

UNICEF Pakistan Consolidated Emergency Thematic Report

October 2005 – March 2006



For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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TABLE OF CONTENTS

EXPRESSION OF THANKS

1. EXECUTIVE SUMMARY

2. BACKGROUND

3. UNICEF EMERGENCY RESPONSE

4.1. Objective of the UNICEF Emergency Response

4.2. Implementation Strategies

4.3. Financial Resources

4. UNICEF PROGRAMMATIC EARTHQUAKE RESPONSE

5.1. Health and Nutrition

5.2 Water and Environmental Sanitation (WES)

5.3 Education

5.4 Child Protection

5.5 Winterisation; Special Protection against Hypothermia

5. OPERATIONAL ARRANGEMENTS

6. MAIN CHALLENGES

7. FUTURE PLANS

LIST OF ACRONYMS

REFERENCES

EXPRESSION OF THANKS

“Apart from the terrible losses people have suffered, I was struck by the resilience of the survivors as they worked to help themselves and their communities.”

Ann M. Veneman, UNICEF Executive Director (1 November 2005)

Dear UNICEF Partners,

On the morning of 8th October 2005, the people of Pakistan rose as they would on any other day, unaware that the events of the day would irrevocably change their lives. Millions of Pakistanis began their commute to work, took their place in classrooms, or began early trading in the markets. However, just before 9:00 am, an earthquake measuring 7.6 on the Richter scale sent shockwaves across the country. Houses, farms, roads and people were swept down sliding hillsides. Urban homes and office buildings collapsed onto their occupants. Within a matter of seconds, the earthquake killed 73,000 people, injured over 120,000 (of whom around 70,000 seriously injured) and left more than 3 million homeless, devastating areas that already experienced impoverished living conditions.

The crisis was acute, the chaos widespread, but with the mandate and resources you gave us, UNICEF was on the ground within a few hours, responding to the complex disaster in order to alleviate the suffering of many thousands of people.

The report that UNICEF is sharing with you now imparts what we, as partners, have been able to do between the very first day of the earthquake and the 31st of March, 2006. It is our hope that this report will give you an overall view of the situation and our response. Along with it, I have included a CD of photographs and a DVD that visually convey the earthquake's destructive impact as well as offer a glimpse of the UNICEF team's response on the ground.

UNICEF is proud of the ways in which it has responded to this emergency. More importantly, we are proud of the support and partnership you as donors have offered to UNICEF, without which we would not have been able to fulfil our responsibility towards the children and people of Pakistan at this very critical time. In our appeal, we asked for US\$ 92 million but by the end of March 2006 you had given UNICEF some US\$ 134 million. With the availability of these financial resources, UNICEF has been able to look beyond the immediate relief phase of the Flash Appeal. Indeed, I am pleased to inform you that UNICEF has developed, discussed and agreed with the Government of Pakistan on the “Recovery and Reconstruction Plans of Action” for the coming 24 months (April 2006 – March 2008). UNICEF looks forward to a new and more challenging phase of our partnership in Pakistan, with the guiding aim of “Building Back Better.”

Sincerely,

Omar Abdi
UNICEF Pakistan Representative

1. EXECUTIVE SUMMARY

On the morning of 8 October, 2005, an earthquake measuring 7.6 on the Richter scale struck several South Asian countries, totally devastating parts of northern Pakistan, India and Afghanistan. The epicentre of the earthquake was located 95km northeast of Islamabad near Muzaffarabad, the capital of Pakistan Administered Kashmir (PAK).

The earthquake claimed the lives of 73,000 people and left over 120,000 injured. More than 3 million people, half of whom are children, were directly affected.

75% of health facilities were damaged. Some 8,000 schools collapsed, 17,000 students and 900 teachers were killed. An estimated 1.7 million people lacked access to safe drinking water and adequate sanitation as water supply systems and sanitation facilities in both rural and urban areas were seriously damaged.

Given UNICEF Pakistan Country Office's experience with emergencies, such as heavy flooding and snowfall in early 2005, measures to ensure emergency preparedness and early response were already in place when the earthquake struck. As such, supplies worth US\$ 200,000 were pre-positioned in two strategic locations: Karachi (the capital of Sindh) and Peshawar (the capital of North-West Frontier Province (NWFP)) to ensure accessibility to both the southern and northern parts of the country. Within less than 48 hours, supplies including blankets, sweaters, tents, water purification tablets, rubber boots, jerry cans, plastic buckets, tarpaulin sheets, Water Emergency Kits (Nerox filters), soap and health kits were dispatched to affected areas. UNICEF was able to release US\$ 781,000 dollars from its regular programme to procure essential relief supplies within the first 48 hours, while the Flash Appeal was being prepared and launched. Within 24 hours, staff members were redeployed from Islamabad and the four provincial offices to the affected areas. In order to better address the overwhelming complexity and scale of this disaster, UNICEF established operational centres in the affected areas within 10 days: a sub-office was setup in Mansehra as well as in Muzaffarabad, while Bagh, Battagram and Shangla became the sites of three hubs.

UNICEF's main responsibility within the UN's consolidated response was to ensure the survival of children in the affected areas through health and nutritional care, provision of safe drinking water and sanitation, while restoring normalcy to their lives through education, recreation, rehabilitation, reunification and counselling.

Between the 8th of October 2005 and the 31st of March 2006, which is the period covered by this report, UNICEF and partners were able to achieve major results.

Health and Nutrition: Basic health services in the affected areas were revitalised benefiting 1.1 million people. The Expanded Programme on Immunisation (EPI) was reactivated through the provision of cold chain equipment, vaccine carriers, vaccines, auto-disable syringes and means of mobility. Over 1 million children in affected areas were immunised against measles and more than 500,000 children received Vitamin A supplementation.

Water and Environmental Sanitation: Water supply systems in five major cities and 180 villages have been rehabilitated. Over 396,000 people in urban settlements and around 175,000 people in rural areas were able to access safe drinking water. Regular water trucking allowed more than 136,000 people in Internally Displaced Person (IDP) camps, hospitals and schools to have safe drinking water on daily basis. More than 695,000 people benefited from the 34,750 latrines constructed with UNICEF support in IDP camps, schools and at household level. Similarly, 150,000 gender friendly hygiene kits were distributed to displaced families. The above achievements prevented any significant outbreak of diarrhea or other water borne diseases despite the crowdedness of the camps and urban areas.

Education: With UNICEF support 3,112 schools have become operational and 254,732 primary school aged children are now enrolled. Some 22,000 children from IDP camps benefited from the re-operationalised schools. A considerable number of these children, particularly girls, attended schools for the first time. Supply of safe drinking water and latrines introduced in schools together with hygiene education benefited around 9,500 children.

Child Protection and Winterisation: Around 11,500 children benefited from the 102 Child Friendly Spaces (CFSs) set up by UNICEF in the earthquake affected areas. As part of the UNICEF operation to protect children from hypothermia, over a million children were provided with warm clothing, blankets and quilts.

Pakistan was able to avert major health problems that could have taken place in the earthquake affected areas claiming more lives in the days and months following the earthquake. The likelihood of having major health setbacks and serious outbreaks of communicable diseases was very high because 75% of health facilities were destroyed, over 300,000 people were living in congested camps, and over 3 million people lost their homes and were living in tents or inadequate shelter during the cold, rainy winter.

2. BACKGROUND

Socio-economic indicators for Pakistan: With a population of over 154 million people, Pakistan is the world's 6th most populous country. Almost half of the population is under the age of 18 years, an indication of high economic dependency within households and a challenge to the education system. Pakistan is ranked 135th in the 2005 Human Development Report, with a Human Development Index (HDI) value of 0.527 (the HDI combines measures of life expectancy, school enrolment, literacy and income).

According to the 2006 UNICEF State of the World's Children report, the Infant Mortality Rate (IMR) for Pakistan stood at 80 per 1,000 live births, while the Under-five Mortality Rate (U5MR) was 101 per 1,000 live births, ranking Pakistan at 47th in U5MR. Primary school enrolment rates for 2002-2004 stood at 68% for boys, and 50% for girls.

Polio has not yet been eradicated, making Pakistan one of 6 countries in the world where Polio is endemic. More than a third of children under the age of five are underweight. Girls are frequently the victims of discrimination. Very few women have access to prenatal medical care and most births (77%) occur at home, especially in rural areas. As a result, maternal mortality rates are extremely high: 500 per 100,000 live births. Fewer than 50% of women with obstetric complications receive emergency care.

Situation in earthquake affected areas: The densely populated areas of NWFP and PAK, with thousands of villages, individual hamlets and isolated settlements scattered across an area of 28,000 square kilometres, were seriously affected. An assessment conducted by the Asian Development Bank and the World Bank (ADB/WB) on preliminary damage and needs following the earthquake stated that approximately 88% of the population in these areas live in mountainous rural settlements varying in size from 2 households to 300. The social structure is closely-knit, and families on average comprise 7 people per household. The region has a relatively young population; 42% of them are below the age of 15 years. A high proportion of the population lacks basic services such as access to clean water and safe waste disposal. The environmental vulnerability of the region added to the difficulties experienced by the population of PAK and NWFP on a daily basis.

The NWFP 2001-02 Multiple Indicator Cluster Survey (MICS), revealed that although the average IMR in NWFP was 56 per 1000 live births, IMR in the areas most affected by the earthquake ranged from 71-104 per 1000 live births. In addition, around half of the women aged 15-49 years with a live birth consulted "someone" for antenatal care and, of that number, only 35% reported consulting a skilled health worker. IMR figures are not available for PAK; however it is estimated that the average IMR is around 56 per 1000 live births. As for access to Antenatal Care, it is estimated to be at 39% for NWFP and 40% for PAK.

Data collected through the National Nutrition Survey in 2002 showed pre-quake acute malnutrition rates of 11% in NWFP and 6% in PAK. Chronic malnutrition in PAK (34%) was slightly lower than the country wide figure, but considerably higher in NWFP (43%).

In MICS of 2001-2002, it was found that 37.2% of the population of NWFP did not have access to safe drinking water and 61.5% used unsafe toilets, resulting in incidences of disease and infection. Water supply networks and treatment plants in major towns were in poor condition and in some cases existing infrastructure was completely destroyed. A limited understanding of safe hygiene practices exacerbated the poor sanitation conditions of the affected areas before the earthquake. Access to safe drinking water in major urban areas of PAK and NWFP was a major constraint even prior to the earthquake. The main water plant in Muzaffarabad, Makri Water Treatment Plant, was functioning at 40% of its designed production capacity serving only 50,000 people. Both Muzaffarabad and Mansehra water plants were pumping in the distribution networks water of high turbidity which was not properly chlorinated. No information was available regarding the status of rural water supply systems prior to the earthquake.

According to the Pakistan Social and Living Standards Measurement (PSLM) survey of 2004-5, prior to the earthquake, only 47% of primary school aged children (5-9 years old) were enrolled in primary school in NWFP. Of this number, 53% were boys and 40% were girls. According to the NWFP Department of Education figures, NWFP had 5,837 primary schools, 513 middle schools and 258 high schools, whereas PAK had 336 primary schools, 194 middle schools and 92 high schools.

Before the earthquake, mechanisms to prevent child protection violations and promote the recovery and reintegration of children whose rights have been abused were almost non-existent. The lack of guidance for adolescents is expected to have increased their vulnerability to early marriage, exploitation, sexually transmitted illnesses and HIV/AIDS.

Earthquake impact on affected areas: According to official estimates released by the end of 2005, the earthquake had claimed the lives of 73,000 people and left 120,000 injured. Hundreds of towns and villages were completely wiped out, particularly around the towns of Balakot and Battagram, and the municipalities of Mansehra and Muzaffarabad. According to the Government of Pakistan (GoP), some 4 million people were affected by the earthquake out of which 1.6 million were children, and over 3 million people were left homeless.

In addition to the dramatically high numbers of people killed, injured and displaced by the earthquake, the destruction of most hospitals, schools, government buildings and communication channels amplified the devastating effects of this crisis. According to the ADB/WB report on preliminary damage and needs assessment, nearly 600 health facilities (about 75% of the total number of health facilities in the affected areas) had collapsed, killing staff and patients alike. The earthquake also claimed the lives of many government officials, who play a key role in responding to such emergencies and provide invaluable support to all other actors involved in emergency humanitarian response efforts. Furthermore, some 8,000 schools toppled, killing about 17,000 school children and nearly 900 teachers. Water supply networks in many areas were also destroyed, water sources contaminated and many sanitation facilities ceased to exist.

Response from the government and civil society: Despite the break in communication channels and difficulties experienced in reaching the affected areas, the GoP was quick to respond to the disaster by dispatching its armed forces to NWFP and PAK, where they set up bases for the distribution of emergency supplies and coordination of relief efforts. In order to deliver assistance to high altitude and hard-to-reach areas, a fleet of helicopters was assembled and roads were opened.

Not only was the government one of the major suppliers of humanitarian relief items such as tents, blankets and medicine, it was also one of the leading actors in rescue operations, clearing rubble and debris and providing emergency medical assistance. The government also initiated a financial compensation programme to help survivors get back on their feet.

The civil society in Pakistan also played a commendable role supporting relief efforts through the collection of supplies and donations. Local and international Non-Governmental Organisations (NGOs) working in Pakistan were among the first humanitarian actors to reach the affected population, delivering supplies for the total value of around US\$100 million.

International community response: Within days of the earthquake, international assistance began flowing into the country as governments of various countries pledged millions of dollars and provided substantial in-kind and manpower assistance to support the GoP in responding to the massive needs of the earthquake-struck areas.

The UN Disaster Management Team (UNDMT) met on the second day of the emergency and began coordinating UN and NGO response.

3. UNICEF EMERGENCY RESPONSE

3.1. Objective of the UNICEF Emergency Response

UNICEF's earthquake emergency response was designed to ensure the survival of children in the affected areas through health and nutritional care, provision of safe drinking water and sanitation, while restoring normalcy to their lives through education, recreation, rehabilitation, reunification and counselling.

3.2. Implementation Strategies

In delivering support and assistance to the affected population UNICEF employed the following implementation strategies:

- 3.2.1 Service delivery:** In the months following the earthquake, UNICEF has been providing (through government departments and NGOs) services for basic health care, nutrition and temporary schooling due to the destruction of permanent service facilities. In locations where water and sanitation systems have been damaged, UNICEF has been providing safe water and latrines to people in camps, hospitals, schools, rural and urban settlements.
- 3.2.2 Restoration of government and NGO capacity:** The destruction of offices, loss of lives, and displacement of hundreds of thousands of people seriously hampered the operational and response capacity of government civil service and civic society. UNICEF gave special consideration and support to the restoration of the capacity of these partners. Temporary office structures, office equipment, means of transportation, and cash to facilitate operational expenses were provided to local governmental and non-governmental partners to ensure their ability to fulfil their roles and responsibilities.
- 3.2.3 Capacity development:** With the loss of a large number of service providers, recruitment of new staff was required. The relocation of health professionals from other regions was needed for preventative, curative and rehabilitative health care. Children who lost family members from the earthquake required special protection including child-friendly spaces to help them recover from emotional stress, access to well-trained professionals in psychosocial support and an increased capacity of young people who play a critical role in helping themselves and others recover.
- 3.2.4 Programme communication:** Mass media and inter-personal communication has been used to support the achievement of programme objectives. This included awareness raising and mobilisation of communities for the vaccination of children; inclusiveness for disabled children; protection of children and women from exploitation, violence and abuse; and adoption of appropriate personal hygiene practices especially within the congested camp environment.
- 3.2.5 Advocacy:** As part of its mandate, UNICEF continues to advocate among key decision-makers to maintain the best interests of children at the centre of decision-making. The principles of inclusiveness, non-discrimination, and participation of children and all concerned people continue to be at the heart of UNICEF's advocacy.
- 3.2.6 Coordination and partnerships:** As the lead agency for the three clusters (water and sanitation, education and protection), UNICEF continues to ensure close coordination with sister UN agencies, bi-laterals, NGOs, international financial institutions and government.

3.2.7 Cross-sectoral Linkages: Cross-sectoral linkages that ensure convergence between all key sectors are imperative to achieve full coverage of all affected communities with high quality services.

3.3. Financial Resources

Regular Resources: In its initial response to the earthquake emergency UNICEF Pakistan Country Office used regular resources in two ways. First, the country office had pre-positioned emergency supplies worth US\$ 200,000 which was brought using regular resources. Secondly, the office allocated US\$ 781,346 from its regular resources for the procurement of supplies within the first few days until emergency funding started to flow in.

The Flash Appeal: Two days after the earthquake, on 10 October 2005, UNICEF launched a pitch document requesting US\$ 20 million dollars in order to meet the immediate needs of the affected children and women. On 11 October 2005, the UN launched an initial flash appeal for US\$ 311,876,000 to garner resources to meet the urgent needs of the affected population in Pakistan for the first six months. The content of UNICEF's initial request was incorporated into the UN Flash Appeal. The initial flash appeal of 11 October 2005 was based on the very early assessments of damage, which were incomplete. As more information about the scale of the catastrophe and the required response became available, the UN Flash Appeal was revised on 26 October to US\$ 549,585,941. Thirty UN agencies and NGOs participated in the revised Flash Appeal. The Appeal attracted an outstanding response from donors. UNICEF's share of the revised Flash Appeal was US\$ 92,564,274 for children and women affected by the earthquake. By the end of March 2006, funds received against the total appeal were US\$ 322,297,863 million (59%). By the end of March 2006, UNICEF received an aggregate of US\$ 133,956,330, which is 145% of the UNICEF appealed amount.

The total contribution received by UNICEF against the Flash Appeal included **US\$ 77,244,729** thematic, **US\$ 51,152,172** non-thematic funding, and **US\$ 5,559,429** in-kind contributions.

Table 1: Summary of Contributions Received as of 31 March 2006

Type of Funding	Source	Amount
Thematic	UNICEF National Committees	47,524,172
	Governments	29,632,072
	UNICEF Field Offices Local Fundraising	76,950
	Others (Asia Pacific Permanent Representatives' Spouses Group-APPRSG)	11,535
	Sub-Total Thematic Contributions	77,244,729
Non-Thematic	Governments	34,586,745
	UNICEF National Committees	15,937,977
	Non-Governmental Organisations	477,450
	Inter-Governmental Organisations	150,000
	Sub-Total Non-Thematic Contributions	51,152,172
In-Kind	Governments	2,978,882
	UNICEF National Committees	2,580,547
	Sub-Total In-Kind Contributions	5,559,429
Total by Type of Funding	Governments	67,197,698
	UNICEF National Committees	66,042,696
	Non-Governmental Organisations	477,450
	Inter-Governmental Organisations	150,000
	UNICEF Field Offices Local Fundraising	76,950
	Others (Asia Pacific Permanent Representatives' Spouses Group-APPRSG)	11,535
Total Contributions Received	133,956,330	

Chart 1: Graphic presentation of the main components of the received funds:

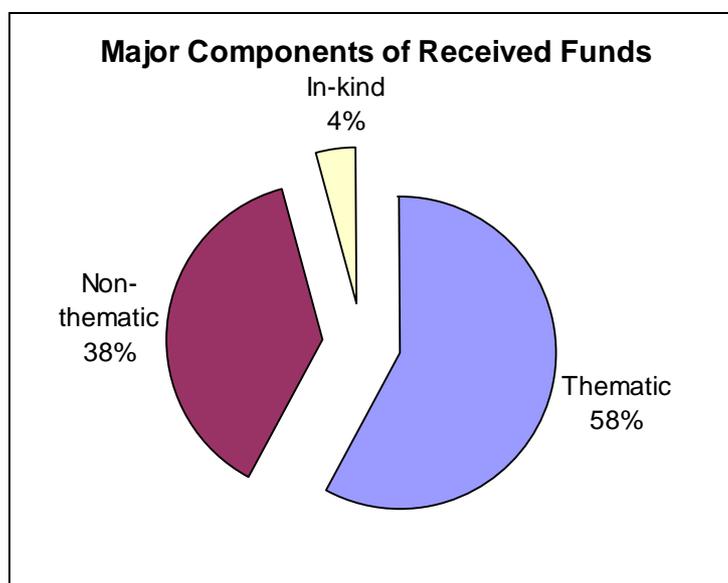


Table 2: South Asia Earthquake Thematic Humanitarian Contributions (as of 31 March 2006):

Thematic Humanitarian Donors (PBA SM/05/9961)	Received in 2005	Received in 2006	Total
German National Committee	7,668,030	9,544,720	17,212,750
US Fund	11,223,250	3,300,000	14,523,250
Norway	12,709,994		12,709,994
Canada	1,694,920	10,065,195	11,760,115
UK National Committee	3,464,706	1,261,252	4,725,958
Canada National Committee	1,278,430	2,274,739	3,553,169
Japan National Committee	3,458,334		3,458,334
Sweden	1,905,900		1,905,900
Australia	1,881,125		1,881,125
Swedish National Committee	847,988		847,988
Korean National Committee	600,000		600,000
Turkey	500,000		500,000
Kuwait	500,000		500,000
Norwegian National Committee	493,782		493,782
Austrian National Committee	0	459,917	459,917
Finnish National Committee	337,151		337,151
Irish National Committee	292,398		292,398
Turkish National Committee	149,254	73,739	222,993
Spanish National Committee	210,526		210,526
Australia National Committee		163,409	163,409
Hong Kong National Committee	128,700		128,700
Slovak Republic	123,812		123,812
Luxembourg National Committee	50,169	49,196	99,366
Iceland	75,000		75,000
New Zealand National Committee	69,930		69,930
Slovenia	50,176		50,176
Poland	50,000		50,000
Iceland National Committee	43,765		43,765
Estonia	30,949		30,949

Thematic Humanitarian Donors (PBA SM/05/9961)	Received in 2005	Received in 2006	Total
Portuguese National Committee	30,048		30,048
UNICEF-Philippines	27,600	94	27,694
Chile	25,000		25,000
Lithuanian National Committee		21,089	21,089
Guyana	20,000		20,000
Polish National Committee	10,004	4,276	14,280
Andorra National Committee	12,019		12,019
Asia Pacific Permanent Representatives' Spouses Group	11,535		11,535
UNICEF-Thailand	9,403		9,403
UNICEF-Malaysia	8,738		8,738
UNICEF-India	3,106	5,526	8,632
UNICEF-Saudi Arabia	7,835		7,835
UNICEF-China	1,917	5,096	7,014
Estonian National Committee		3,351	3,351
UNICEF-Switzerland	2,247		2,247
UNICEF-Botswana	2,000		2,000
UNICEF-Indonesia	1,300		1,300
UNICEF-Chile	999		999
UNICEF-Oman	740		740
UNICEF-Bangladesh	152		152
UNICEF-Morocco	111		111
UNICEF-Pakistan	85		85
Grand	50,013,129	27,231,600	77,244,729

Table 3: South Asia Earthquake Non-thematic Contributions Received as of 31 March 2006:

Donor Type	Donor	PBA Ref.	Received in 2005	Received in 2006	Total
Government	Netherlands	SM050611	3,614,000		3,614,000
		SM050709	12,048,193		12,048,193
	Japan	SM050610	2,500,000		2,500,000
		SM060028		2,000,000	2,000,000
	UK	SM050671	1,763,670	1,539,822	3,303,492
	France	SM050704	2,941,175		2,941,175
	Australia	SM050786	740,740		740,740
		SM050787	1,851,850		1,851,850
	OFDA/USAID	SM050619	2,000,000		2,000,000
	Ireland	SM050598	1,201,920		1,201,920
	Denmark	SM050668	806,450		806,450
	Luxembourg	SM050700	588,300		588,300
	Italy	SM050737	588,235		588,235
	Germany	SM050664	302,390		302,390
Republic of Korea	SM050736	100,000		100,000	
Government Total			31,046,923	3,539,822	34,586,745
Inter-Governmental Organisations	AGFUND	SM050788	150,000		150,000
Inter-Governmental Organisations Total			150,000		150,000
Non-Governmental Organisations	UAE Red Crescent	SM060006		301,230	301,230
	UN Foundation	SM050751	176,220		176,220
Non-Governmental Organisations Total			176,220	301,230	477,450
UNICEF National Committees	Netherlands National Committee	SM050763	4,356,489	657,799	5,014,288
		SM053454	605,325		605,325
	French National Committee	SM053436	2,767,317	1,607,609	4,374,925
	Italy National Committee	SM053453	1,065,563	1,183,430	2,248,993
	Danish National Committee	SM053452	862,169		862,169
	German National	SM050724	588,235		588,235

Donor Type	Donor	PBA Ref.	Received in 2005	Received in 2006	Total
	Committee				
	Hong Kong National Committee	SM050745	541,377		541,377
	Spanish National Committee	SM050769	394,117	24,184	418,301
	Belgian National Committee	SM060007		417,857	417,857
	UK National Committee	SM050784	202,582	198,588	401,170
	Switzerland National Committee	SM060022		387,595	387,595
	Japan National Committee	SM050732	50,000		50,000
	Hungarian National Committee	SM050731	27,742		27,742
	UNICEF National Committees Total		11,460,915	4,477,062	15,937,977
	Grand Total		42,834,058	8,318,114	51,152,172

Table 4: Other Contributions to the South Asia Earthquake Received as of 31 March 2006:

Donor	PBA Ref.	Received in 2005	Received in 2006	Total
Regular Resources diverted to emergency	GC/03/6013-01	781,346	0	781,346
US Fund (clothing)	KM/05/0012-01	1,303,214	0	1,303,214
UK National Committee (Airfreight)	KM/05/0019-01	74,240	0	74,240
French National Committee (Quilts)	KM/05/0020-01	50,000	0	50,000
Swedish National Committee (Quilts)	KM/05/0021-01	1,044,000	0	1,044,000
Norway (WES Supplies)	KM/05/0023-01	2,978,882	0	2,978,882
German National Committee	KM/06/0003-01	0	109,093	109,093
Total Amount		6,231,682	109,093	6,340,775

Funding Allocation and Utilisation:

Chart 2: Funds allocation: The following chart shows how all funds (thematic and non-thematic) were allocated to the different programme sections. The health and nutrition sector received 37%; water and sanitation 28%; educations 22%; child protection 7%; and cross sector 6%.

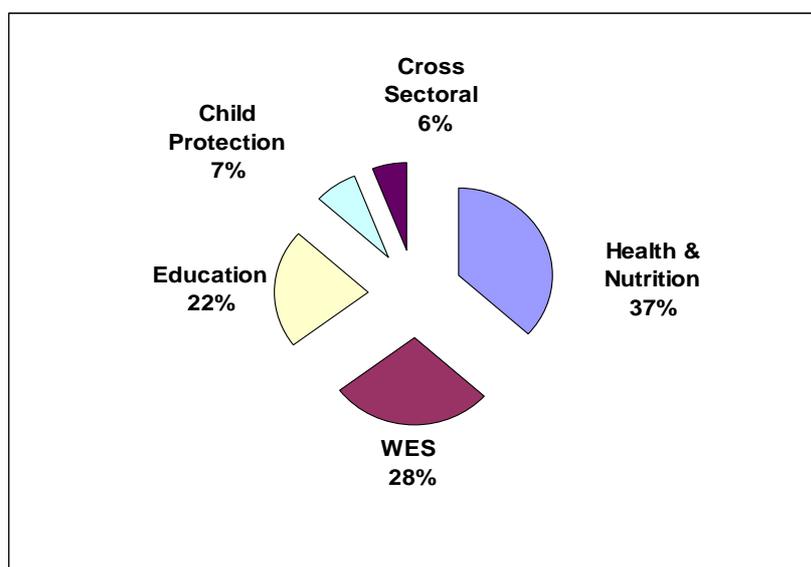
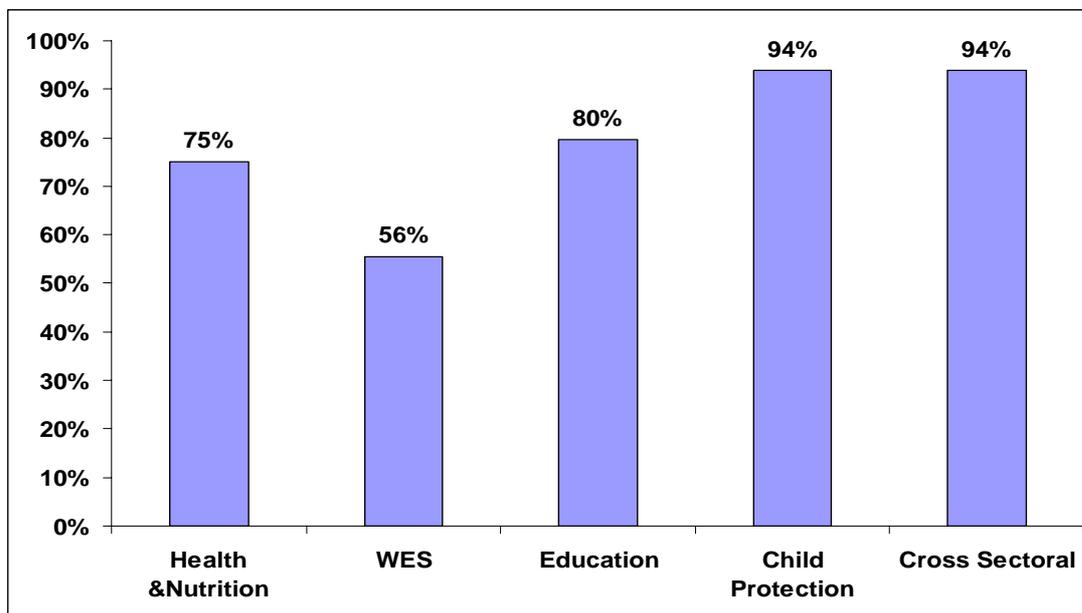


Chart 3: Funds Utilisation: Overall, by end March, 73% of the funds allocated to all programme sectors were utilised. The following chart shows total funds utilised by each programme as a percentage of the programme's allocation.



By end of March 2006, 72% of thematic funding was utilised compared to 76% of non-thematic funds. Thematic funding represented around 50% of total available funding. Thematic funding allowed UNICEF reasonable programming flexibility.

74% of the spent fund went into the procurement of supplies while the remaining 26% was spent on cash payments for partners, logistics, salaries of staff, and other operational expenses.

4. UNICEF PROGRAMMATIC EARTHQUAKE RESPONSE

4.1. Health and Nutrition

The earthquake negatively impacted the overall health situation of people in multiple ways. Thousands of people were forced to endure harsh weather conditions in congested camps without proper shelter and sanitation facilities, creating environments conducive to the spread of epidemics. The majority of the health infrastructure was destroyed, crippling the emergency health response. In addition, an estimated 2.3 million people experienced a significant reduction in food security and diet, weakening their immunity in an already hostile environment.

According to ADB/WB Assessment (November 2005), 574 health facilities, representing 75% of the first level health infrastructure in the affected areas, in addition to five district hospitals were completely destroyed or rendered unusable. Moreover, the GoP estimated that 72% (93% in PAK and 59% in NWFP) of the 3,282 health houses, which are the private homes and operational bases of Lady Health Workers (LHWs), were partially or completely damaged. Hundreds of medical personnel were either killed or seriously injured, while many others had to leave their villages in search of safe shelter.



Poor hygiene practices and inadequate sanitation in congested IDP camps aggregated by harsh winter conditions (such as heavy rain, snow and sub-zero temperatures) drastically increased health hazards. Acute respiratory infections and communicable diseases posed a major threat to 1.6 million children without shelter. The immediate priority after the rescue and treatment of the injured was to avert a possible epidemic that could claim more lives in the aftermath of the earthquake. The immediate revitalisation of primary health care services was therefore an urgent necessity.

In a health and nutrition survey conducted by UNICEF and World Food Programme (WFP) with the Ministry of Health (MoH) shortly after the earthquake, 80% of surveyed households reported a decrease in the quantity and quality of their meals. It was estimated that 1.2 million people consumed very poor diets, while another 1.1 million had borderline and unsustainable food baskets. The mission estimated that at least 2.3 million people were in need of food aid and WFP was actively addressing food shortage. Fortunately, the assessment revealed that there was no substantial increase in the already high rate of malnutrition in the area. Long-standing chronic rather than acute malnutrition was prevalent among affected population in and outside of camps. This was a clear indication that the food distribution carried out by the government and WFP had a positive impact.

Overall Objective of the Health Emergency Response:

To prevent further deaths among the earthquake affected populations, particularly children, by revitalising primary health and nutritional care services, including immunisation and micronutrient supplementation.

Operational Targets (October 2005 – June 2006)

- All earthquake-affected children between 6 months and 15 years receive measles vaccination.
- All earthquake-affected children aged 6-59 months receive vitamin A supplementation.
- 80% of earthquake-affected children complete their full vaccination course before the age of 23 months.
- One million earthquake-affected people have access to primary health care services.

- Promote and protect breastfeeding of infants and young children.

Actions and Results

Revitalisation of Basic Health Services: With UNICEF direct support, 123 out of the targeted 146 health facilities were revitalised resulting access to essential health care services for an estimated population of 1.1 million people. UNICEF's contributions to the revitalisation of these health facilities included the provision of essential medicines, medical equipment and supplies (sufficient for around 1.6 million people), as well as the deployment of health personnel.

1.1 million people received basic health care services from the 123 health facilities revitalised with UNICEF support

In addition, a pre-fabricated 100-bed facility for the treatment and rehabilitation of children and women with spinal cord injuries was established. As of end March 2006, this facility had admitted around 275 quadriplegic and paraplegic patients and provided treatment for some 295 outpatients with spinal cord injuries.

UNICEF supplied district hospitals in the affected areas with 10 ambulances fully equipped with life saving devices. The availability of these ambulances ensured the prompt rescue, referral, and medical evacuation of patients requiring immediate medical attention.

The revitalisation of health facilities came as a concerted effort of UNICEF, World Health Organisation (WHO), health authorities and twelve different national and international organisations. A few examples of the partnerships formed to accomplish task include the following:

- Establishment of four Basic Health Units (BHU) in partnership with the Aga Khan Health Services; two in each of PAK and NWFP.
- Establishment of 10 health outlets in partnership with the International Federation of the Red Cross (IFRC).
- Establishment of 6 health outlets with the National Rural Support Programme (NRSP), 5 with the National Commission for Human Development (NCHD), and 6 with the Pakistan Pediatric Association.

In addition to facility-based services, UNICEF assisted service delivery at the community level. In partnership with the NRSP, 1,000 community health workers (CHWs) were recruited, trained, and equipped to provide health services and health education in camps and isolated areas. All CHWs were provided with CHW kits, containing basic medicines including antibiotics for initial and early treatment of Acute Respiratory Infections (ARI) in children. In addition, 2,300 LHWs were trained and trained in special emergency health issues including breastfeeding, immunisation and psychosocial support. The active engagement of local women as LHWs and CHWs allowed rural women in the affected areas to have easy access to health care and health education services. Many IDPs reported that this was the first time in their lives that they had easily accessible health services at home or within walking distance.

Immunisation Plus: UNICEF support revitalised 161 of the targeted 177 EPI centres. UNICEF support to the EPI included the provision of 1.2 million doses of TT, Bacillus Calmette-Guerin (BCG) and polio vaccines, one million doses of Diphtheria, Tetanus and Pertussis (DPT), 500,000 doses of meningitis vaccine, as well as 1.6 million auto-disable syringes, 126 ice-lined refrigerators, 55 solar refrigerators, 300 motorbikes for vaccine delivery and large numbers of cold boxes.

The reactivation of EPI services resulted in the immunisation of 1,115,773 (or 78%) of children between the age of 6 months and 15 years in the affected areas against measles during the immunisation campaign



UNICEF Pakistan/Zaidi/2005

launched in partnership with MoH, WHO, and several NGOs. The national coverage rate for measles is 69%.

The vitamin A supplementation campaign targeted an estimated 661,464 children between the ages of 6 and 59 months in the affected areas. At the end of the campaign, 515,970 children, or 78% of the target, were covered. Higher coverage was achieved among children living in IDP camps. The provision of vitamin A supplementation was necessary to boost the immunity of children living in high risk environments of congested camps with poor shelter conditions. In addition, UNICEF and partners reached 33,236 pregnant and/or lactating women with messages on breastfeeding across the earthquake affected areas.

1,115,773 children (6 months – 15 years) were vaccinated against measles
515,970 children (6 – 59 months) received vitamin A supplementation in the affected areas

A UNICEF/WHO/WFP/MoH health and nutrition survey of the affected population showed that although ARI and diarrhoeal morbidity increased dramatically in the days following the earthquake this did not result in a proportionate increase in mortality figures. In fact, although mortality in the post-earthquake period increased compared to the baseline three months earlier, the increase was less than the threshold of public health importance (1/10,000 per day). These findings clearly show that interventions to combat killer diseases, such as measles, as well as the management of diarrhoeal and ARI cases in the months that followed the earthquake were very effective. Pakistan was able to avert major health problems that could have claimed more lives in the days and months following the earthquake. The likelihood of having major health setbacks and serious outbreaks of communicable diseases was very high because 75% of health facilities were destroyed, over 300,000 people were living in congested camps, and over 3 million people lost their homes and were living in tents or in adequate shelter during the cold, rainy winter.

Main Implementing partners:

- Federal and Provincial Ministry and Departments of Health, District Offices of Health, District Governments, National AIDS Control Programme (NACP), National HMIS Cell, Pakistan Institute of Medical Sciences (PIMS), National Programme for Family Planning and Primary Health Care, Nutrition Wing, Women Health Project (WHP).
- Government affiliated organisations: NRSP and the NCHD, National Committee on Maternal Health (NCMH).
- Professional organisations: Pakistan Nursing Council (PNC), Society of Gynaecologists and Obstetricians of Pakistan (SGOP), Pakistan Paediatric Association (PPA).
- NGOs: Qatar Charity Organisation, IMC, American Refugee Council (ARC). MDM, PFMA.
- Private sector organisations: Aga Khan University (AKU), Aga Khan Health Services Pakistan (AKHSP)
- UN organisations: WHO, WFP, UNFPA.

4.2. Water and Environmental Sanitation (WES)

The availability of sufficient safe drinking water in urban settlements such as Muzaffarabad and Mansehra was limited even prior to the earthquake. The twenty year old water plant in Muzaffarabad was working at around 40% of its designed production capacity and was pumping water of high turbidity without adequate chlorination. The earthquake destroyed water distribution networks everywhere and damaged essential parts of the water plant in Muzaffarabad, further curtailing an already poor water supply capacity. Many of the springs and wells that rural communities relied on for the supply of drinking water have been severely disrupted.



Urban sanitation systems and home latrines in rural areas were destroyed. The estimated 300,000 people living in over 600 congested camps had no access to safe drinking water or adequate sanitation. The risks of waterborne diseases and illness related to poor hygiene conditions were at their highest levels. A massive operation was needed to urgently provide an estimated 1.7 million people with safe drinking water and adequate sanitation.

Overall Objective of the Emergency WES Programme

To provide an estimated 1.7 million people affected by the earthquake with safe drinking water, latrines, hygiene education and supplies by way of saving lives and preventing epidemics.

Operational Targets (October 2005 – June 2006):

- 1.7 million people in affected areas have access to safe water and sanitary toilets.
- Four million people are sensitised to risks associated with poor hygiene, open defecation and use of contaminated water, especially during emergency.
- International response for WES is coordinated and cross-cutting linkages established with Education and Health Sectors to reduce duplications and avoid gaps.

Actions and Results

Rehabilitation of Water Supply Systems: Within a few days of the earthquake and in partnership with Muzaffarabad Water Authority, AJK Rural Water Agency, Pakistan Council of Research in Water Resources (PCRWR) and a number of local authorities, UNICEF embarked on a major programme of revitalising and improving the water supply systems in Muzaffarabad, Bagh, Mansehra, Battagram and Garhi Habibullah.

Around 396,000 people received safe drinking water from the water supply systems rehabilitated or newly installed with UNICEF support in 5 major urban settlements.

In Muzaffarabad, UNICEF replaced major parts of Makri Water Treatment Plant (the town's main water plant), added water chlorination and increased the productive capacity of the plant from 40% to 85% to meet the needs of 120,000 people. The government provided two additional water plants and requested UNICEF assistance with the installation and operation of the new plants. A third water plant that was provided and managed by the Austrian Army was subsequently added to the group of UNICEF-supported water plants. These three small plants, in addition to the main city plant, produced enough safe drinking water for an estimated population of over 200,000 people in the area of Muzaffarabad city, including IDPs in camps.

In Bagh, UNICEF support resulted in the rehabilitation of the existing small water plant. Rehabilitation work included the addition of booster pumps and chlorination of the water. Two additional water plants from US Army were also added. The rehabilitated and additional plants resulted in the availability of safe drinking water to an estimated 21,000 people. A number of IDP camps within the city, housing a total of 2,000 people, were connected to the water distribution network.

In Mansehra city, the water plant was producing insufficient quantities of non-chlorinated water but with UNICEF support, the plant was able to chlorinate the water. UNICEF supported the addition of a new water source to the water distribution network of the city resulting in wider coverage of water services which included the displaced population that moved into and around the city. UNICEF also increased the water supply in Mansehra to cover 125,000 people instead of only 90,000. More importantly, the quality of water was improved significantly. Recently, 4 boreholes have been drilled with UNICEF support. The efforts to connect these new boreholes to the main supply network are ongoing as all the required pipes and fittings are on site now.

In the area of Garhi Habibullah, UNICEF supported the successful drilling of a well that produced 90 cubic litres per hour. Water chlorination was also added to the system and the supply of safe drinking water reached an estimated 55,000 people in the area.

In Battagram UNICEF support resulted in the rehabilitation of four water supply schemes benefiting around 50,000 people.

175,000 people in rural areas received safe drinking water from the 180 rural water schemes rehabilitated with UNICEF Support

Many people in the five urban areas of Mansehra, Battagram, Garhi Habibullah, Muzaffarabad, and Bagh received safe drinking water that was well-chlorinated and purified for the first time in many years. The availability of safe drinking water contributed to the reduction and prevention of diarrhoeal and other waterborne diseases.

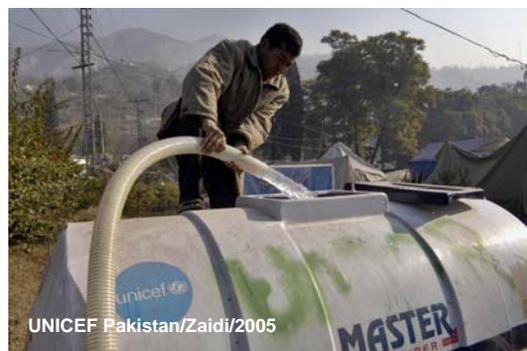
Working through the Local Government Rural Development Department (LGRDD) and NGOs, UNICEF supported the repair of 180 rural water supply schemes in 115 affected villages, benefiting an estimated 175,000 people.

Controlling water quality at all levels: UNICEF and PCRWR introduced continuous chlorination of all water supply sources. In addition, over 80 water quality monitors were trained and equipped with pool testers to monitor and control chlorine doses at various levels up to the “end-user” level to ensure the availability of free residual chlorine.

At the IDP camp level, millions of PUR sachets were provided and utilised by displaced people. Some 52,000 Nerox filters were also introduced to ensure the availability of safe drinking water among displaced families.

Trucking water to hospitals, schools and displaced camps:

As a result of breakdowns in the water distribution networks, health facilities were deprived of water supply. The IDP camps that were hastily set up in and around urban areas were in dire need of the regular supply of safe drinking water. UNICEF supported local authorities and many NGOs in trucking water to health facilities, schools and IDP camps. Proper water storage facilities were also provided to all targeted camps, schools and health facilities. Within 9 days of the emergency, UNICEF and partners began water trucking for planned camps, isolated urban neighbourhoods and health facilities. A total of 19 water tankers were used: 11 in PAK and 8 in NWFP. Each of the tankers made 4 to 5 trips a day delivering a total of 550,000 litres of safe water per day to 37,000 people in PAK and a total of 400,000 litres per day to 30,000 people in NWFP.



UNICEF and PCRWR undertook chlorination of the entire water supply to 44 official and spontaneous camps, and despite adverse crowding and weather conditions, this assisted in minimising health risks, which is reflected in the absence of any major outbreaks of waterborne disease during the first 6 months of the emergency.

136,194 people in displaced camps, hospitals, and schools received 1,923,059 litres/day of safe drinking water

Improving sanitation facilities: During the reporting period, UNICEF supported the construction of 34,751 latrines in NWFP and PAK. While 29,150 of these latrines were constructed for the private use of urban and rural households and school students, an additional 5,601 latrines were

constructed in IDP camps for communal use. All public latrines were constructed in a culturally appropriate manner to ensure safe access and privacy for children and women. On average, each private household latrine served 7 people while each public latrine served 20 people. Thus, the 34,751 latrines constructed with UNICEF support have served an estimated 695,020 people.

UNICEF and Muzaffarabad Municipality launched a major solid waste disposal campaign and installed a system for disposal that has been functioning efficiently.

As displaced people start leaving the camps and returning to their places of origin, latrine slabs are being removed, disinfected and given to returnees for use in their homes.

Around 695,020 people made use of the 34,751 latrines constructed with UNICEF support

Promotion of Safe Hygiene Practices: As part of UNICEF's efforts to promote safe hygiene practices among the affected population, emergency supplies were rapidly distributed to families displaced by the earthquake. These included more than 7 million water purification tablets, over 6 million water purification sachets, 2 million bars of washing soap, 1.5 million bars of toilet soap, 100,000 buckets and over 350,000 jerry cans. These supplies are estimated to have benefited more than 1,140,000 people in IDP camps and urban centres of NWFP and PAK.

During the reporting period, 150,000 hygiene kits were distributed in the affected areas, potentially benefiting over 1 million people. Each hygiene kit contains a toothbrush, toothpaste, washing soap, bathing soap, gauze roll, cotton wool, small plastic water container (traditionally used in Pakistan for cleaning after defecation), plastic mug, nail clippers, and a comb. All of the items were packed in a multipurpose waterproof bag.

UNICEF-supported hygiene promotion messages reached an estimated 423,112 people through interpersonal and mass communication channels. The focus of health and hygiene education was on hand-washing with soap after toilet-use and before food preparation, eating or feeding others. Health and hygiene education messages were disseminated in schools and child friendly spaces. Puppet shows and games were also used to communicate health and hygiene messages to children.



Many IDPs used latrines and received health and hygiene education for the first time during their stay in camps. UNICEF believes that health and hygiene education has had a lasting impact on the lives of people.

Coordinating WES emergency response through the UN WES cluster: Agencies within the WES cluster, in Islamabad and the four hubs, operated under the leadership of UNICEF. Within the six months following the earthquake, the WES clusters held a total of 160 meetings and around 240 hours were effectively invested in joint planning and coordination meetings. The UNICEF head of the cluster spent much more time on coordination and preparations outside the meetings. The head of the Islamabad cluster was a full-time staff member dedicated to this task.

The cluster succeeded in coordinating the sector interventions among the main partners. The cluster head was also able to coordinate with other relevant clusters such as the Health and Education Clusters.

Main Implementing Partners

- Governmental bodies: Pakistan Council of Research in Water Resources (PCRWR), Public Health and Engineering Department, Ministry of Environment, Ministry of Science and Technology, Federal and Provincial Ministry and Departments of Health, District Offices of Health, District Governments,

- National and international NGOs including Oxfam, Islamic Relief, Concern, International Red Cross (IRC), DACCAR.
- UN organisations: WHO, United Nations High Commissioner for Refugees (UNHCR).

4.3. Education

"This is the first time I come to school and I like it because I got pencils, a sharpener and lots of colors", says Sana, five years old, smiling while she explores the contents of her school bag"



According to the ADB/WB preliminary damage and needs assessment 53% (or 3,984 out of 7,577) of all educational institutions in the five most affected districts of NWFP were destroyed by the earthquake. In PAK, the rate of destruction was much higher and, according to the same report, 95% (or 3,685 out of 3,879) of the educational institutions in the three most affected districts of PAK were shattered to some degree. According to Government estimates, 18,000 students and 900 teachers were killed and almost 8,000 schools were fully or partially destroyed. The earthquake interrupted the education of approximately 1 million children of whom 450,000 are at the primary school level.

The international humanitarian community dubbed the Pakistan earthquake disaster a "children's catastrophe" after Pakistani officials estimated that 50% of the quake's victims were under the age of 18. The massive destruction of schools and loss of students and teachers in a region like NWFP, which already had very low enrolment and completion rates, especially for girls, is expected to have a negative long-term effect on education.

While it is relatively easy to assess the physical damages sustained by the education sector, it is impossible to capture the impact that the earthquake has had on the lives of school children. Schools formed a significant part of children's daily routine, offering not only a place of formal learning but also a meeting ground for siblings, friends and teachers. All of this was lost on the day of earthquake and buildings that once enclosed classrooms and playgrounds were reduced to rubble. While thousands of students died, many more had to move to unfamiliar locations for emergency shelter and food. Life in IDP camps was a new and uncomfortable experience for all children. UNICEF's determination to set up temporary schools in camps and villages was not only intended to ensure the fulfilment of a child's right to education but also to restore normalcy into the lives of children. Only by reinstating their daily routine and replacing their learning environments with child friendly meeting spaces for siblings and friends could UNICEF begin to pave the road to recovery.

Overall Objective of the Emergency Education Programme

To resume primary education for all children who were in school prior to the earthquake, bridge gender parity in primary school enrolment and to bring normalcy to the lives of children and address their psycho-social stress.

Operational Targets (October 2005 – June 2006):

- Enrol 350,000 children in the primary school age of 5 – 9 years in the earthquake struck areas.
- Prepare teachers to teach effectively in emergency temporary school situations and to be able to address psycho-social stress among students.
- Restore the operational capacity of the education offices to ensure that the education system is up and functioning.

- Coordinate international response for Education and ensure that cross-cutting linkages are established with child protection and WES Sectors to reduce duplications and avoid gaps.

Actions and Results

Establishing temporary schools: By the end of March 2006, UNICEF support culminated in the re-operationalisation of 3,112 schools (out of a targeted 5,520), with an enrolment rate of 254,732 students (against a target of 350,000). Because of limited availability of tents that could be used as classrooms in the local market, UNICEF had to order tents from China and other countries in the region. The delivery of school supplies (in the form of school-in-a-box) was also delayed as life-saving supplies had first priority given the limited logistical capacity.

With UNICEF support 3,112 schools have become operational enrolling 254,732 children (5-9 years)

In all, UNICEF procured 12,530 school tents and 9,500 School-in-a-Box kits for the re-operationalisation of the targeted schools. Other supplies procured by UNICEF and distributed in cooperation with provincial governments include: 150,000 exercise books, 2,000 boxes of chalk, 20,000 pencils for slates, 1,000 dusters, as well as chalkboards, mats, plastic sheeting, and blackboards. UNICEF also distributed Recreation Kits, each containing different types of games that can be played by a group of 40 children and appropriate for both girls and boys. For thousands of children these recreational kits were a means of overcoming the stress associated with the earthquake. The schools re-operationalised with UNICEF support gave 20,305 children (11,627 girls and 8,678 boys) living in IDP camps the opportunity to enrol and resume their education.

Each School-in-a-Box kit contains items such as exercise books, pencils, erasers and scissors. The kits include a wooden teaching clock, plastic cubes for counting and a set of three laminated posters (of the alphabet, and multiplication and number tables). The kit is supplied in a locked aluminium box, the lid of which can double as a blackboard when coated with a special black paint included in the kit.



With UNICEF's continued special efforts to bring girls into schools, the number of girls in UNICEF-supported schools reached 38%. UNICEF's efforts to bridge the gender gap in primary schools are an ongoing priority.

UNICEF and WFP provided every child attending a tented-school with nutritional supplements in the form of high protein biscuits and dates in order to maintain good nutritional status for children who may not have adequate food to bring with them to school.

Psychosocial support in schools: UNICEF initiated a teacher training programme in which 60 master trainers trained close to 9,300 teachers in how to provide psychosocial support. Through this programme, teachers have also been prepared for their new teaching environment (school tents). The training programme is conducted in collaboration with the Directorate of Curriculum and Teacher Education (DCTE) in Abbottabad, UN Educational, Scientific and Cultural Organisation (UNESCO), Instituto Sindacale per la Cooperazione allo Sviluppo (ISCOS) and IRC. As part of this training, teachers received booklets on earthquake trauma, in addition to a teacher's guide on psychosocial support.

Improving school environment: UNICEF introduced hygiene education in 100 schools benefiting over 9,500 students. UNICEF support resulted in the provision of safe drinking water and latrines in over 160 schools with a total enrolment of more than 22,000 children.

9,500 students benefited from hygiene education
22,000 children accessed safe drinking water and toilets within their schools

Restoration of education departments' operational capacity: Following widespread damage to government buildings and a collapse of civil services, extensive support was required to rehabilitate educational institutions and restore administrative services in the earthquake affected areas. Immediately after the earthquake, UNICEF provided the Ministry of Education (MoE) with essential office furniture, equipment and supplies that were necessary to re-establish the ministry's operational capacity in the affected areas.

UNICEF supported the education offices in Mansehra and Muzaffarabad in their assessment of all of the affected schools in order to determine their immediate needs and provide an acceptable quality of education for children. The findings of these assessments are now shaping the interventions that UNICEF is supporting.

Coordinating education emergency response through the UN Education cluster: Over the six months following the earthquake, the Education clusters held a total of 115 meetings in Islamabad and four hubs. As lead agency for the education cluster, UNICEF coordinated the development of "Guidelines for Education in Post-Earthquake Emergency" for primary education, which were translated into Urdu and shared with government counterparts, NGOs and education cluster partners. These guidelines, along with the Handbook for Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction, have served as the framework for all organisations working in the field of primary education, ensuring the harmonisation of interventions in the aftermath of the earthquake. The recent UN Recovery Plan of Action was prepared by the various clusters.

Since the mandate of the Education Cluster went beyond the primary education focus of UNICEF, the head of the cluster, UNICEF's Senior Education Officer, had to also shoulder the responsibility for planning and coordinating issues related to secondary and higher education as well.

Implementing Partners

- Governmental bodies: Federal and Provincial Ministry and Departments of Education, District Offices of Education, District Governments.
- Government affiliated organisations: NCHD.
- National and international NGOs: Save the Children Alliance, Idara-e-Taleem-o Aagahi (ITA), Alisei, ISCOS, Basic Education and Employable Skill Training (BEST), Taraqee, Astafada, JEN, National Refugee Council (NRC), Dosti, Sungi, Ockenden International, Catholic Relief Services, SAHAR, DCTE, Philanthrope, and Premier Urgence.
- UN organisations: UNESCO, WFP.

4.4. Child Protection

"I fainted as the school collapsed. When I woke up I found myself outside the school. The roads were blocked. There were so many dead bodies and we had to walk over them. I was crying. Even now, tremors remind me of that terrible day. But I am not afraid because life is coming back to normal," said a child survivor of the earthquake



Dubbed the “children’s catastrophe,” the earthquake on 8th October 2005, shattered the lives of 1.6 million children. The quake’s massive force caused thousands of schools and homes to collapse, and thousands children suffered crush injuries caused by falling debris, which, in some cases, resulted in amputation. Sadly, the number of orphans (children without fathers in the context of Pakistan) rose from a pre-quake figure of 51,500 children to around 81,000 in the affected areas. Severe shock and trauma was widespread among young survivors and very little psychosocial support was readily available in the immediate aftermath.

Prior to the earthquake, mechanisms to prevent children’s rights violations and promote the recovery and reintegration of children whose rights were abused were almost non-existent in the affected areas. Child abuse and trafficking have been an ongoing concern in Pakistan. The increased levels of poverty, hardship and loss of parents/guardians as a result of the earthquake was feared to lead to higher incidents of child labour, trafficking, early marriage and various other child abuses, particularly for girls. Children with disabilities caused by the earthquake has been another ongoing concern as these children need sustained comprehensive care including orthopaedic prosthetics, physical and emotional rehabilitation, and inclusive education. The risk of social discrimination against children with disabilities is always high. Long-term, well-coordinated projects focusing resources on preventative and protective measures for children affected by the earthquake are essential to mitigate the impact of the catastrophe.

Overall Objective of the Emergency Child Protection Programme

To protect all children – with particular attention to the vulnerable groups of separated and/or unaccompanied children, orphaned children, children with disabilities, particularly girls – from (sexual) abuse, exploitation, trafficking and separation from families, and provide safe environments for children to contribute to normalisation.

Operational Targets (October 2005 – June 2006):

- Identification, care and re-unification of all children separated from their families.
- Protection of children & women from abduction, trafficking, sexual abuse and all forms of violence.
- All children suffering from emotional stress have access to care and counselling.
- All children in camps have access to safe child friendly spaces.
- International response in the area of Protection is coordinated through the UN Protection Cluster and cross-cutting linkages established with Education and Health Sectors to reduce duplications and avoid gaps.

Actions and Results

Special protective measures for vulnerable children:

Following the earthquake, hundreds of children were separated from their families and many sustained serious injuries with long-term consequences. As a direct result of UNICEF's early efforts to identify, register and monitor the situation of separated, unaccompanied and orphaned children, UNICEF referred a total of 279 children with disabilities to specialised health services and referred unaccompanied children to the International Committee of the Red Cross (ICRC). While ICRC engaged in reunification efforts, UNICEF ensured through coordination with partners, that all of the basic needs of separated children in camps, such as food, clothing and shelter, were met. Monitoring the situation of vulnerable children in camps has been a continuous process, as even in the beginning of 2006 non-official camps were spontaneously being set up.



In coordination with the Ministry of Social Welfare and Special Education, UNICEF and UN Population Fund (UNFPA) jointly funded the first comprehensive census of all displaced people with a focus on the identification of vulnerable groups. Four vulnerable groups were identified: orphaned, unaccompanied and separated children; widows and single women without a reliable source of income; people with disabilities unable to manage on their own; and elderly people (over 70 years of age) without an adult care-giver. The census was carried out by the Population Council, a well known Pakistani non-governmental research institution. The census, which covered 252,000 people living in 466 camps of over 10-tents, provided important data on the vulnerable groups within the affected population, allowing agencies to develop projects and focus resources more effectively. UNICEF used the findings of this report to extrapolate vulnerability among the entire 3.2 million earthquake affected population.

A comprehensive census of 252,000 IDP living in 466 camps provided the vulnerability profile of the earthquake victims

The child's right not to be separated from his/her parents is of paramount importance. It is also important for the state to establish effective measures and rules for adoption to ensure that children do not fall in the hands of ill-intentioned individuals. UNICEF's active advocacy resulted in a government ban on all child adoption proposals. This measure was important because it allowed enough time for the possible identification of parents or responsible relatives of children who have been separated from their families before the adoption process takes place.

Another successful advocacy from UNICEF led to an agreement by the government that institutionalised care for children and women would be used as a last resort and for the shortest possible time.

UNICEF has been working with the Ministry of Social Welfare, the Earthquake Relief and Reconstruction Authority (ERRA), and the members of the Protection Cluster on the development of the National Strategy and the Plan of Action for the Protection of Vulnerable People. These two documents are expected to lay the grounds for a comprehensive social protection system in Pakistan.

Developing a protective environment: With many parents struggling for the survival of their families in at a difficult time, hundreds of young children were either left by themselves or entrusted to their siblings. In most cases, the siblings have been too young to take on such a responsibility. To ensure that young children are well cared for, UNICEF and partners established 102 CFSs in camps and villages. The CFSs provided 11,500 children with safe day centres where they could play, express themselves through drawing and singing, or benefit from the counselling conducted by trained staff. UNICEF equipped and supplied the CFSs with 620 recreation kits containing toys and

games for girls and boys; 6,100 jumping ropes; 4,500 ludo games; 1,000 sets of wooden blocks; and 1,500 tarpaulin sheets. Some 600 large size tents were procured for use as CFS.



Each Recreation Kit is suitable for up to 40 children who can participate in team sports and games under the guidance of a teacher. It includes balls for several types of games, coloured tunics for different teams, chalk and a measuring tape for marking play areas and a whistle and scoring slate.

CFSs were another means for restoring normalcy into the lives of children in the affected areas. Many other national and international agencies picked up the idea of CFS and replicated it in various locations reaching more children. Through structure, consistency and predictability of the activities in CFSs, children and adolescents felt safe and secure and, as observed by social workers, the signs of stress and anxiety among children started to dissipate.

11,500 young children used the 102 Child Friendly Spaces established by UNICEF to provide children safe places for recreation, counselling and care

Capacity-building for psychosocial rehabilitation: In close collaboration with WHO, UNICEF provided support for the development of standardised manuals on psychosocial support for social workers, community mobilisers and women health workers.

Teachers, social workers, caregivers from governmental and non-governmental agencies received training on psychological first aid focusing on detecting behavioral, emotional and physical manifestations of stress in children. Participants of training sessions were equipped with the knowledge and skills to assist children and adolescents (from ages 3 to 18) in managing signs and symptoms of stress and to cope with feelings of loss, fear and shock.

Coordinating the protection issues and response through the UN protection cluster: Through the protection cluster UNICEF has taken the lead in (a) the development of national strategy and plan of action for the protection of vulnerable people, (b) the development of the protection component of the UN Recovery Action Plan, (c) the monitoring and reporting on the return of displaced people to their places of origin, and (d) ensuring a smooth transition from the UN cluster systems to the GoP lead clusters under ERRA.

The monitoring of the return of IDPs to their places of origin has been ongoing since February 2006 and continues to date. The monitoring is intended to ensure a voluntary and dignified return of all displaced people. UNICEF's reports always allowed the GoP and the UN to address irregularities and safeguard the rights and dignity of the displaced people.

The Protection Cluster in Islamabad and the field held around 160 meetings where the protection needs of vulnerable people were discussed, actions and roles agreed upon, and information on the situation of children, women, elderly people and people with disabilities was shared and analysed. All the Protection Cluster heads in Islamabad and the hubs were not full time cluster leaders and each had the cluster lead responsibility in addition to his or her core tasks as heads of section or projects.

While UNICEF focus is on child protection issues, the mandate of the Protection Cluster went beyond children's issues to include all vulnerable people. The responsibility of the cluster lead as a last resort also implied the use of UNICEF resources and staff for protection issues related to IDPs in general.

Main Implementing Partners

- Governmental bodies: Ministry of Social Welfare/National Commission for Child Welfare and Development (NCCWD), Departments of Social Welfare at provincial level, Social Welfare Department Punjab, ERRA.
- NGOs: Save the Children-Sweden, Save the Children-UK, Terre des Hommes, ICRC, World Vision, Boy Scouts Association, Population Council, BEST, Hayat Foundation, Trust for Voluntary Organisations (TVO), HAASHAR Association and MAQSAD.
- UN organisations: WHO, UNHCR, UNFPA.

4.5. Winterisation; Special Protection against Hypothermia

100 days after the earthquake and with the early onset of an usually severe Himalayan winter, the media and many humanitarian organisations speculated that the harsh weather of sub-zero temperature, rain and snow coupled with poor shelter conditions of non-winterised, non-waterproof tents and lack of adequately warm clothing would result in another emergency among the earthquake affected population. Cases of acute respiratory infections were expected to increase dramatically leading to a surge in mortality especially among young children.

Overall Objective of the Emergency Winterisation Initiative

To protect all children in the affected areas from cold and hypothermia by providing them with warm clothing and covers with special focus on children living in high mountainous areas above 5,000 feet.

Actions and Results

Operation Winter Race: The UN triggered the ‘Winter Race’ as an urgent initiative to reach communities with shelter materials before snow and poor weather conditions isolated them completely, with first priority given to people in higher elevations. UNICEF fully supported this initiative. While blankets and quilts were being ordered from all over the world and plastic tarpaulin was procured and supplied to people living in tents for rain insulation, a new “winter kit” was being designed. These kits include snow boots, padded jackets, shawls, hats, gloves, and socks all

Over a million children were protected from the harsh winter conditions promised by the onset of a Himalayan Winter, averting a fatal humanitarian crisis

packed together in multi-purpose water-proof bags. Kits were provided in different sizes to fit different ages and sexes. Putting these kits together and delivering them to children in different locations was the most challenging logistical operation experienced by the UNICEF team. The components of the kits (snow boots, thermal underwear, padded jackets, shawls, hats, gloves, and socks) arrived from different suppliers in different sizes and packages. All items were supposed to be sorted out according to sex and size, checked for quality, packed into plastic bags, marked with correct size and sex outside the bag, and shipped for distribution. Long lines of assembly made up of volunteer students, teachers, families of students and UNICEF staff members, in addition to paid workers worked hard day and night. Trucks, UN and army helicopters and mules were all fully engaged in the transportation operation. UNICEF, International Organisation for Migration (IOM), and NGO personnel walked through camps and villages distributing the kits and shelter supplies. The operation successfully reached 680,000 children with winter kits and 1.2 million people with blankets (900,000) and quilts (300,000).

Two heated communal tents were maintained in each displaced camp: one for men and another for women and children. UNICEF provided 100,000 fire extinguishers along with fire safety and prevention instructions to prevent incidents of fire in the communal tents and school tents. These measures provided warm gathering spaces for IDPs as well as urgently needed warm clothes to hundreds of thousands of children vulnerable to winter-related illnesses. The risk of mortality was reduced and the incidence of ARI was much lower that it would have been without the interventions of UNICEF and partners.

Warm Winter Kits: Different kits for boys and girls in sizes suitable for 4 age ranges were sorted and packed into a bright blue UNICEF bag, ideal for use as schoolbag. 680,000 children received warm winter kits



Main Implementing Partners

- Governmental bodies: Pakistan Army, Regional Relief Commission, Union Councils, Social Welfare Department-Muzaffarabad, Camp management Organisation (CMO).
- NGOs: Adasin Foundation, BEST, CARE, CARITAS, The Citizen Foundation, I.F.R.C, Nooristan Nawjawan Tanzim, Palas Development Cooperation Federation, CWS, IOM, ISCOS, NRC, ODC, Oxfam, PAI/IOM, Plan International, RI, Terre Des Hommes, , Save the Children , TND, Hope (NGO), World Vision, IOM.
- UN agencies: UNHCR, WFP, UN Associations of Pakistan (UNAP).

5. OPERATIONAL ARRANGEMENTS

At the time of the earthquake, the 2004-2008 Programme of Cooperation between UNICEF and the GoP was in its second year. As per the design of the current country programme, UNICEF has been directly involved in 26 out of over 100 districts in Pakistan. Four decentralised UNICEF provincial offices managed and implemented the country Programme of Cooperation. The UNICEF Provincial Office in Peshawar, which served all of NWFP, had twenty staff members. UNICEF did not have any physical presence in PAK and instead, a desk based in Islamabad monitored and responded to the issues of children and women in PAK. Overall, the four Provincial Offices and Islamabad Country Office had a total of 172 staff members.

The massive expansion of UNICEF's presence: When the earthquake caused unprecedented devastation in NWFP and PAK, the existing UNICEF structure was not adequate to contribute effectively to a large-scale relief operation. In order to respond to the challenge of boosting UNICEF's presence in the nine earthquake-affected districts, five new duty stations were created: two sub-offices in Muzaffarabad and Mansehra and three hubs in Shangla, Battagram and Bagh.

Within 24 hours of the earthquake, regular UNICEF staff members were deployed from Islamabad and all provincial offices to support the new hubs and the emergency operation. Simultaneously, New York Headquarters (NYHQ) and the human resources unit in Islamabad recruited international and national staff. Staff seconded or deployed from the Regional Office, NYHQ, and a number of UNICEF country offices resolved critical staffing needs. By the end of March 2006, additional 217 staff members were supporting the UNICEF relief operation in the five new duty stations as well as in Islamabad. This dramatic surge in capacity was necessary for delivering on UNICEF's core corporate commitments.

UNICEF Emergency Support Group: In order to provide vitally needed management and logistical support to the new emergency offices, an Emergency Support Group (ESG) was immediately established in Islamabad. Throughout the emergency, the group has overseen local and off-shore procurement, custom's clearance, warehousing and the transportation of supplies. The ESG also undertook the two major operations of organising and packing thousands of supplies into complete hygiene kits and warm clothing kits for children.

Cluster System Approach and UNICEF Lead Responsibilities: When the earthquake struck, the Inter-Agency Standing Committee (IASC) in Geneva was still refining a conceptual framework that would enable multiple agencies to effectively coordinate emergency relief efforts by working within "clusters." The IASC recommended applying the cluster approach in Pakistan, even though it was still being finalised, to ensure improved coordination and greater impact of the relief operation.

In accordance with the approach, eleven clusters were formed in Islamabad and ten other clusters were formed in the hubs of Mansehra, Battagram, Muzaffarabad and Bagh. UNICEF was assigned the lead agency role for the Education, WES, and Protection clusters and the co-lead role for the Food and Nutrition cluster along with WFP. The cluster approach greatly strengthened the collective coordination and response capacity of the humanitarian community by mobilising all UN agencies and national and international NGOs. A Real Time Evaluation of the Cluster Approach in Pakistan, after distilling lessons learnt, concluded that, "The Cluster Approach successfully provided a single and recognisable framework for coordination, collaboration, decision-making and practical solutions in a chaotic operational environment."

Warehousing and Logistical Operations: Prior to the earthquake, UNICEF shared one warehouse with the Department of Health in Karachi (Sindh Province) and another warehouse with WFP in Peshawar (NWFP Province). These warehouses contained pre-positioned emergency supplies worth US\$ 200,000. The management of emergency supplies exceeding US\$ 59 million in

value required the establishment of 11 warehouses in seven different cities: Islamabad (3); Abbottabad (1); Mansehra (1); Battagram (1); Shangla (1); Muzaffarabad (3); and Bagh (1).

In order to quickly assemble warm winter kits and hygiene kits, new logistical arrangements had to be implemented. Shoes, jackets, hats, scarves, socks and gloves of different sizes, ages and sexes of children had to be sorted and packed for swift distribution to children facing harsh winter conditions. All of the supply, warehouse and logistical arrangements had to be improvised within a very short time in the absence of sufficient expertise.

Supplies were airlifted, trucked and transported on boats and on the backs of mules in order to reach people with the emergency assistance they required wherever they were located.

6. MAIN CHALLENGES

As the most devastating natural disaster in Pakistan's history, the earthquake on 8th October 2005, struck regions of the country that were already crippled by poverty. Some of the worst affected areas had very limited infrastructure and resources, recognisable by reduced access to safe water, a lack of registration of children at birth and low school enrolment rates, especially for girls, which were just a few of the concerning trends in the area.

Terrain: At the onset of the emergency, one of the most considerable challenges facing the relief operation was presented by the rough natural terrain of NWFP and PAK. High altitudes, narrow valleys and fast flowing rivers made these areas difficult to reach even under normal circumstances. Following the earthquake, over 1,500 aftershocks and heavy rains caused massive landslides, blocking or wiping out the few existing roads that led to the worst affected areas, threatening to isolate thousands of traumatised survivors. The delivery of humanitarian assistance was further complicated by the onset of a severely cold winter, leaving a small window of opportunity to reach children and families in higher elevations before harsh weather conditions took their toll.

Weather and security conditions: Weather greatly reduced accessibility during the critical early phase of the earthquake's aftermath. With continuous landslides, villages located in remote areas and at high altitudes could not be accessed by road. Life-saving supplies had to be flown in using UN and army helicopters but with limited airlifting capacity, the transportation of food supplies was the foremost priority. Conducting assessment missions was also restricted by the infrequent availability of passenger flights and unpredictable weather conditions. The UN restriction on the movement of staff and their inability to away from the UN humanitarian hubs overnight added another constrain.

Cluster approach: The cluster approach did improve coordination among the partners of the humanitarian response operation; however, because it was a new approach, the effective management of clusters presented its own set of challenges to lead agencies and staff. These difficulties included:

- Maintaining a strong connect between the clusters in Islamabad and the new hubs.
- The delayed availability of information about the situation and numbers of affected people in a manner that could facilitate efficient planning and quick decision-making.
- Almost all staff members who were assigned cluster leadership had to take on the responsibilities of the task in addition to their regular roles as heads of sections or projects at a very demanding time.
- The attempts to use the cluster approach in fundraising appeals and in the preparation of UN Action Plans instead of the "agency" approach created unnecessary confusion about the relationship and roles of "agencies" and "clusters".

Addressing the above challenges related to the cluster approach would undoubtedly increase its effectiveness for future emergency.

Procurement of Supplies: The scale of the devastation required rapid procurement and delivery of immense amounts of supplies, which presented major challenges to UNICEF and other agencies. Within hours of the earthquake, UNICEF along with partners intensified efforts to secure critical emergency relief supplies such as tents and blankets from the local market. However, the GoP had already procured the total number of available supplies in the local market. The urgency was such that UNICEF supply staff scoured the international and regional markets to meet the increasing demands.

Off-shore procurement was sought not only because local suppliers did not stock large quantities of supplies but also because manufacturers did not have the production capacity to sufficiently respond to such a large-scale emergency. For example, massive displacement and makeshift camps created an urgent demand for sanitation facilities and thousands of latrine slabs were needed. However, in the early days of the emergency not a single latrine slab could be found in the local markets of Pakistan, while the regional and international markets could only provide a very limited number.

UNICEF and partners searched markets around the world, placing partial orders for latrine slabs when it was feasible. In addition, local manufacturers were given drawings and instructions prepared by UNICEF engineers in an effort to assist the production of the slabs. The collective effort also resulted in some very innovative responses from local workshops: an enterprising company converted the tops of hard plastic garden tables into latrines slabs after cutting holes in the middle of them and adding iron reinforcement underneath. Yet, despite these challenges, UNICEF was still one of the first humanitarian relief agencies to react to the emergency by dispatching pre-positioned supplies to the affected areas, providing invaluable life-saving assistance to thousands of children and women.

Logistics: As enormous quantities of supplies, procured by various humanitarian agencies began flowing into the country, logistics became another challenge, as all supplies had to be packed into different sets (based on age and gender) before they were dispatched to the earthquake struck areas. In response, UNICEF mobilised volunteers from students, staff, and parents of the International School of Islamabad, who joined UNICEF staff and their families in addition to a team of 100 paid professionals, and worked around the clock to push supplies through and hand them over to partners for distribution. Another major difficulty was the substantial freight cost resulting from airlifting much of the required supplies into affected areas in order to reach survivors before winter.

These immediate challenges were further compounded by the absence of an effective civil government structure with which UNICEF could work. Government civil servants in many earthquake affected areas were part of the affected population and were forced to focus on the rescue, protection, and sustenance of their own families. This was repeated across sectors, limiting the availability of medical, education and welfare personnel across the affected areas.

7. FUTURE PLANS

Health in 2006

- Ensure accelerated child and maternal survival in the earthquake-affected areas of NWFP and PAK.
- Improve access of all children and families to quality health care services and health facilities.

- Continue the revitalisation of health centres with the provision of pre-fabricated BHUs, supplies and technical support.
- Continue supporting immunisation campaigns and revitalising routine EPI services through the provision of tents, cold chain equipment, vaccines, supplies and EPI recording and reporting tools.
- Complete routine immunisation for 80% of children under 1 years of age to prevent disease outbreaks.
- Support the work of CHWs in tent villages and remote areas. CHWs provide basic medical care, health and nutrition education, psychosocial support, basic medicines and hygiene supplies, register children under five and pregnant women and notify authorities of any disease outbreaks.

Nutrition in 2006

- In coordination with WFP and NGOs, carry out targeted supplementary feeding for children under five and pregnant and lactating women in rural areas.
- Continue work on surveillance system for early identification, monitoring, referral and follow up of malnourished children, includes trainings for two BHUs and for LHWs.
- Conduct a six month follow-up on the Health and Nutrition Survey in Earthquake Affected Areas of Pakistan.
- Promote micronutrient supplementation and use; promote the fortification of flour, salt and other foods; continue vitamin A supplementation in accordance with recommended interval guidelines; promote and advocate the use of iodised salt in coordination with WFP; ensure GoP provides sufficient iron folate tablets to target population; provide multi-micronutrient tablets where required and needed for mothers; improve management of ARI and diarrhoeal disease (ORS with zinc).
- Promote the infant feeding practices of exclusive breastfeeding, continued breastfeeding for up to two years, suitable complementary feeding, and re-lactation where appropriate and needed according to GoP guidelines; increase the number of “mothers corners” to serve as breastfeeding as well as nutrition corners.
- Improve capacity of health care providers/community through training and education.

Water and Environmental Sanitation in 2006

- Prioritise provision of WES services in schools and health centres in the affected areas.
- Maintain quality WES services in both planned and spontaneous camps/settlements.
- Continue the expansion of WES interventions to the affected rural areas and small urban centres through rehabilitation/reconstruction of damaged water supply systems and provision of adequate sanitation.
- Support capacity-building for government institutions.
- Ensure water quality monitoring and control in all affected areas. Dedicate special attention to supporting water supply requirements for IDPs located in big urban towns, such as Mansehra and Muzaffarabad.
- Continue safe hygiene education and promotion through a broad base of facilitators and mobilisers to raise awareness of WES issues in order minimise risks of diarrhoeal disease outbreak with onset of summer.

Education in 2006

- Reach 90% of school-aged children in the earthquake-affected areas with educational supplies for schools, necessary teacher support and support to the government to re-establish their educational administrative system.
- Work in close partnership with governmental and non-governmental organisations to mobilise and coordinate support for education sector redevelopment.
- Develop improved approaches for teacher training and development, enhance the capacity of training providers and provide counselling and training to 25,000 teachers.
- Reconstruct government systems to support the coordination of improved standards for educational provision.
- Develop capacity of partners for improved programme delivery and monitoring.
- Apply gender appropriate principles and strategies to all objectives and interventions and promote child-friendly and teacher-friendly approaches in all undertakings through out the emergency areas.
- Provide additional education and recreational materials for an estimated 640,000 children.
- Build back better: Develop better standards and specifications for the rehabilitation/reconstruction of some 8,000 schools that have been destroyed, including making them child-friendly spaces.

Child Protection in 2006

- Advocate with the government to develop policies and strategic framework on identifying legal, economic and social measures needed for the immediate and long term rehabilitation of the most vulnerable population affected by the earthquake.
- Continue to support psychosocial programmes for the affected communities, especially for children, young people and women.
- Support community-based care for orphaned children and children with disabilities.
- With partners, develop policies and systems to prevent the abduction, trafficking, sexual abuse and exploitation of children, young people and women.

LIST OF ACRONYMS

ADB/WB	Asian Development Bank/World Bank
ARI	Acute Respiratory Infections
BCG	Bacillus Calmette-Guerin
BHU	Basic Health Units
CFS	Child Friendly Spaces
CHW	Community Health Workers
DCTE	Directorate of Curriculum and Teacher Education
DPT	Diphtheria, Tetanus and Pertussis
EPI	Expanded Programme on Immunisation
ERRA	Earthquake Relief and Reconstruction Authority
ESG	Emergency Support Group
GoP	Government of Pakistan
HDI	Human Development Index
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDP(s)	Internally Displaced Person(s)
IFRC	International Federation of the Red Cross
IMR	Infant Mortality Rate
IOM	International Organisation for Migration
IRC	International Red Cross
LHW	Lady Health Worker
MICS	Multiple Indicator Cluster Survey
MoE	Ministry of Education
MoH	Ministry of Health
NCHD	National Commission for Human Development
NGOs	Non-Governmental Organisations
NRSP	National Rural Support Programme
NWFP	North-West Frontier Province
NYHQ	New York Headquarters
OFDA	Office of US Foreign Disaster Assistance
PAK	Pakistan Administered Kashmir
PCRWR	Pakistan Council of Research in Water Resources
PSLM	Pakistan Social and Living Standards Measurement
TVO	Trust for Voluntary Organisations
U5MR	Under-five Mortality Rate
UNAP	United Nations Associations of Pakistan
UNDMT	UN Disaster Management Team
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WES	Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organisation

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