents with a focus on girls in IDP relief camps and Temporary Early Childhood Education spaces in relief camps.
- Training of teachers to use School-in-a-Box and other learning packages, such as health and hygiene and recreational kits.

**Child Protection** including Gender-based Violence coordination, prevention and response **(US\$ 6,000,000)**

The proposed response plan will cover 1.5 million children aged 5-17 and 80,000 women in the most severely affected 22 districts in all four provinces and AJK. The audience for child protection messaging is expected to be more than 10 million.

- Strengthening the capacity of the Child Protection Sub Cluster at the national and provincial levels to provide effective and timely emergency response.
- Identification, documentation, tracing and reunification of unaccompanied, separated, and missing children.
- Expansion of 24 Hours Help Line service in Sukker and Multan and strengthening existing Help Lines in Karachi and Peshawar.
- Establishing Child Friendly Spaces to provide child protection services (psychosocial support, life skills, recreational and educational activities, referral to relevant services etc) to vulnerable children and families.
- Provision of social services and ensure access to services through referral mechanism.
- Support local partners to restore - referral and community outreach.
- Ensure multi-sectoral services (safety/security, health, legal, and psycho-social) are in place for survivors of GBV through the operationalization of standard operating procedures for prevention and response to GBV and the implementation of safe spaces for women and girls
- An estimated ten million sensitized how to protect children and families from harm exacerbated due to the floods, including dislodged UXOs, family separation, child recruitment, trafficking, Gender based Violence and Sexual Exploitation and Abuse harmful traditional practices such as early and forced marriage.
- Support the coordination of Mental Health and Psychosocial Support, including through collaboration with the education and health clusters.
- Coordinate a multi-sectoral response to GBV for improved prevention and response for both women and children.

**Emergency Communications and Coordination (US\$ 500,000)**

- Continue using the Multi-cluster Rapid Assessment Mechanism (McRAM) - tested model for post emergency rapid assessment in Pakistan – is being carried out by the humanitarian community in Pakistan. The overall goal of conducting McRAM assessments is to rapidly collect information on basic indicators to enable clusters to address the urgent needs of the affect people and to prepare early recovery plan. UNICEF interventions include the undertaking of:
  - ✓ Hiring experts to improve the data quality, management and processes
  - ✓ Training of partners and field enumerators
  - ✓ Assessments of all the affected areas

## 4. FUNDING REQUIREMENTS (August through October 2010)

Increased funding is needed to meet the immediate needs of children and women affected by the Pakistan Monsoon Floods. Given the huge increase in the size of the affected population and the growing needs, UNICEF is revising its funding requirements to US\$141 million for the first three months of the response, out of which US\$ 34 million has been received. UNICEF would like to thank its donors including Governments, CERF, National Committees, and individuals for the generous support provided so far. However, additional funding is still needed to meet the immediate needs of children and women - the scale of the response is still not commensurate with the scale of the disaster.

The immediate needs as noted in this IND will be folded into the revision of the inter-agency Pakistan Initial Floods Emergency Response Plan (PIFERP) expected mid-September based on additional assessments and increased needs. The revised inter-agency response plan will include early recovery activities and cover a six-month period.

UNICEF would also like to acknowledge the tremendous efforts by all of our partners. Implementing partners have been central to ensuring that services and supplies have been delivered to beneficiaries.

**Table 1. Estimated funding requirements from August to October 2010<sup>\*,\*\*</sup>**

Sector	Initial requirements US\$	Revised requirements US\$	Total received <sup>***</sup> US\$ (as of August 25)	Funding gap US\$
Health	7,300,000	23,000,000	2,292,517	20,707,483
Nutrition	10,192,820	17,350,000	4,617,333	12,732,667
Water Sanitation and Hygiene	21,000,000	82,150,000	24,748,311	57,401,689
Education	3,852,000	12,000,000	743,099	11,256,901
Child Protection	5,000,000	6,000,000	1,318,720	4,681,280
Emergency communication and Coordination	-	500,000	384,043	115,957
<b>Total</b>	<b>47,344,820</b>	<b>141,000,000</b>	<b>34,104,023</b>	<b>106,895,977</b>

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

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

\*\*\*This does not take into account funds in the pipeline or pledges. The total amount includes recovery cost.

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

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